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COLLEGE OF HEALTH SCIENCES AND HUMAN SERVICES
RESPIRATORY CARE PROGRAM

STUDENT HANDBOOK

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The schedules, policies and requirements and regulations published in this handbook are continually subject to review to serve the needs of college's various constituents and are subject to change as circumstances may require.

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MIDWESTERN STATE UNIVERSITY RESPIRATORY CARE PROGRAM

Program Philosophies

Midwestern State University is a comprehensive senior public institution dedicated to providing a challenging learning experience through exceptional teaching and a rigorous curriculum. The university prepares students to become responsible citizens in the global community through faculty and student research, creative discovery, and service.

The program offers opportunities to learn in several different clinical settings. They include but are not limited to, small and large acute care medical facilities, rehabilitation programs, and diagnostic centers. The student not only learns the procedures, but, also is afforded the opportunity to learn under a variety of department management styles and with different types of patient care equipment.

The program operates as a competency based educational system. Students know what they are expected to learn as a result of clearly stated behavioral objectives and evaluation methods.

Program 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 (RRT).
- To prepare leaders for the field of Respiratory Care by including curricular content. That includes objectives related to acquisition of skills in one or more of the following: Management, Education, Research, Advanced clinical practice (which may include an area of clinical specialization).

Program Mission Statement

The Respiratory Care Program at Midwestern State University is dedicated to providing state of the art instruction emphasizing clinical practice based on scientific inquiry and meeting the needs of a diverse healthcare community. The educational framework focuses on the unique skills of the respiratory therapist and emphasizes the importance of lifelong learning to the healthcare professional. The program provides a student centered undergraduate educational experience based on a strong liberal arts foundation and strives to prepare graduates to embrace ethical practice, reflect competence in clinical skill, and display professional conduct.

Advisory Committee

An advisory committee is appointed by the program to assist in the continuing development and evaluation of the program, its faculty and in the development of effective clinical relationships. The advisory committee has representation from the communities of interest served by the program. These communities of interest include, but are not limited to, students, graduates, clinical affiliates, faculty, college administration, employers, physicians and the public.

PROGRAM COURSE REQUIREMENTS

BACHELOR OF SCIENCE DEGREE PROGRAM REQUIREMENTS

<https://msutexas.edu/academics/hs2/respiratory/index.php>

FEE SUMMARY

<https://msutexas.edu/finaid/msu-coa.php>

Additional Cost (Please note that these are approximate and subject to change)

Drug Test - \$29.50 (junior and senior year)

Student Malpractice Liability Insurance - \$13.00 (Annually - Junior and Senior year)

Name Tags - \$5.00

Criminal Background Check and Immunization Tracker - \$70.75/40.75 (junior and senior year)

Neonatal Resuscitation Program Course and Card - \$35.00

Advanced Cardiac Life Support Course and Card- \$75

Kettering National Seminar TMC/Clinical Simulation Review Course, Books and Online Tools- \$425.00

Scrubs (3 sets) (varies)

Stethoscope, Pulse Oximeter, Scissors, Cloth Masks, Scrub Caps and Goggles (varies)

Self-Assessment Therapist Multiple Choice Exam- \$50.00

Self-Assessment Clinical Simulation Exam - \$70.00

Testing Center Fee - \$15.00 (per above listed exam)

PROGRAM REQUIREMENTS & POLICIES

The curricula for the Bachelor of Science in Respiratory Care degree requires courses with a clinical/lab component that occurs within hospitals, clinics, private practices, and other healthcare organizations (Collectively “Clinical Affiliates”). Students must complete specified requirements to enter these courses with a clinical/lab component.

Deadlines: Failure to meet deadlines established by the Program and/or Clinical Chair may result in a withdrawal and/or dismissal from the program.

Requirements of an applicant/student:

1. Sufficient visual acuity such as is needed in the accurate preparation and administration of medications, and for the observation required for patient assessment, response to therapy and care.
2. Sufficient auditory perception to receive verbal communication from patients and members of the health care team and to assess health needs of people through the use of monitoring devices such as cardiac monitors, stethoscopes, fire alarms, life support equipment, etc.
3. Sufficient gross and fine motor coordination to respond promptly and implement the skills, including the manipulation of equipment required in meeting health care needs.
4. Sufficient communication skills to interact with individuals and communicate their needs promptly and effectively as may be necessary in the individual’s interest.
5. Sufficient intellectual and emotional function to plan and implement care for individuals.

Physical Requirements:

Constant walking, standing, seeing, hearing, talking, public contact, and decision-making. Frequent operation of computers, telephones, pushing wheelchairs, turning and lifting patients, helping patients walk, helping patients sit-up, reading, reaching, grasping, feeling exposure to stressful situations and concentration. Occasional operation of office machines, lifting more than 20 lbs., bending, and exposure to trauma and grief.

Tuition:

The college catalogue lists the cost of tuition for both in-state and out-of-state students.

Malpractice Liability Insurance:

Malpractice insurance is required of all respiratory students whose coursework or clinical activities involve contact with direct patient care. **Once a term** there is a liability insurance fee attached to a clinical course. This fee is **\$13.00** and must be paid prior to the Fall semester online via the Midwestern State University Respiratory Website under Student Liability Insurance:

https://secure.touchnet.com/C20137_ustores/web/classic/product_detail.jsp?PRODUCTID=295&SINGLESTORE=true

Personal Health Insurance:

The program has **no** agreement with the clinical affiliates to provide necessary emergency care for the faculty or students assigned to them. Neither the College nor the clinical affiliates are responsible for a student's injuries, accidents or exposure to illness that occurs while the student is participating in clinical activities. Therefore, it is **REQUIRED** that students provide private health insurance for themselves. The University offers students health insurance through the Vinson Health Center: <https://mwsu.myahpcare.com/>

It is the student's responsibility to provide proof of his/her own health insurance on an annual basis.

Immunizations:

All immunizations must be current and up to date as per Program Requirements and Vinson Health Center.

Vinson Health Center

- a. Information in reference to hours as well as services available may be found through their website: <https://msutexas.edu/healthcenter/>
- b. Immunizations available through Vinson as well as costs: <https://msutexas.edu/healthcenter/assets/files/vhc-charge-reference-sheet.pdf>
- c. Students are seen by appointment, which may be made in person, or by calling 397-4231. A limited number of walk-in appointments are available, as the schedule permits. Sick time is also offered every Tuesday and Friday from 8am to 11am for simple acute illness.

Each student entering the clinical environment is required to have the following immunizations according to Texas State Law:

- a. MMR (two immunizations or positive titer: measles, mumps, rubella)
- b. DTaP (diphtheria, tetanus, pertussis within past 10 years)
- c. Varicella (two immunizations or positive titer)

In addition, the Respiratory Care Program requires:

- a. Annual TB test, Quantiferon Gold or T-Sport (may be given at the Wichita Falls Health Department)
- b. Hepatitis B series (three shots: second shot is one month after first, third shot is 5 months after the second) or a positive titer
- c. Annual Flu shots (seasonal to be completed October each year)

All required immunizations must be completed prior to the first clinical day. Students who have not completed their immunizations **will not be allowed** to participate in clinical practicum until cleared by Castlebranch Immunization Tracking as well as the MSU Student Health Center. All students are required to submit immunizations for program

review via Castlebranch as well as to Vinson Health Center. Vinson Health provides limited immunizations on an appointment basis only.

Background Check:

The Respiratory Care Program requires a background check on each student prior to the start of the program and again prior to the fall semester of the Senior year. Students may be required to complete additional background investigations during their course of study, dependent upon specific clinical affiliate policies. *The expenses of all background checks are the responsibility of the student.* These background checks are done through a third party company selected by the program. Written instructions will be provided to each student providing direction for completion. Background checks must be completed prior to the beginning of clinical practicums. Failure to meet deadlines established by the Respiratory Program may negatively affect clinical placements and may be grounds for dismissal from the program. The Director of Clinical Education will administratively remove noncompliant students from all clinical courses.

Should the criminal background check reveal convictions, further investigation will be undertaken by the Respiratory Care Program through the Program Chair. VIOLATIONS INVOLVING NARCOTICS OR CONTROLLED SUBSTANCES, CRIMES OF VIOLENCE (HOMICIDE, AGGRAVATED ASSAULT, CHILD OR ELDER ABUSE, DOMESTIC VIOLENCE), OR LISTING ON THE NATIONAL TERRORIST WATCH LIST OR THE SEX OR VIOLENT OFFENDER REGISTRY MAY PRECLUDE ADMISSION TO CLINICAL COURSES, WHICH WOULD NEGATE COMPLETION OF THE RESPIRATORY DEGREE. Violations of any nature may preclude the Respiratory Program from placing students in clinical affiliates, dependent upon the policies in place as such affiliates. The Respiratory Program will make every effort to place a student affected by such affiliate policies. HOWEVER, STUDENTS WHOSE CRIMINAL BACKGROUND FINDINGS ARE NOT ACCEPTABLE TO THE CLINICAL AFFILIATES WITH WHICH THE RESPIRATORY PROGRAM HAS EXISTING CLINICAL AGREEMENTS MAY EXPERIENCE DISRUPTIONS TO THEIR PLAN OF STUDY OR, IN EXTREME CASES, MAY BE UNABLE TO COMPLETE THE COURSE OF STUDY IN RESPIRATORY CARE. PLEASE NOTE THAT MIDWESTERN STATE UNIVERSITY DOES NOT CONTROL THE INDIVIDUAL REQUIREMENTS OF HOSPITAL SYSTEMS FOR CLINICAL ROTATIONS AND EMPLOYMENT AND THAT SUCH REQUIREMENTS MIGHT DIRECTLY IMPACT A STUDENT'S ABILITY TO COMPLETE THEIR CLINICAL EDUCATION AS WELL AS OBTAIN FUTURE EMPLOYMENT AND APPROPRIATE LICENSURE.

Should the criminal background check reveal convictions, further investigation will be undertaken by the Respiratory Program through the Program Chair. Any student whose FBI criminal background check includes a felony shall be subject to review and possible dismissal from the program. Students whose background checks include infractions that are potentially incongruent with license to practice respiratory care in the State of Texas shall be required to complete Criminal History Evaluation and shall write a letter to the

Respiratory Care Program attesting that this has been accomplished. Any student with criminal background finding other than a misdemeanor will be referred to the Chair and the Dean of the College for investigation. The student will be notified by the Clinical Chair to contact the Program Chair directly. The student in question will not be permitted to attend clinical experiences, while the matter is under investigation the Program Chair will confer with the Dean of the College as needed, and will notify the Clinic Chair and student of final decision. If a student is not able to complete clinical experiences, the student will be administratively dismissed from the program.

Drug Testing:

The Midwestern State University Respiratory Care Program shall assure compliance with conditions for drug screen/substance abuse screen as specified in agency contracts with the Clinical Affiliates where students engage in courses with a clinical/lab component.

Therefore, the Respiratory Care Program and Clinical Affiliates require a drug and alcohol screening for all students.

Drug screen/substance abuse screening utilizing the urine based Health Professional Profile Comprehensive I Drug Screen will be performed by a third party company selected by the program on an annual basis at minimum. This test will cost the student \$29.50 and must be completed before prior to the beginning of clinical practicum. *The expenses of all drug screen/substance abuse screening are the responsibility of the student.* Students who are under the influence of drugs and/or alcohol are deemed impaired and, therefore, incompetent to provide care to patients.

Failure to meet deadlines established by the Respiratory Care Program may negatively affect clinical placements. Failure to complete drug screen/substance abuse screening will preclude entry into clinical practicum and can result in dismissal from the program. In the event of a documented dilute sample, the student may be asked to complete additional drug screening at the discretion of the Program Chair and/or Clinical Chair. The Clinical Chair will administratively remove noncompliant students from all clinical courses.

Students may be required to complete additional drug screens/substance abuse screening during their course of study, dependent upon specific clinical affiliate policies. Such requirements are beyond the control of the Respiratory Care Program. Students who evidence behaviors consistent with substance abuse shall be subject to for-cause drug screening. **Any student with a positive drug screen will be dismissed immediately from the Respiratory Care Program if the positive finding cannot be related to a prescription held legally by the student. Please note, the Health Professional Profile Comprehensive I drug screen is considered definitive.**

Professional Dues:

Student membership to the professional organization, the American Association for Respiratory Care (AARC) is voluntary but encouraged. Early Professional membership is about \$25/year. Please note, Early Professional AARC Members are also recognized as member of the Texas Society for Respiratory Care. The program also encourages

membership to the Coalition for Baccalaureate and Graduate Respiratory Therapy Education (CoBGRTE), which is \$10/year.

Books and Materials:

Book Costs/ e-books will, of course, vary each semester. In addition to Respiratory Care courses, related courses will also be using texts.

Uniforms and Clinical Instruments:

Once you begin in the program you will need to purchase the following:

(The Uniform Shop, 1716 9th Street, gives us a discount)

3 sets of Cherokee Brand Pewter scrubs (a variety of styles are available; however, in order to ensure color uniformity, we ask that you purchase Cherokee Pewter)

MSU patch sewn on left sleeve (2 inches from shoulder) (\$7.00, student bookstore) (\$2.00 per patch to be sewn on by Uniform Shop)

Closed toed shoes appropriate for standing long hours

Student Nametag (\$5.00)

Stethoscope (\$25.00)

Pulse Oximeter (\$40.00)

Stainless steel bandage scissors (\$4.00)

Cloth Mask (2) and Goggles (Scub cap is optional)

Watch with second hand

Exit Examination Passing Requirements:

All students are required to pass a SAE (self-assessment exam) Therapist Multiple Choice Exam. Students may repeat the examination in the event that the exam is not successfully passed the first time. The student may retake the exam as needed to pass in order to graduate. Please note retaking the exam will be an additional cost to the student. If the exam is not successfully passed by the graduation date, the student will receive an Incomplete. The student has until the beginning of the next fall semester to pass the exam and remove the incomplete from their record. The student will not receive a diploma until they pass a SAE (self-assessment exam) Therapist Multiple Choice Exam.

The SAE (self-assessment exam) is the complete RRT (registered respiratory therapist) exam that is given under true testing conditions and is written by the same group that administers the actual exam graduates will be required to pass in order to obtain the RRT credential. *

Learning Resources:

The MSU Texas Moffett Library houses a more than adequate collection of related medical, biological, psychological and sociological collections. The library staff is more than willing to assist the student in locating reference materials and the use of various indexes.

The Office of Tutoring and Academic Support Program:

Located in Moffett Library, The Office of Tutoring and Academic Support Programs (TASP) offers a variety of resources designed to help students meet the demands of the college classroom. Our mission is to provide the necessary support to help students achieve academic success. [\(940\) 397-4461](tel:9403974461)

Counseling Center:

The Midwestern State University Counseling Center, located at the corner of Hampstead and Louis J. Rodriguez Drive, serves as a resource for students seeking assistance for a wide variety of issues at no charge. <https://msutexas.edu/student-life/counseling/>. As with any healthcare discipline, Respiratory Therapy faces enormous mental demands as part of our daily practice. Each student is encouraged to maintain proper emotional state in order to provide quality patient care to an acutely ill population. Students are encouraged to seek assistance when dealing with emotional issues or mental illness to include but not limited to: depression, anxiety or stress, grief and loss, abuse, loneliness, anger issues, etc. Please note, students may be referred to the Counseling Center at the request of the Program Chair and/or program faculty if students are noted to demonstrate behaviors potentially harmful to themselves or others.

PROGRAM EXPECTATIONS

Standards of Conduct:

Students will be withdrawn from the program if there is a **suspicion** of substance abuse during class or clinical training.

Anyone suspected of cheating, plagiarism, or falsifying clinical or classroom documents will be removed from the program (see section below titled ACADEMIC HONESTY). These strict guidelines are necessary to protect the patients and the hospitals.

Otherwise, if on any occasion the instructor feels that a student's conduct is not conducive to the learning atmosphere of the classroom or clinic, that student will be asked to leave. If an incident of misconduct does occur, the necessary faculty and/or administrative personnel will immediately evaluate the incident. The student has the right to due process at all times (see section titled ACADEMIC PROBLEMS).

Classroom Conduct Policy:

It is the expectation that classes will be conducted in an adult fashion. Both instructors and students will be present, on time, and prepared to conduct the class as a learning environment. The instructor determines both the selection of subject matter and the learning style. When students disagree with an instructor, the necessity and efficacy of the subject material shall be restricted to after class discussions by the students and instructor so as not to interfere with classroom learning objectives.

Respiratory Care Student Conduct in the Classroom

Students are expected to behave as a professional Respiratory Care Practitioner (RCP).

ATTENDANCE AND TARDINESS POLICY

1. ATTENDANCE –

- a) Have good attendance, be on time and be prepared for each class. Notify the faculty member prior to the anticipated absence or tardiness.

- b) Attendance – Punctuality to class is imperative. Exams will be given during the first part of class with an allotted amount of time. If the student is late, they will be given the remaining time to finish the exam. At the end of the allotted time, all exams must be turned in, complete or not. Regular class attendance is required. No distinction is made between excused and unexcused absences unless absence has been cleared through the office of the Dean of Students, Athletic Department, or Academic Affairs. Two late arrivals equal one absence. The following policy will be enforced: Greater than five absences will result in instructor-initiated drop from the class. Prior absence approval may be granted after review by the professor

Respiratory Care Student Conduct/Guidelines in Clinical Skills Laboratory:

The Clinical Skills Laboratory is provided to the students of the Respiratory Care program under the supervision of faculty. The labs are designed to provide opportunities for the student to learn and practice basic skills in preparation for the administration of quality patient care. It is the intent of the Respiratory Care program Faculty to provide a student-centered learning environment that will promote critical thinking and assist the student to be successful in their acquisition of skills obtained during scheduled and unscheduled clinical skills laboratory time. The following guidelines are important and consistent with the student transitioning to a professional Respiratory Therapist.

1. EMOTIONAL AND PHYSICAL REQUIREMENTS

- a. The student is expected to manage their emotional stability in various situations allowing them to perform in stressful environments produced by academic studies and clinical skills laboratory simulations.

- b. Students are required to have the emotional and physical ability to perform specific clinical applications while in the clinical skills laboratory. Those requirements are as follows:

- **Comprehension:** comprehend and process information and calculations
- **Tactile:** use of touch
- **Hearing:** use of auditory sense
- **Vision:** use of sight
- **Critical thinking:** ability to problem solve
- **Communication:** Communicate effectively in interactions with others verbally, nonverbally, and in written form.
- **Behavioral:** emotional and mental stability

2. APPROPRIATE BEHAVIOR

- a. Courteous behavior is always expected from the student. This includes maintaining a sound level conducive to verbal communication and learning; and exhibiting respectful behavior towards peers, faculty, and staff.

3. SAFETY

- a. The personal safety of the student in the skills lab is essential. It is the student's responsibility to familiarize themselves with the operation and function of the laboratory equipment.
- b. Report broken or unsafe equipment immediately to the faculty or staff.
- c. Take precautions to prevent injuries caused by sharp instruments or devices while practicing in the skills lab.

4. PREPARATORY ASSIGNMENTS

- a. All clinical application pre-assignments must be completed prior to the scheduled clinical lab time. Preparation is necessary for the student to be successful in the acquisition of skills.

5. ELECTRONIC DEVICES

- a. Personal laptops and devices are allowed in the clinical skills laboratory to take notes and for educational purposes. It is asked that the students refrain from accessing social media sites while in educational situations.
- b. It is asked that cell phones be on silent mode in the clinical skills laboratory.
- c. Electronic devices will not be allowed during check-offs.

6. DRESS CODE

- a. Activities in the clinical skills laboratory include climbing in and out of bed, exposing limbs, and working in close proximity with other students.
- b. Clothing during the summer labs should be worn which allows for comfort during physical activity and demonstrates consideration for the modesty of all students.
- c. Scrubs will be required during clinical skills laboratory during the Fall and Spring semesters. Scrubs should be pressed, clean, and display patch on the left shoulder as required for clinical.

7. HOUSEKEEPING

- a. Prior to leaving the clinical skills laboratory area the student is required to clean their work space and put designated equipment away.

8. OPEN LAB TIME

- a. The clinical skills laboratory is open daily from 8am-5pm, Monday-Friday. The student may use the clinical skills laboratory during open lab time for skills practice.
- b. Students who are facing difficulties completing specific skills in the lab will need to schedule time with their instructors for skills remediation.

9. LABORATORY COMPETENCIES/CHECK-OFFS

- a. All assigned competencies must be successfully completed by the student in order to complete the course. If a student is not successful in completing a competency they will be given an opportunity to repeat the competency with a 15% deduction.
- b. Failure to complete the competency on the second attempt will result in removal from the next clinical rotation to allow for remediation and a final attempt at completing the competency.
- c. Failure to successfully complete a laboratory competency on the final attempt will result in failure of the clinical skills laboratory course and dismissal from the Respiratory Care Program.

10. ATTENDANCE POLICY

- a. Clinical skills laboratory attendance and participation is essential. Daily attendance records will be kept and each missed lab will result in a 20% reduction in the lab attendance grade. Make-up for any time that is missed from lab is the responsibility of the student, not the faculty. Prior absence approval may be granted as deemed necessary by the professor.

CLASSROOM AND LAB INCIDENT CATEGORIES

Category I:

Any student committing one of more of the following offenses will be subject to **immediate** removal from the program.

1. Coming to the classroom or lab under the influence of alcohol or any non-prescribed drugs that adversely affects the student's performance. Bringing said drugs or alcohol into the classroom or lab. Consumption of these drugs or alcohol while in the classroom or lab.
2. A verbal or physical act of aggression against staff, students or faculty.
3. Deliberate destruction or damage to classroom, lab, patient simulator, student, visitor, or equipment.
4. Theft
5. Plagiarism

6. Academic dishonesty
7. Recurrent rude or unprofessional behavior.

Category II:

Any student committing any of the following offenses will be subject to the disciplinary considerations below:

- | | |
|----------------------------|---|
| 1 st Incident - | Probation |
| 2 nd Incident - | Dismissal from the Respiratory Care Program (not necessarily Midwestern State University) |

Probationary status will continue for the duration of the student's time in the program.

1. Causing damage to equipment or property through negligence.
2. Repeated low performance in classroom or lab.
3. Failure to follow classroom and lab guidelines.

Category III:

Any student committing the following offenses will be grounds for the action listed.

- | | |
|----------------------------|---|
| 1 st Incident - | Written Reprimand |
| 2 nd Incident - | Probation |
| 3 rd Incident - | Dismissal from the Respiratory Care Program (not necessarily Midwestern State University) |

1. Failure to follow published departmental rules or policies.
2. Excessive absenteeism. Excessive absenteeism is defined by faculty and course syllabus.
5. Excessive tardiness. Excessive tardiness is defined by faculty and course syllabus.

All Category III offenses are cumulative throughout the program.

APPEAL PROCEDURE

A student may appeal a Classroom or Lab Incident Form action to the Program Director.

Clinical Education Assignments/Rotations/Expectations

The clinical education experiences are a privilege earned by successful progression through the academic curriculum and not a right of enrollment in the curriculum. All appropriate course work must be successfully completed in the prescribed sequence before a student will be allowed to participate in the clinical education portion of the curriculum (refer to pre-requisites for each clinical practicum). Clinical education experiences are not to be arranged by the student, but are the responsibility of the Director of Clinical Education and the Program Director. Clinical assignments will be made by committee based on the number of students and the clinical space available with academic performance taken into consideration. A student may request to rotate through a particular hospital or city; however, there is no guarantee all requests can be fulfilled due to clinical space limitations. Roommates on the same clinical rotation will be taken into consideration. Please note that the majority of clinical education experiences will be completed with but are not limited to clinical affiliates in Wichita Falls, the Dallas/Fort Worth area, Lubbock as well as Southern Oklahoma. Although most clinical education experiences will be completed in these areas, some assignments may be outside of these identified areas.

Students are expected to behave as a professional Registered Respiratory Therapist (RRT).

Appropriate professional behavior is described by the following:

2. CLINICAL ATTENDANCE –

- a. Have good attendance and arrive 15 minutes before the shift begins and be prepared. Notify the Director of Clinical Education and the clinical site at least one (1) hour prior to the shift anticipated absence or tardiness.
- b. Attendance – All unexcused absences will be made up in **double time**. The make-up schedule is determined as the discretion of the Director of Clinical Education, faculty, or designated clinical preceptor. All make-ups must be approved by the Director of Clinical Education. Time not made up before the end of the semester schedule will result in the student receiving an “I”, incomplete, for the semester grade. Time not made up within 30 days of the first long semester will result in the grade being changed to an “F” as per school policy.
- c. Obtaining an Excused Absence from Clinical – The Director of Clinical Education should be notified 24 hours in advance of the expected absence, whenever possible.

Written documentation by a physician must be presented for absences of three consecutive days or at the request of the Director of Clinical Education. A student may be requested to clear student health prior to returning to clinic.

- d. Tardiness – All late time will be made up in **double time**. Excessive tardiness may be considered a professional deficiency and may result in probation or dismissal from the program.
- e. Leave of Absence- Leave of absence shall be considered on an individual basis. Leave shall be granted only for reasons such as military service, extended illness and personal emergencies. The Director of Clinical Education must approve all leave of absences of clinical.
- f. Bereavement Leave – In case of death in the immediate family (mother, father, grandmother, grandfather, brother, sister, child or spouse) a three-day leave will be granted. This time does not need to be made up.
- g. Special Consideration for Time Off – Each student should attempt to schedule appointments with physicians and dentists during his/her free time.

In special cases, permission may be granted by the Clinical Director so that a student may keep appointments during clinical rotations.

- h. Students should be aware that the program makes a clear distinction between supervised clinical activities and those activities associated with student employment in a clinical facility. Students must not complete clinical coursework while in an employee status at a clinical affiliate. Students shall not receive any form of remuneration in exchange for work they perform incident to their clinical education coursework and experiences. Students must not be used to substitute for clinical, instructional or administrative staff.

2. ETHICAL AND PROFESSIONAL BEHAVIOR

- a. Maintain professional appearance, conduct and professional ethics as related to the job or course.
- b. Keep department or area decorum by refraining from loud boisterous behavior.
- c. Address all clinical instructors and supervisors with respect and dignity befitting their position.
- d. Do not accept tips or gratuities from patients or members of a patient's family.
- e. Do not receive or place personal phone calls or visits while assigned in the clinical setting. *This includes the use of personal cell phones.
- f. Follow the professional conduct policies of the department.

g. Maintain patient confidentiality. Refrain from discussing the patient's condition and/or diagnosis in any way other than an educational setting.

3. ATTITUDE –

Contribute to a positive social environment within the department. Possess the ability to work with members of the health care team, patients and the public. Graciously accept constructive criticism and make an effort to change. Function effectively in a stressful environment.

4. DEPENDABILITY –

Behave in a dependable manner, complete assignments and make good judgment on job related decisions. Behave in a self-directed manner and be responsible for his/her own actions.

- a. Remain in the assigned department or area, unless released by the clinical instructor.
- b. Be with his/her assigned therapist at all times or a location that the therapist has released the student to. The student must also inform the therapist of the expected time of the student's return.
- c. Lunch and other breaks are according to department / facility policies. Typically, lunch is 30 minutes in length and **you must remain on campus** during your lunch and other breaks.
- d. Be responsible to the staff therapist or technician to whom he/she is assigned at clinical sites.
- e. Remain at the clinical facility throughout the entire assigned shift, unless otherwise released by the Director of Clinical Education.
- f. Refrain from visiting/stopping by clinical facilities other than the clinical facility to which you have been assigned by the Director of Clinical Education.

5. PROBLEM SOLVING AND DECISION MAKING –

Discover problems, find workable solutions and make appropriate and effective decisions.

6. COMMUNICATION –

Provide effectiveness in communicating within the health care setting with members of the healthcare team, with patients and the public.

7. CONTINUE TO LEARN –

Actively participate in learning new procedures and techniques. Attend continuing education activities

8. ADAPTABILITY –

Adjust to organizational changes including scheduling, accommodating changes in the workload, and changes within the hospital.

9. PRODUCTIVITY –

The RCP is well organized, uses time wisely, knows how to prioritize, and maintains a high quality of productive work.

10. PROFESSIONAL ACTIVITIES –

Pursue professional credentials. Become a member of the national/state/local associations.

The faculty believe that each student should develop an entry-level mastery (behaviors demonstrated upon graduation and the entry into the profession) of each of these skills by graduation. This belief is based on the following assumptions: the process of becoming socialized into a profession requires hard work and takes a significant period of time and therefore must begin early; a repertoire of behaviors, in addition to a core of knowledge and skills, is important to be a successful respiratory therapist; professional behaviors are defined by the ability to generalize, integrate, apply, synthesize, and interact effectively; whether behaviors can be “taught” or not, the fact remains that behaviors are learned; and behaviors can be objectified and assessed.

To assist the student in assessing and developing an entry-level mastery of these behaviors, it will be required that each student and advisor complete and assessment of Professional Behaviors in the first semester and each year thereafter. The student should schedule a meeting with their advisor to discuss the self-assessment and the advisor’s assessment of the student. This assessment will be utilized to provide input to the student on the student’s progression. Following each meeting with the advisor, the student may be required to set goals related to the Professional Behaviors to assist the student in reaching the expected level of performance by completion of the program. It is expected that each student achieve entry-level mastery by graduation.

Please note, failure on the part of the student to conduct himself/herself professionally at all times will place the student in a position of possible disciplinary action by the student disciplinary code of the program.

Supervision:

During clinical rotations, a Respiratory Therapist or equivalent person will be available for consultation. This includes faculty, designated community preceptors, or hospital and school management. It is the student’s responsibility to contact appropriate supervisory personnel immediately when an urgent situation arises.

Transportation:

Clinical experiences require students to travel to sites off the college campus. Clinical is taught at hospitals and other health care facilities in the surrounding area. Transportation to the clinical site is the responsibility of the student.

Students may be required to attend off-campus seminars, field trips, or other courses scheduled by the faculty. Transportation to any off-campus event is the responsibility of the student.

Social Media:

Social networking websites provide unique opportunities for students to get to know one another, share experiences, and keep in contact. As with any public forum, it is important that users of these sites are aware of the associated risks and act in a manner that does not embarrass the students, the Respiratory Care Program, and the University. It is also important to ensure patient information is not made publicly available. The Respiratory Care Program has adopted the following guidelines to assist students in carefully using these sites.

A. Personal Privacy - Set students' profiles on social networking sites so that only those individuals whom the students have provided access may see one's personal information. Evaluate photos of students that are posted to these sites and "untagging" photos that depict the student in what may be construed as compromising situations. Be aware of the security and privacy options available to them at any sites where students' post personal information. Keep in mind that privacy settings are not impervious, and information can be shared willingly or unwillingly with others, even with "Friends Only" access.

B. Protection of Patient Information - Comments made on social networking sites should be considered the same as if they were made in a public place in the clinical setting. HIPAA rules apply online, and students may be held criminally liable for comments that violate HIPAA. Remember that simply removing the name of a patient does not make them anonymous. Family members or friends of that patient or of other patients the student is caring for may be able to determine to whom the student is referring based on the context.

C. Professionalism- Use of these sites can have legal ramifications. Comments made regarding care of patients or that portray the student or a colleague in an unprofessional manner can be used in court or other disciplinary proceedings. Statements made under students' profile are attributable to the student and are treated as if the student verbally made that statement in a public place. Use discretion when choosing to log onto a social networking site at school. Keep in mind that the use of these sites during lecture and clinical assignments is prohibited. Keep in mind that photographs and statements made are potentially

viewable by future employers. Students may be subject to disciplinary actions within the University for comments that are either unprofessional or violate patient privacy. Remember that each student is representing MSU and the Respiratory Care Program when logging on to a site and make a comment or post a photograph.

D. Hospital Policy – Midwestern State University faculty and students are the guests of our clinical affiliate. As such, it is required that both faculty and students to adhere to professional conduct and affiliate policies associated with the use of social media.

Electronic Devices:

Cellular phones, tablets, or any other electronic equipment etc (gaming devices, devices capable of internet connections, MP3 players) should not disrupt class and will not be allowed in patient care areas at clinic sites. These devices should be limited to breaks and/or emergency situations. Individual hospital policy may require you to keep your cellular phones out of clinical areas and prohibit the use of cellular phones.

Student Employment:

Off campus employment is the student's responsibility. The Program Director and/or Director of Clinical Education will counsel the student if classroom and/or clinical performance is below average.

Academic Honesty:

Cheating is the giving of information or material with the intention of wrongfully using it to aid oneself or another student in academic endeavors. The Respiratory Care faculty expects honest behavior from students in relation to performing patient care, written examinations, papers, or any other assignment. The faculty considers sharing testing instruments, past or present, as a violation of academic honesty. Honesty is a necessary trait in all health care professionals. It is assumed by the Program that all students practice honest and ethical behavior. Inability to fulfill this assumption will result in the student being dismissed from the Program. All students enrolled in the Respiratory Care Program at Midwestern State University agree to abide the Student Honor Creed: "As an MSU student, I pledge not to lie, cheat, steal, or help anyone else do so." As students at MSU, we recognize that any great society must be composed of empowered, responsible citizens. We also recognize universities play an important role in helping mold these responsible citizens. We believe students themselves play an important part in developing responsible citizenship by maintaining a community where integrity and honorable character are the norm, not the exception. Thus, we the students of Midwestern State University resolve to uphold the honor of the University by affirming our commitment to complete academic honesty. We resolve not only to be honest but also to hold our peers accountable for complete honesty in all University matters. We consider it dishonest to ask for, give, or receive help in examinations or quizzes, to use any unauthorized material in examinations, or to present, as one's own, work or ideas which are not entirely one's own. We recognize that any

instructor has the right to expect that all student work is honest, original work. We accept and acknowledge that responsibility for lying, cheating, stealing, plagiarism, and other forms of academic dishonesty fundamentally rests with each individual student. We expect of ourselves academic integrity, personal professionalism, and ethical character. We appreciate steps taken by University officials to protect the honor of the University

Academic Problems:

In the event a student has a grievance, the student will use the following procedure to reconcile problems:

1. Confer with the course or clinical instructor. If the issue is not resolved then,
2. Confer with the program director. If the issue is not resolved then,
3. Confer with the Dean of Health Sciences and Human Services. If the issue is not resolved then,
4. Appeal to the COHSHS Student Conduct Appeals Committee (see page 29)

Grading Policy:

In the Respiratory Program, each student is evaluated on a scheduled basis as to comprehension of theoretical concepts, safe performance and psychomotor skills in clinical areas and ethical and affective behavior expected of the professional practitioner.

The Respiratory Care Program uses the following grading system:

100 – 90% = A

89 – 80% = B

79 – 75% = C

74 – 60% = D

<59% = F

Academic Standards and Requirements:

1. The core curriculum of the Respiratory Care Program is comprehensive in nature, i.e., each course building upon the material learned in previous courses. Courses within the curriculum are taught once a year. Therefore, each course must be taken as part of a lock-step sequence and passed with at least a grade of “C” in order to progress in the program curriculum.
2. The typical curriculum schedule is found within this handbook.

3. Individual course grading policies are the responsibility of the course instructors and will be stated in the course outline (syllabus) at the beginning of each course.
4. A minimum grade of C is required in all respiratory courses. Failure to attain a minimum grade of C in these courses will prevent the student from progressing in the program. A student who fails to achieve a grade of C in any respiratory course may repeat the course only once. To demonstrate that the knowledge previously acquired has been retained and the student is up to date, the student must audit the prerequisite courses of the course(s) to be repeated or successfully pass a proficiency examination in each prerequisite course(s).
 - If the student chooses to audit the prerequisite classes, they are expected to attend all classes, successfully complete all coursework and exams associated with those classes.
5. If the student withdraws from respiratory care courses and/or the University, he/she must go through the respiratory care admission process again.
6. A student on university scholastic probation may not enter or progress in the program.
7. Failure to achieve a minimum grade of C when repeating a respiratory care course will result in dismissal from the program and the student may not reapply to this respiratory care program.
8. The BSRC Program's Admission Committee reserves the right to make exceptions to the above due to extenuating circumstances.
9. Respiratory care courses must be taken in the sequences prescribed.
10. A student must complete their core program of study within three years (36 calendar months) from the time they registered and attended their first core course.

An individual's **WRITTEN** request to recycle into the program will be reviewed by the faculty. Requests for readmission are not automatically granted. The readmission depends upon the nature of the program withdrawal and the availability of space in the class and clinical facilities. Any student who re-cycles after being out of the program for one calendar year must adhere to the policies and procedures of the class they cycle into.

Remediation:

The program provides opportunities for ongoing remediation in both didactic and laboratory courses in respiratory care. The faculty will meet with students at a minimum of once each long semester at midterm to discuss academic progress in didactic course work. Deficiencies will be identified with the opportunity for student and faculty to develop strategies to assist in the learning process. Laboratory courses will provide for remediation throughout the semester as part of the competency review process.

Academic Suspension:

If a student fails any of the Respiratory Care courses with a "D" or "F" or is unable to pass the required science courses with a "C" or better, the student will be dismissed from the program at that point. If the student is dropped from a clinical Practicum course due to

excessive absenteeism or performance of tasks, which are considered dangerous to the patient's well-being, the student will be dismissed from the program at that point. Failure of the student to perform in a professional manner may result in removal from clinical! If the student is dropped from a clinical Practicum course, he/she may complete the didactic portion of that current semester only and will be dismissed from the program upon the termination of the semester the student was dropped from clinical. Suspension from a course or the program may be from a period of one day to the entire semester, depending on the infraction the student has committed as identified on the Clinical Incident Form. Suspension or dismissal will be posted to the academic record and will remain a permanent entry. Suspension or dismissal may be appealed to the Retention Review Board.

Confidentiality:

The right to privacy of students, faculty, staff, patient, families and other health professional's should be judiciously protected by those associated with the respiratory care program. When knowledge gained in confidence is relevant or essential to others, professional judgment should be used by all when sharing information.

It is the responsibility of all those who have access to confidential information to see that such information is accessible only to those directly concerned with the individual's health care delivery.

All information learned by the student about a patient in the course of research and study is considered confidential. The confidentiality with which the information is to be treated should be established with the patient. Patient information should not be discussed in public places with those people not involved with the student's study or patient's care. Failure to take this into account can be considered as an invasion of the right to privacy. This action may result in dismissal from clinical activities and the program.

Ethics:

Health care personnel are faced with many dilemmas. We are confronted daily with the difficult problem of distinguishing ethical from unethical behavior. One of the functions of the program is to provide the student with a foundation for ethical and professional behavior and decision-making. A health care provider must be aware that all decisions have an ethical dimension. This level of behavior must be established in the classroom. Ethics is not an adjunct to health care practice, but an integral part of the day-to-day interaction with patients and peers. The commitment to professional competence in practice is the responsibility of each individual student.

Students will assume responsibility and accountability for both individual and professional actions. They have the responsibility for maintaining a level of competence that will ensure safety in delivery of health care. A student who is unable to perform clinical and classroom activities as assigned with reasonable skill and safety to patients and coworkers by reason of illness or use of alcohol, drugs, narcotics, chemical or any other type of material, or as a result of any mental or physical condition, shall be required to submit to a mental or physical examination. The physician or health care practitioner must possess expertise to

diagnose the impairment and be approved by the Dean of Health Science and Human Services. Cost of the examination will be borne by the student. Failure to submit to such an examination may result in dismissal from the program. All faculty, students and professional staff automatically assume responsibility and accountability for their individual as well as professional judgments and actions. When health care and safety are or may be affected by the incompetent, unethical, or illegal practice of any person, responsible action may include but is not limited to:

Reporting to appropriate persons, students, or faculty behavior that could adversely affect the patient including, but not limited to, alcohol, or drug use, or theft.

- Questioning a potential harmful medical order.
- Confronting or reporting individuals observed stealing clinical or academic materials. The faculty or students in the respiratory program shall avoid any conduct that would bring disrepute and disgrace to the students, faculty, Respiratory Care Program, College or the profession of respiratory care. Such conduct may include, but is not limited to:
 1. Acts that violate the accepted social norms regarding conduct of one person towards another.
 2. Commission of a misdemeanor or felony
 3. Fraud or deceit in filing an application Failure to meet these standards may result in the student being suspended or dismissed from the Respiratory Care Program.

AARC Statement of Ethics and Professional Conduct:

This program subscribes to the American Association of Respiratory Care **Code of Ethics** (given below). Students are also expected to follow the Student Code found in the Midwestern State University Student Handbook.

In the conduct of their professional activities the Respiratory Care Practitioner shall be bound by the following ethical and professional principles. The Respiratory Care Practitioners shall:

- Demonstrate behavior that reflects integrity, supports objectivity, and fosters trust in the profession and its professionals.
- Actively maintain and continually improve their professional competence, and represent it accurately.
- Perform only those procedures or functions in which they are individually competent and which are within the scope of accepted and responsible practice.
- Respect and protect the legal and personal rights of patients they treat, including the right to informed consent and refusal of treatment.
- Divulge no confidential information regarding any patient or family unless disclosure is required for responsible performance of duty, or required by law.
- Provide care without discrimination on any basis, with respect for the rights and dignity of all individuals.
- Promote disease prevention and wellness.

- Refuse to participate in illegal or unethical, or incompetent acts of others.
- Follow sound scientific procedures and ethical principles in research.
- Comply with state or federal laws that govern and relate to their practice
- Avoid any forms of conduct that creates a conflict of interest, and shall follow the principles of ethical business behavior.
- Promote the positive evolution of the profession, and health care in general, through improvement of the access, efficacy, and cost of patient care.
- Refrain from indiscriminate and unnecessary use of resources, both economic and natural, in their practice.

Concealed Carry at Clinical/Affiliate Sites:

Students must follow any rules or policies established at the clinical/affiliate site they attend. If the clinical/affiliate site does not prohibit the concealed carry of firearms, the university and the Respiratory Care Program does not prohibit concealed carry at the clinical/affiliate site. However, students are reminded that at their clinical/affiliate sites the students are often required to wear “scrubs” which are thin garments which may make concealed carry of a firearm difficult if not impossible. Students may have to engage in activities such as moving patients or performing examinations which may make the concealment of a firearm difficult. Students are also reminded that intentional display of a firearm may result in criminal and/or civil penalties and unintentional display of a firearm is a violation of university policies and may result in disciplinary actions up to and including expulsion from the program and university. Students should factor the above in their decision as to whether or not to conceal carry at clinical/affiliate sites if those sites do not prohibit concealed carry.

Americans with Disabilities Act:

The Respiratory Care Program complies with the 1990 Americans with Disabilities Act (ADA). For more information please go to: <https://msutexas.edu/human-resources/policy/3.3-employee-policies/3.340-Disabilities.asp>

Respiratory Care involves the provision of direct care for individuals and is characterized by the application of knowledge in the skillful performance of patient care functions. Therefore, in order to successfully complete the clinical and laboratory requirements, all students must possess certain characteristics. The purpose of this section is to provide the student/applicant an understanding of the physical demands and communication skills required for the program based on tasks performed by Respiratory Care Practitioners (RCPs) working in the field.

Disability Support Services:

Midwestern State University is committed to providing equal access for qualified students with disabilities to all university courses and programs, and by law all students with disabilities are guaranteed a learning environment that provides reasonable accommodation of their disability. This guarantee is provided through Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act. The ADA reads: “No qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be

denied the benefits of the services, programs, or activities of a public entity, or be subject to discrimination by any such entity.” Services Disability Support Services ensures that students with disabilities have equal access to all academic programs and activities. Services are provided based on individual need as assessed through recent diagnostic information and a personal interview. As new needs are identified, services may be modified or developed to accommodate the student. Complete an application form at <https://olympic.accessiblelearning.com/midwestern> . Specific information on filing a grievance is available in Disability Support Services or in the Student Affairs office, Clark Student Center Room 108, (940) 397-7500

Service and Assistance Animals:

Midwestern State University Please refer to the following policy for further information: https://msutexas.edu/student-life/disability/_assets/service-animal-regulations.pdf

Anti-Discrimination Statement:

Midwestern State University strives to create and actively promote a welcoming and supportive environment in order to recruit, hire, retain, and support a culturally diverse faculty, staff, and student body. Midwestern State University is committed to providing an environment of nondiscrimination and equal opportunity.

In accordance with federal and state law, the University prohibits unlawful discrimination, including harassment, on the basis of race, color, age, sex (including pregnancy, gender identity, and sexual orientation), religion, disability, genetic information, veteran status, or national origin, or any other legally protected category, class, or characteristic.

Retaliation against individuals who in good faith file a claim of discrimination or otherwise oppose discriminatory actions will not be tolerated.

Questions or concerns may be directed to one or more of the following resources:

Director and Coordinator of Title IX

Vinson Health Center, H136

[\(940\) 397-4213](tel:9403974213)

Disability Support Services

Director of Disability Support Services

Clark Student Center, Room 168

[\(940\) 397-4140](tel:9403974140)

Human Resources Department

Director of Human Resources

Hardin Administration Building, Room 210

[\(940\) 397-4221](tel:9403974221)

Associate Vice President of Student Affairs/Dean of Students

Clark Student Center, Room 121

[\(940\) 397-7400](tel:9403977400)

United States Department of Education Office for Civil Rights

Email: ocr@ed.gov

(800) 421-3481

Title IX Information:

Title IX protects students, faculty, and staff in federally funded education programs. The law applies to every aspect of the program, including admissions, recruitment, academics, employment, athletics, and student services. Title IX also prohibits sexual harassment, which is defined as unwelcome conduct of a sexual nature.

How are violations reported?

Any member of the University community may report conduct that constitutes sexual harassment or sex discrimination covered by Title IX to the Title IX Coordinator. The Department of Education's Office for Civil Rights (OCR) was given the responsibility for enforcing Title IX. MSU Policy #4.161 Sex Discrimination and Sexual Harassment https://mwsu.edu/human-resources/policy/4-general-university-policies/4.161-sexual_harrassment.asp

The University will take whatever action is necessary to prevent sex discrimination and sexual harassment and to correct it if it should occur.

Director and Coordinator of Title IX

Vinson Health Center, H136

[\(940\) 397-4213](tel:9403974213)

Any complaints alleging failure of this program to follow these policies should be brought to the attention of:

Jennifer Anderson, Ed.D., RRT, RRT-NPS
Associate Professor, Chair
Department of Respiratory Care
3410 Taft Boulevard
Wichita Falls, Texas 76308-2099
Centennial Hall, Office 420 E
940-397-4656

GENERAL PROGRAM COMPETENCIES:

Upon successful completion of the program the graduate in any patient setting will be able to demonstrate proficiency as respiratory therapist as described by the National Board for Respiratory Care.

1. Write and speak effectively.

2. Participate actively and effectively in the development of the respiratory care plan utilizing critical thinking skills.
3. Review existing data, collect additional data, and evaluate all data to determine and defend the appropriateness of the prescribed respiratory care plan.
4. Select, assemble, assure cleanliness, check for proper function, and correct malfunctions of equipment used in providing respiratory care.
5. Maintain patient records and communicate relevant information to other members of the healthcare team in a professional manner.
6. Initiate, conduct, and modify prescribed therapeutic procedures.
7. Assist physician in the diagnosis, management, and treatment of patients afflicted with cardiopulmonary disorders.
8. Conduct pulmonary rehabilitation/home care in an independent and responsible manner.
9. Provide effective patient/family education to motivate therapeutic follow-up practices and behaviors.
10. Demonstrate proficiency in all required clinical skills. (See appendix A)

NATIONAL BOARD FOR RESPIRATORY CARE CREDENTIALING INFORMATION

National Credentialing

The National Board for Respiratory Care (NBRC) is the national credentialing agency. The NBRC creates, administers and monitors all board exams. Information and application for credentialing exams can be made by contacting the NBRC direct or through their website at www.nbrc.org.

The Therapist Multiple-Choice (TMC) Exam is required by the NBRC to be taken first with two cut-scores used to designate credentials. The lower cut score awards the credential of Certified Respiratory Therapist (CRT) only. The upper cut score awards the credential of CRT plus eligibility to sit for the Clinical Simulation Exam (CSE) in order to become a Registered Respiratory Therapist (RRT). All exams are administered as computer-based exams and can be taken throughout the calendar year at multiple locations throughout the state and country. The CSE exam is composed of 20 clinical simulations to determine Information Gathering (IG) and Decision Making (DM) critical skills. The matrices for both the TMC and CSE are available on the NBRC website. Typically, graduates are not eligible for interview and to be hired until the RRT credential is earned.

Job Descriptions:

Certified Respiratory Therapist (CRT)

A Certified Respiratory therapist (CRT) is the entry level into the profession of Respiratory Care. The CRT was formerly titled a Certified Respiratory Therapy

Technician (CRTT). These titles were changed (1999) and are conferred by the National Board for Respiratory Care (NBRC), the national examination board for Respiratory Care. A CRT is an allied health care provider who assists in diagnosis and treatment of cardiopulmonary diseases and related disorders in a professional and competent manner. A CRT participates in providing patient and family education in hospitals and community settings. In circumstances, the CRT performs these duties under the guidance and/or supervision of a Registered Respiratory Therapist (RRT). As in the case of the RRT, orders to the CRT for patient care come directly from a physician.

Registered Respiratory Therapist (RRT)

A Registered Respiratory Therapist is the advanced level practitioner in Respiratory Care. The RRT is an allied health care provider who assists in intense diagnosis and treatment of cardiopulmonary disorders and related diseases in a professional and competent manner. An RRT participates in providing patient and family education in hospital and community settings. An RRT may assess a patient's status and recommend appropriate therapy. An RRT is eligible for supervisory and management positions. An RRT performs these duties under the guidance of a physician.

Job Duties/Expectations for Respiratory Therapists (CRT and RRT)

1. Follows standard therapeutic procedures
2. Performs respiratory therapeutic procedures
3. Performs pediatric procedures
4. Performs diagnostic procedures
5. Maintains a patient airway
6. Provides patient and family education
7. Applies scientific principles
8. Practices as a professional

Description of Work Environment and Activities:

The common work environment for an RCP and for a student studying for the same profession would include the following:

1. Constant contact and communication with patients, the public and other members of the healthcare team.
2. Making decisions on patient care based on assessment of the patient.
3. Moving and manipulating equipment.

4. Frequent and timely operation of computers and telephones.
5. Moving patients for such activities as ambulation of a patient, moving a patient in a wheel chair, and assisting in the lifting of patients, for example, moving a patient in the bed, moving from a chair to a bed or moving from a stretcher to a bed.
6. Exposure to pathogens through bodily secretions, mucous, and blood.

TEXAS MEDICAL BOARD LICENSING REQUIREMENTS

State Licensing in Texas:

The Texas Board for Respiratory Care (TBRC), through the Texas Medical Board (TMB), requires all respiratory therapists providing patient care to be state licensed. The TBRC recognizes the CRT national credential as the entry-level credential appropriate for qualifying an individual to perform patient respiratory care procedures, although several states have raised this requirement for licensure to the RRT credential level (California, Ohio and New York). At this time in Texas, once the CRT credential is earned, the individual qualifies to apply for a license in the states as a Respiratory Care Practitioner (RCP). All but one state in the United States have similar state licensure acts and most recognize the CRT credential as a qualification for their own particular state license as well.

While enrolled as a student in the RC Program, a student is permitted, according to state law, to practice patient care under the direct supervision of a Respiratory Care Practitioner (RCP). However, once graduated from a respiratory care program the individual cannot provide patient care without first obtaining the RCP license. A minimum of thirty (30) days prior to graduation, students are encouraged to begin gathering documentation required by the TMB for submission with their application. As soon as the new graduate obtains the CRT credential through the NBRC and all documentation is completed and successfully submitted to the TMB, the TMB will process and grant licensure (approximately 2-5 days).

It is the student's responsibility to apply for the RCP license and the TMC/CSE national board exams with the NBRC.

In order to practice as a Respiratory Care Practitioner (RCP) in the state of Texas you must be certified to do so through the Texas Medical Board. Because of this, it is essential to consider the legal requirements for individuals before entering any Respiratory Care program.

First, the state will not certify an individual as a Respiratory Care Practitioner unless they are:

- 1) Currently enrolled in an accredited program in Respiratory Care or, a graduate of an accredited program in Respiratory Care; or, a CRT or RRT credentialed through the National Board for Respiratory Care (NBRC).
- 2) And of good moral character.

Second, personal data requested by the Board of Medical Examiners of the state of Texas for licensure will ask questions similar to the following:

- Have you ever been convicted or pleaded guilty or “nolo contendere” to any felony or misdemeanor? (You may exclude minor traffic violations.)
- Have you ever been charged with violation of any state or federal controlled substance act, or any drug or narcotic law?
- Are you, or have you ever undergone treatment for the excessive use of narcotics of intoxicating liquor?
- Are you presently suffering from any disability or illness (mental or physical)?
- Have you ever received “regular” treatment for any form of emotional or mental disorder? (Do not include psychiatric consultation for isolated emotional stress.)
- Have you ever been discharged involuntarily from employment or a respiratory care related training program? If so, give full details.
- Have you ever had a license or certificate to practice respiratory care revoked, suspended, or restricted in any other state or jurisdiction?

Third, the applicant for licensure by either examination or endorsement may be **denied** a license in Texas for such reasons as:

- 1) Having been convicted or found guilty, regardless of adjudication, of a crime that directly relates to the practice of respiratory care or the ability to practice respiratory care
- 2) Being unable to practice respiratory care with reasonable skill and safety by reason of illness or use of alcohol, narcotics, chemicals, or any other type of materials, or as a result of any mental or physical conditions.
- 3) Having been convicted of a felony and civil rights have not been restored.

Finally, after meeting eligibility, graduates of accredited Respiratory Care Programs are expected to take and pass a credential examination offered through the National Board for Respiratory Care. Qualified individuals apply for licensure through the Texas Medical Board.

DPS/FBI Fingerprint Report:

Some states require a FBI Fingerprint report for licensure. In the state of Texas, all RCP applicants must submit fingerprints for state and national criminal history background checks. Please see website for instructions – <http://www.tmb.state.tx.us/page/get-fingerprints>. All arrests/charges must be reported on the application no matter how long ago the incident occurred, the level of the arrest/charge, or the final outcome (including dismissals).

CLINICAL EDUCATION PLAN

The following section reviews several important aspects of the clinical training portion of the program.

The program ensures that students have the opportunity to apply respiratory knowledge and skill in the clinic environment through our clinical affiliations with multiple clinical sites. Each clinical practicum ensures ongoing learning through the utilization of daily student activity logs, daily preceptor evaluations, competency check-off requirements as well as the development of patient care plans and/or case studies. Each clinical portfolio is reviewed every two weeks upon return to campus as defined in the course syllabus by the Director of Clinical Education with feedback provided for each student in reference to continued progression through defined curriculum. This two week review allows the Director of Clinical Education to identify any deficits in the clinical experience and provides opportunity for modification of the clinical assignment.

Clinical site assignments are made by the recommendation of the Director of Clinical Education and finalized upon review of the faculty committee as well as the Program Chair. Each clinical practicum assignment is made in an effort to ensure that, for every class, the sum of each student's clinical experiences is equivalent to that of the others student's in the class, and sufficient to allow the achievement of all required competencies.

Clinical site evaluation is completed on an annual basis by the Director of Clinical Education to ensure that expected learning outcomes are met by each student upon program completion. As part of the clinical practicum courses, students are asked to evaluate all clinical preceptors as well as clinic sites each semester in an effort to provide valuable feedback to not only the clinical site but the Director of Clinical Education. All clinical sites are assessed to ensure that while on supervised clinical practice rotations, preceptors are providing feedback and mentoring. This assessment process seeks to guarantee that each clinical affiliate is providing a clinical experience in alignment with program goals as well as objectives.

Clinical sites that may be used by the Respiratory Care Program include, but is not limited to, the following:

Carrus Hospital, Sherman, Texas

The Children's Hospital at OU Medicine, Oklahoma City, Oklahoma

Children's Medical Center of Dallas, Dallas, Texas

Cook Children's Medical Center, Fort Worth, Texas

Medical City Denton, Denton, Texas

Medical City Arlington, Arlington, Texas

Medical City Plano, Plano, Texas

Medical City Dallas, Dallas, Texas

Mercy Hospital Ardmore, Ardmore, Oklahoma

Methodist Dallas Medical Center, Dallas, Texas

Methodist Charlton Medical Center, Dallas, Texas

Methodist Mansfield Medical Center, Mansfield, Texas

Oklahoma University Medical Center, Oklahoma City, Oklahoma

Presbyterian Hospital of Denton, Denton, Texas

Texas Health Harris Methodist Hospital Alliance, Fort Worth, Texas

United Regional Health Care System, Wichita Falls, Texas

University Medical Center, Lubbock, Texas

UT Southwestern Medical Center, Clements and Zale Lipshy, Dallas, Texas

Clinical Rotation Requirements:

Health Policy:

1. Students entering the Respiratory Care Program must be aware of the fact that they, like all health care workers, will be exposed to various contagious diseases during their training and career. Precautions to be taken are outlined in the patient care course. Additional information is provided by each clinical facility. You are encouraged to make use of any protective devices available.
2. If you should be the carrier of a contagious disease, you must contact the Program Director and/or Clinical Director immediately. A temporary suspension of training may be necessary for legal reasons and for the protection of your patients.
3. Any student who has a change in health status due to an injury, infectious disease, hospitalization, pregnancy, etc. must have a letter from his/her physician stating the student can return to the clinical area and participate in clinical activities.

Students must use standard precautions (consistent with institutional policies) for all procedures in which there may be contact with body fluids (urine, blood, excretions, saliva, etc). Most contact will be with patients who have not yet been diagnosed and, therefore, the precautionary procedure of wearing gloves is of paramount importance. Students will use strict isolation techniques if the patient has been diagnosed as having a contagious disease.

Those students found not in compliance will come back to MSU for retraining on universal precautions for the first offense. Subsequent offenses will lead to: a one-day suspension for the second offense; a three-day suspension for the third offense and termination from the program for the fourth offense.

In the event of a potentially infectious exposure, students will abide by the policies as dictated by their assigned clinical affiliate. Any student experiencing such exposure will notify the Director of Clinical Education or Program Chair as soon as possible. Details

associated with the event will be logged in the student's file utilizing the MSU Texas Respiratory Care Exposure Incident Report.

Clinical Dress Code:

Midwestern State University faculty and students are the guests of our clinical affiliate. As such, the utmost care is required to adhere to professional dress, conduct and affiliate policies.

To assure that the Respiratory Care student is readily recognizable as a STUDENT (not a practitioner), and is neat and professional in appearance, the following code is to be adhered to by all students in the clinical portion of the program.

1. All students are to wear the clinical uniform, for both male and female, which shall consist of pewter-colored scrub top and pants. (except when the clinical rotation assignment is in the surgery suite of any clinical affiliate and they require that special scrubs be worn)
2. A Midwestern State University Respiratory Care student patch must be neatly sewn on the LEFT shoulder, 2 inches below the shoulder seam (the student is responsible for buying the patch from the university bookstore).
3. The Respiratory Care Program will order all of the nametags at once. Students can pick them up prior to the start of clinical rotation at a place designated by the program. The nametag must be worn over or above the LEFT breast pocket.
4. Any nametag supplied by the clinical affiliate must be worn according to that affiliate's policy.
5. All students must wear closed toe, soft soled shoes. Boots or sandals are unacceptable. Athletic shoes resembling dress shoes will be permitted upon permission of the Director of Clinical Education only.
6. All students shall procure the following to complete the clinical uniform. Each item shall be carried at all times while in the clinical phase of the program.
 - a. Pulse oximeter
 - b. Stainless steel bandage scissors
 - c. A watch with a second hand.
 - d. Cloth mask and goggles.
7. All students shall procure a stethoscope and carry it at all times during clinical rotations.
8. Personal appearance:
 - a. Hair shall be clean and neat. Shoulder length or longer hair must be tied back in a ponytail or similar fashion. Facial hair should be kept neat and trimmed. Please note, students may be required to shave facial hair in order to meet infection control guidelines (dependent on facility and rotation).
 - b. Fingernails must be kept neat, clean, and trimmed. **(No artificial nails)**
 - c. No jewelry, except the name pin, a credential pin, or special buttons depicting Respiratory Care related activities, shall be worn on the uniform. (Please note that facial jewelry is not permitted in the clinical sites).
 - d. Lack of personal hygiene will not be tolerated (dirty hands or hair, body odor, etc)
 - e. Due to possible patient harm, none of the following shall be worn to clinic: perfume, cologne, after shave, scented hair spray or hand lotion.

9. The uniform is to be worn ONLY during student clinical practice or while working on case studies.

If ANY of the policies listed above are not adhered to, the student will receive ONE (1) WARNING ONLY and the next time he/she will be sent home and counted absent from clinical. However, a student judged to be in violation of the dress code by a clinical instructor or faculty member may be sent home from clinical without warning. If the violation is judged to be harmful to patients or the student does not present a professional appearance, he/she will be sent home after an Incident Report is written up. The Director of Clinical Education must be notified of any violation in the dress code. If a student is sent home, the time will be recorded as unexcused.

Basic Life Support Certification:

All students must have a current American Heart Association Healthcare Provider CPR course prior to clinical experience in the health care facilities. The "BLS" course must be approved for all health care providers (Provider C). BLS certification will be completed prior to the first day of clinical practicum.

Neonatal Resuscitation Program:

All students must have successfully completed the Neonatal Resuscitation Program prior to clinical experience in the Neonatal Intensive Care Unit. This program will be provided during the Neonatal/Pediatric Respiratory Care course.

Advanced Cardiac Life Support:

Each student will complete the Advanced Cardiac Life Support Course as part of RESP 4433 Cardiopulmonary Dynamics.

Explanation of Competency System:

This section is provided in order to help the student better understand how the clinical competency system operates and the student's role. This competency system will only meet the student's needs if the student thoroughly understands the process.

What are the Competencies and their purpose?

Each competency consists of a list of performance elements, definitions of acceptable performance, and a performance rating form. The performance elements are the specific behaviors to be evaluated. The competency forms can be accessed on the Trajecsys Clinical Documentation System.

Competencies reflect the faculty's consensus judgment concerning the elements of a clinical procedure and the manner in which they are best performed. The emphasis is primarily on the performance aspects of clinical procedures, which define the competent respiratory care practitioner. A number of the performance elements relate to the manner in which the student interacts with patients or other health care professionals. This is not to

say that affective or attitudinal skills are unimportant. Evaluation of and feedback will be provided in counseling sessions.

A complete list of competencies required for program completion are found as an appendix in this handbook.

The Evaluator's Role:

The evaluator must perform at least two different roles. These roles involve clinical instruction and evaluation. Instructors provide direct clinical supervision and facilitate learning. Therefore, when the student feels he/she has mastered a procedure, he or she will schedule an evaluation session. The assumption is made that the student is prepared to demonstrate mastery without assistance of any kind. If it becomes necessary for the evaluator to intervene either to safeguard the patient's welfare or to expedite completion of the procedure, the student must practice and repeat the evaluation session. A signed and completed competency on the clinical documentation system indicates that the student successfully completed the procedure.

The Student's Role:

Before each formal evaluation session, the student should:

1. Review the appropriate competency form and definitions of acceptable performance.
2. After reviewing the competency meet with the instructor to discuss any points of confusion.
3. Practice the procedure with a fellow student, Clinical Instructor, or patient until student is confident that he/she can perform the procedure perfectly and without assistance.
4. Meet with the instructor and schedule an evaluation session.
5. Review the patient's chart prior to the scheduled evaluation session.
6. Arrive early to ensure all necessary equipment is readily available.

The evaluator will notify the student when to begin the procedure and will provide assistance if requested or if he/she judges it to be necessary. The type and amount of assistance provided will be considered in the overall evaluation.

Attendance Policy for Clinical Rotations:

Attendance at clinical sites is an essential component of the student's clinical education. The student must be in his/her assigned area of rotation and prepared for instruction at the scheduled time for that rotation. If a student is unable to be present at the clinical site, it is his/her responsibility to report the intended absence to the clinical site and Coordinator of Clinical Education prior to the time for the Practicum. When reporting an absence to the Director of Clinical Education, please call 397-4652 (department secretary) and leave a message. When reporting the absence to the clinical site, have the hospital operator page the charge therapist on night shift. **Leave the message with the charge therapist.**

The calls to report an absence must be made at least one hour prior to the scheduled time for the Practicum. An absence not reported by this procedure will be recorded on the Clinical

Incident Form. The Director of Clinical Education will take extenuating circumstances into account. An adverse decision may be appealed to the Program Director.

Tardiness:

It is equally important that a student be punctual to the clinical site. In order for the student to obtain maximum benefit from the clinical Practicum, he/she must be present for the report given at the change of shift. Late is defined as arriving at the clinical site fifteen minutes past the scheduled time for the Practicum. However, if a student arrives later than thirty minutes past the scheduled time for the Practicum, he/she will not be allowed to stay for that clinical day. If a student must be late for clinical it is his/her responsibility to contact the site prior to the scheduled time for Practicum.

After contacting the appropriate person within the specified time, the student must be present within one hour of scheduled time for the Practicum. Depending on the area of rotation and the circumstances, an alternative assignment may be made. If a student is habitually late the instructor will counsel him/her.

If the student does not report tardiness to the appropriate person, an absence will be recorded. The Director of Clinical Education may take extenuating circumstances into account, but the decision rests with the Department and Clinical Directors. **Every two days a student is late, an unexcused absence will be recorded.**

It is equally important that all students remain at their clinical site for the entire designated time. If the student must leave early for any reason, the student must call the Clinical Director.

Attendance Verification:

Each student must “clock-in and out” daily using the clinical documentation system. This record will be checked weekly by the Clinical Director and all clinical instructors will have access to verify attendance at clinical rotations.

If a student is unable to complete the full clinical rotation, that student will receive a “F” for that rotation and will not be eligible to continue in the program.

Please note, students shall only present themselves as a respiratory care student for clinical rotation at their assigned clinical affiliate and only on days that have been approved for attendance.

Inclement Weather:

In cases of bad weather or severe weather conditions, the student must use his/her own judgment when deciding whether or not to attend clinical. The student will inform the Clinical Instructor as soon as possible. Absences secondary to bad and/or severe weather may be excused at the discretion of the Clinical Director. If schools in the student’s area and/or the clinical site area are canceled, the absence will be excused.

CLINICAL INCIDENT CATEGORIES

Category I:

Any student committing one of more of the following offenses will be subject to **immediate** removal from the program. Please note that students that are removed from the program due to disciplinary reasons, are not eligible to reapply.

1. Any clinical action contrary to hospital policy and procedure which has the potential for, or results in, harm for the patient.
2. Coming to the clinical site under the influence of alcohol or any non-prescribed drugs that adversely affects the student's performance during clinical or bringing said drugs or alcohol into the hospital or consumption of these drugs or alcohol while on hospital property.
3. A verbal or physical act of aggression against another person on hospital premises.
4. Deliberate destruction or damage to hospital, patient, student, visitor, or employee property.
5. Theft of hospital, patient, student, visitor, or employee property.
6. Deliberate falsification of any hospital record either by omission, commission, or addition.
7. **Recurrent** rude or unprofessional behavior.

Category II:

Any student committing any of the following offenses will be subject to the disciplinary considerations below:

1st Incident - Probation

2nd Incident - Dismissal from the Respiratory Care Program (not necessarily Midwestern State University)

Probationary status will continue for the duration of the student's clinical component.

1. Causing damage to hospital or patient property through negligence.
2. Causing injury or potential harm to a patient through negligence.
3. Insubordination or refusal to obey an order.

Exceptions:

1. When a student is not qualified to perform a task.

2. Proper supervision is lacking.

Category III:

Any student committing the following offenses will be grounds for the action listed.

1st Incident - Written Reprimand

2nd Incident - Probation

3rd Incident - Dismissal from the Respiratory Care Program (not necessarily Midwestern State University)

1. Leaving your assigned area or the hospital during clinical time without authorization by the therapist and educational coordinator at the clinical site or a faculty member in the Respiratory Care Program.
2. Failure to follow published departmental rules or policies.
3. Failure to report an absence from clinical.
4. Excessive absenteeism. Excessive absenteeism is defined as three (3) or more missed clinic days in any one semester.
5. Excessive tardiness. Excessive tardiness is defined as three (3) or more episodes of tardiness to clinic in any one semester.
6. Unprofessional behavior such as loud boisterous, or obscene language in patient care areas or other areas of the hospital.
7. Excessive public displays of affection while in clinical sites.

All Category III offenses are cumulative throughout the program.

APPEAL PROCEDURE

A student may appeal a Clinical Incident Form action to the Program Director.

This section for Program use only

Incident appealed to the Program Director: Yes ___ No ___ Date of Appeal: _____

If yes, attach results of appeal and the action taken by the Program Director to this sheet.

Student Signature

Date

Program Director's Signature

Date

Medical Director's Signature

Date (if incident involves patient care)

Clinical Chair's Signature

Date

Midwestern State University

College of Health Sciences and Human Services

Notification of MSU Appeal Processes

- Please consult with the appropriate instructor of the course. After you meet with the instructor, you will need to consult with the Chair of the department.
- If this does not resolve the problem, please present a formal written letter to the Dean of the college within thirty (30) calendar days from the first day of the next long semester.
- The Dean's office will respond to the student's written response within 10 working days of receiving the response, in writing.
- If the student is not satisfied by the response, the appeal may be presented to the Academic Appeals Committee, please see attached packet for more information.
- Please sign the back page and leave with the Assistant to the Dean.

College of Health Sciences and Human Services

Appeal Process

Within the College of Health Sciences and Human Services there are two policies that may apply. First, is the Appeal of Course Grade. This policy applies when the student wishes to appeal a course grade. There are ONLY two bases on which a student may appeal a course grade:

1. The student has not been evaluated according to the same criteria as his or her classmates, OR
2. An error has been made in grading and/or posting.

A copy of this policy is included in this packet and may be found in the University catalog at: <https://catalog.msutexas.edu/content.php?catoid=18&navoid=909&hl=grade+appeal&returnto=search>

The second policy that may apply is Student Conduct Appeal. This policy applies when a student wishes to appeal decisions related to: Student conduct in a clinical experience, internship, or other work-related environment that negatively impacts the student's academic progress or student removal from a program because of a) professional conduct issues or b) failure to maintain academic standards required specifically by the program*

*Students who have been removed from the nursing program, the Health Care Administration Program or the Public Administration Program because of academic performance must first appeal to the appropriate program review committee.

A copy of this policy is included in this packet and may be found on the College of Health Sciences and Human Services website at:

https://msutexas.edu/academics/hs2/_assets/files/appeal-policy-notice.pdf

APPEAL OF COURSE GRADE

It is the responsibility and the prerogative of every faculty member to determine grades in those courses to which he or she is assigned. Except in accordance with stated university policies, no other individuals or group can make these decisions.

The only two bases on which a student can legitimately appeal a course grade and/or suspension from an academic program are:

1. The student has not been evaluated according to the same criteria as his or her classmates, OR
2. An error has been made in grading and/or posting.

The procedure for requesting a course grade change and/or retention in an academic program is as follows:

1. The student must consult with the appropriate instructor, unless the instructor is no longer on staff.
2. If this does not resolve the problem, the student should present a formal written appeal to the dean of the college in which the course was taught. This must be done no later than thirty (30) calendar days from the first day of the next long semester. In cases where the student was terminated from a program, the student should submit his or her petition for reinstatement to the dean of the college in which the program is located. The dean should immediately request a written response to the student's complaint from the faculty member.
3. Within ten working days from receipt of the appeal, the dean of the college should respond to the student in writing as to his or her disposition of this appeal.
4. Should the appeal not be disposed of by the dean of the college in a manner satisfactory to the appellant, the appeal may be presented to the university's Academic Appeals Committee. In such cases the following procedures should be followed:
 - a. The student should obtain from the Office of the Provost a REQUEST FOR HEARING form and a copy of this policy. The student should fill out the form carefully and submit it, along with all other information pertinent to the student's position, to the Provost. These materials will constitute the student's formal written appeal and will then be forwarded by the Provost to the chair of the Academic Appeals Committee.
 - b. Upon receipt of the appeal, the chair of the Academic Appeals Committee will at once distribute a copy to each member of the Academic Appeals Committee. Within five working days from receipt of the appeal, each committee member will inform the chair of the Academic Appeals Committee in writing whether or not he or she believes the appeal has established, on its face, at least one of the bases for appeal as noted above.
 - c. If a simple majority of committee members finds no basis for the appeal, a hearing before the Academic Appeals Committee shall be denied, and the chair of the committee will at once inform the Provost of this decision in writing. The Provost should then inform the student by letter that the appeal has been denied because it did not meet either of the stated bases for appeal.

- d. If, however, a simple majority of the Academic Appeals Committee finds that the appeal appears to have a basis, then the chair will as soon as possible inform the student, the faculty member, and the dean of the college that a legitimate appeal has been filed and of specific procedures to be followed. The chair will also provide copies of the appeal to the faculty member and the dean of the college and by the same letter will inform the faculty member (or in certain situations noted as follows, the dean of the college) that he or she has ten working days in which to respond in writing to the Academic Appeals Committee. Both the student petitioning for a hearing by the Academic Appeals Committee and the faculty member involved have the right to challenge one member of the committee. This is a peremptory challenge, and the chair will choose a replacement from among the alternate members of the committee. The initial correspondence between the chair of the committee and the principals should specify this right and request prompt written response. In cases where the appeal concerns the performance of a teaching assistant or part-time faculty member, the dean of the college or other full-time faculty member directly responsible will represent the university before the Academic Appeals Committee. A teaching assistant or part-time faculty member may appear before the Academic Appeals Committee. In cases where the faculty member responsible is not available, the dean of the college involved will represent the university.
- e. Upon receipt of the faculty member's written response, the chair will provide copies to all members of the Academic Appeals Committee and to the appellant and will schedule a meeting of the Academic Appeals Committee.
- f. The first meetings of the committee should be within ten working days from receipt of the faculty member's response. At the written request of the student, the committee may consider the case based on the student's written appeal without an appearance by the student before the committee.
- g. The number of meetings necessary to reach a decision will be dictated by each individual case. However, general guidelines are provided:
 - i. Both parties involved reserve the right to bring information considered pertinent before the committee. This may include, but is not limited to written documents as well as orally presented information from designated individuals. Although these hearings are considered informal, reasonableness and fairness should prevail in this area.
 - ii. No representation of the student by legal counsel, parent, or other representative or of the faculty member by legal counsel or other representative except the dean of the college, where warranted, is entertained by the committee.
 - iii. Testimony from the parties involved should be taken independently, thereby avoiding any open confrontation which could be detrimental to the proceedings.
 - iv. In its deliberations, the committee should seek to focus only on the issue of the grade appeal or retention in the program in question.
 - v. Likewise, the committee's final recommendation should deal only with these issues.

- vi. Prior to the proceedings, copies of all written or recorded evidence to be considered must be made available to all parties involved (student, instructor, and dean of the college). Additionally, any party specifically mentioned in a written document will be provided access to that document or the portion thereof relating to that party.
- h. Once the committee has reached a decision, a letter communicating this decision should be delivered to the Provost within ten working days. In addition, a summary of the proceedings outlining all pertinent points and reasons for the decision should be attached as well as the original petition from the student and the faculty member's response. Any minority opinions from the committee should also be attached.
- i. If the committee has rendered a decision favoring the faculty member, the Provost should communicate this by letter to the appellant with a copy to the faculty member. If the decision rendered recommends a grade change, the Provost should write a letter to the faculty member with a copy to the dean of the college requesting the faculty member's intended action.

Midwestern State University
College of Health Sciences and Human Services
Student Conduct Appeals

RATIONALE

When enrolled in the College of Health Sciences and Human Services (COHSHS), students are often assigned to community agencies, such as health care facilities, social service agencies, or athletic environments, as part of their academic process. During these experiences, the student is expected to behave in a manner required of professionals working in these environments. COHSHS students may also be required to successfully complete a licensing/certification process following graduation. As a result, students in these programs are often held to a different academic and/or behavioral standard than students in other MSU programs. For example, in many COHSHS programs, students may not be permitted to progress in a program if they have been unsuccessful (D or F) in a certain number of courses in the major. In these circumstances, COHSHS faculty and administration, all of whom have had similar professional experience, may make decisions which negatively impact students' programmatic progress.

RIGHTS OF PROCEDURAL REVIEW

COHSHS students have a right to a review of decisions made by the program faculty, that prevent an individual from progressing in the program. However, those who participate in the review must understand the context of the professions involved. Therefore, issues concerning the professional conduct of students in the COHSHS will NOT be brought to the University Grade Committee, but to the COHSHS Student Conduct Appeals Committee. Specifically, the COHSHS Student Conduct Appeals Committee will review faculty decisions related to:

- Student conduct in a clinical experience, internship, or other work-related environment that negatively impacts the student's academic progress. This conduct may include behavior which is prohibited by licensing and/or professional standards or college or departmental policy.
- Student removal from a program because of a) professional conduct issues or b) failure to maintain academic standards required specifically by the program*

*Students who have been removed from the nursing program, the Health Care Administration Program or the Public Administration Program because of academic performance must first appeal to the appropriate program review committee.

Membership in the COHSHS Student Conduct Appeals Committee will include:

One faculty representative, chosen by the Program Chair, from each of the 7 departments within the COHSHS

One undergraduate student representative chosen by the Dean, COHSHS

One graduate student representative chosen by the Dean, COHSHS

One faculty member from another professional college at MSU

One professional from the community

The Committee chair will be appointed by the Dean, COHSHS. At least five faculty members must be present in order to establish a quorum.

COHSHS STUDENT CONDUCT APPEALS COMMITTEE PROCEDURE:

1. Student receives an unfavorable decision from the program. Within 10 working days, the student will discuss the issue with the Program Chair. If the issue can not be resolved, the student has 10 days to notify the Program Chair of his/her decision to appeal.
2. The Program Chair will notify the Dean's office of the appeal request and ask the student and relevant faculty to submit a written report of the incident under consideration, as well as relevant documentation, to the Dean's Office.
3. Within 10 working days, the Dean will submit the information to the Chair of the Student Conduct Appeals Committee. This information will include the names of students, faculty, and administrators who must be present at the hearing, as well as the documents required.
4. Within 10 working days, the Student Conduct Appeals Committee will convene to review the case.
5. The number of meetings necessary to reach a decision will be determined on a case-by-case basis. However, general guidelines include:
 - a. Both parties involved reserve the right to bring evidence considered pertinent before the committee. This includes, but is not limited to written, oral and electronic documents from designated individuals. Although these hearings are considered informal, reasonableness, fairness, and due process should prevail.
 - b. No representation of the student by legal counsel, parent, spouse, or other representative, or of the faculty member by legal counsel or other representative, except the dean of the college, where warranted, is permitted.
 - c. Testimony from the parties involved should be taken independently, thereby avoiding potential confrontation which could be detrimental to the proceedings.
 - d. In its deliberations, the committee should seek to focus only on the issue of student conduct and/or academic performance which has resulted in an unfavorable decision from the program.
 - e. Likewise, the committee's final recommendation should deal only with those issues.
 - f. Prior to the proceedings, copies of all written and/or recorded evidence to be considered must be disclosed to all parties involved (student,

instructor, and chair of the program). Additionally, any party specifically mentioned in written evidence will be provided access to that document or the portion thereof relating to that party.

g. No meeting will be held unless the relevant student and faculty/administrator documents have been received and reviewed by all committee members.

h. Only one student case shall be heard at any one committee meeting.

6. Once the committee has reached a decision, a letter communicating this decision shall be delivered to the Dean within 10 working days. In addition, a summary of the proceedings outlining all pertinent points and reasons for the decision should be attached as well as the original petition from the student and the faculty member's response. Any minority opinions from the committee should also be attached.

7. If the committee has rendered a decision favoring the program decision, the Dean should communicate this by letter to the appellant with a copy to the Chair of the program. If the decision rendered recommends a grade change, the Dean shall send a letter to the Chair, so stating.

The decision of the COHSHS Student Appeals Committee is final.

Midwestern State University

College of Health Sciences and Human Service

Health Insurance Portability and Accountability Act Plan

New federal regulations in the Health Insurance Portability and Accountability Act of 1996 (HIPAA), effective April 14, 2003, protect the confidentiality and privacy of health records and constrain how patients' health information is stored, shared, and used. As a result the HIPAA regulations will have an impact on the way in which students of the Midwestern State University College of Health Sciences and Human Services work in the clinical/practice environment. To assure that students act in accordance with the HIPAA guidelines, the following will occur:

1. A slide presentation, which meets the following objectives, will be available on the College of Health Sciences and Human Services web page.
 - a. Define the purposes and components of the Health Insurance Portability and Accountability Act (HIPAA).
 - b. Define standards for implementation of the Privacy Rules of HIPAA.
 - c. Discuss the implications of the privacy rules in clinical practice and in their student role.
2. **Prior to the first clinical/practicum experience in each appropriate program, students will be expected to review the slide presentation either independently or in class.** Students will be expected to sign the Student Notification of HIPAA-Related Responsibilities Form, which acknowledges that they have reviewed this presentation. The form will also include the following statement of patient confidentiality:

As a student at Midwestern State University College of Health Sciences and Human Service, you have a legal and ethical responsibility to safeguard the privacy of all patients and protect confidentiality and security of all health information. Protecting the confidentiality of patient information means protecting it from unauthorized use or disclosure in any format—oral, verbal, fax, written or electronic/computer. Patient confidentiality is a central obligation of patient care. Any breaches in patient confidentiality or privacy may result in disciplinary action, up to and including dismissal from the educational program.

3. Student signature on the form indicates compliance with this statement. The Student Notification of HIPAA-Related Responsibilities form will be placed in the student's file at the department level.
4. A statement regarding patient confidentiality will be also being included in all departmental student handbooks. These statements will note that any breaches in patient confidentiality or privacy may result in disciplinary action, up to and including dismissal from the educational program.

5. Faculty may include additional information about the HIPAA regulations in their course work as appropriate.

MIDWESTERN STATE UNIVERSITY

COLLEGE OF HEALTH SCIENCES AND HUMAN SERVICES

Student Notification of HIPAA-Related Responsibilities

Federal regulations in the Health Insurance Portability and Accountability Act of 1996 (HIPAA), effective April 14, 2003, protect the confidentiality and privacy of health records and constrain how patients' health information is stored, shared, and used. As a result, the HIPAA regulations will have an impact on the way in which students of the Midwestern State University College of Health Sciences and Human Services work in the clinical/practice environment. My signature below acknowledges that I have reviewed the information regarding HIPAA available on the College web page (<https://msutexas.edu/academics/hs2/assets/files/hipaa.pdf>) either in class or independently.

Further, as a student at Midwestern State University College of Health Sciences and Human Service, I acknowledge that I have a legal and ethical responsibility to safeguard the privacy of all patients and protect confidentiality and security of all health information. Protecting the confidentiality of patient information means protecting it from unauthorized use or disclosure in any format—oral, verbal, fax, written or electronic/computer. Patient confidentiality is a central obligation of patient care. *Any breaches in patient confidentiality or privacy may result in disciplinary action, up to and including dismissal from the educational department to which I am admitted.*

I understand that this statement is in effect indefinitely and at all times when I am registered in a department within the College of Health Sciences and Human Services

Student's Printed Name

Student's Signature

Date

**ACKNOWLEDGEMENT OF 2020-2021 EDITION OF THE RESPIRATORY
CARE STUDENT HANDBOOK**

My signature below indicates that I have read and understand the contents of this handbook. I agree to abide by the policies and procedures outlined and understand that I am responsible for adhering to them.

Printed Student Name

Student Signature

Date

Midwestern State University
Respiratory Care Program
Informed Consent

As a student performing in clinical facilities, I understand that I may be exposed to environmental hazards and infectious diseases including, but not limited to: Tuberculosis, Hepatitis B, HIV (AIDS) and/or COVID-19.

Neither MSU nor any of the clinical facilities used for clinical practice assumes liability if a student is injured on the campus or in the clinical facility/practicum during training unless the injury is a direct result of negligence by the University or clinical facility. I understand that I am responsible for the cost of healthcare for any personal injury I may suffer during my education.

It is, therefore, required that students purchase private health insurance.

Proof of health insurance is required before beginning clinical rotations.

Every student is required to have liability insurance (which covers malpractice) while enrolled in classes involving clinical activities. This insurance is due annually prior to enrollment each fall in clinical practicum.

Each student is responsible for the objectives and course requirements of each course in the curriculum. I hereby verify informed consent of the policies, objectives, course requirements and inherent risks involved in the education of students enrolled in the Respiratory Care Program at Midwestern State University.

Name: _____

Social Security Number: _____

Date: _____

Signature: _____

MIDWESTERN STATE UNIVERSITY
COLLEGE OF HEALTH SCIENCES AND HUMAN SERVICES
BACHELOR OF SCIENCE IN RESPIRATORY CARE PROGRAM

HEALTH REPORT

TO THE APPLICANT: This certificate should be completed, signed and returned to the Office of Respiratory Care.

NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER _____

IN CASE OF EMERGENCY, NOTIFY _____ PHONE _____

SOCIAL SECURITY NUMBER: _____

The following are from the A.D.A.'s physical, mental, and emotional requirements for an entry level Respiratory Care Practitioner. The Respiratory Care Program at Midwestern State University has accepted the following requirements for all students entering the program:

PHYSICAL REQUIREMENTS

- _____ Ability to reach, manipulate and operate equipment necessary for the profession.
- _____ Ability to move, manipulate and observe a patient as necessary for the profession.
- _____ Ability to visually assess patients and work environment and to correctly decide the appropriate action to take for the benefit of the patient.
- _____ Ability to clearly communicate both verbally and in writing with the patient, family and others to disseminate information relevant to the patient's care and work duties.

_____ Ability to hear to accurately gather information relevant to the patient and work duties.

MENTAL AND EMOTIONAL REQUIREMENTS

_____ Ability to make appropriate judgment decisions in an emergency.

_____ Ability to demonstrate emotional stability and psychological health in day to day interaction with patients, staff, family and others in routine and non-routine decision making processes and on the daily execution of didactic and clinical assignments.

In addition, the student must complete all immunization requirements as defined by the Respiratory Care Program. Each student is required to submit immunization records to Castlebranch as well as Vinson Health Center for review and clearance prior to the initiation of clinical rotations.

TO THE STUDENT:

I, _____, give Midwestern State University permission to share part or all of the information on this health evaluation with the clinical agency (ies) to which I will be assigned.

Signed: _____ Date: _____

(Signature of Student)

Appendix A

Competencies

Basic Therapeutics Competency Requirements

- Hand Hygiene
- Isolation Procedures
- Vital Signs
- Oxygen Therapy
- Aerosol and Humidity Therapy
- SVN/MDI/DPI
- Incentive Spirometry
- Ez-Pap/Intermittent Positive Pressure Breathing
- Chest Physiotherapy
- Mucous Clearance Adjuncts

Adult Critical Care Competency Requirements

- Setup Mechanical Ventilation
- Endotracheal/In-Line Suctioning
- Nasotracheal Suctioning
- Securing ETT/Cuff Management
- Tracheostomy Care
- Intubation/Extubation
- In-Line SVN/MDI
- Routine Vent Check
- Vent Parameter Change
- Weaning from Mechanical Ventilation
- Spontaneous Breathing Trial
- Non-Invasive Vent Setup
- Non-Invasive Vent Check
- Manual Ventilation during Transport
- ABG Sampling
- Arterial Line Sampling

Neonatal Critical Care Competency Requirements

- Nasal Cannula Setup
- Pulse Oximetry
- SVN/MDI Administration
- Chest Physiotherapy
- Bulb Suction
- ETT Suction
- T-Piece Ventilation
- Bag/Mask Ventilation
- Infant CPR
- Nasal CPAP Setup
- Ventilator Setup
- Routine Vent Check
- Vent Parameter Change
- Capillary Blood Gas