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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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

http://www.mwsu.edu/academics/hs2/respiratory/curriculum
FEE SUMMARY

http://www.mwsu.edu/busoffice/tuition-and-fee-rates

Additional Cost

Drug Test - $29.50 (junior and senior year)

Student Insurance - $13.00 (junior and senior year)

Name Tags - $5.00

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

NRP Card - $28.00

ACLS - $75

RT/Written Registry Review Books & Tapes - $425.00

Scrubs

Stethoscope

Self-Assessment Therapist Multiple Choice Exam - $50.00

Self-Assessment Clinical Simulation Exam - $70.00

Testing Center Fee - $15.00 (per exam)

Senior Pictures - $40.00
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, fingering, 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
http://www.mwsu.edu/academics/hs2/respiratory/index

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. 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. Hours—8:15 am to 11:00 am and 1:15 pm to 4:00 pm Monday through Friday in the Fall and Spring semesters.
b. Hours—8:00 am to 1:00 pm Monday through Friday in the summer sessions.
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.
d. After the Vinson Health Center is closed, students should contact Campus Police, intramural director, or residence hall directors to obtain referral slips to be treated at Wichita Falls Clinic Care. After hours referrals will be given for emergencies only.

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 (tuberculosis, 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)
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. Each student has a $15.00 credit at the center at the beginning of each fall and spring semester.

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 TH 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.
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 of a 10-panel urine 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. 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 10-panel urine drug screen is considered definitive.**

**Profession Dues:**

Student membership to the professional organization, the American Association for Respiratory Care (AARC) is voluntary but encouraged. Student membership is about $50/year. The program also encourages membership to the Texas Society for Respiratory Care (TSRC), which is $20/year and 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 gray scrubs ($24.00/set)

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)

Goggles

Watch with second hand

Pocket size calculator
Exit Examination Passing Requirements:

All students are required to pass the National Board of Respiratory Care SAE (self-assessment exam) Therapist Multiple Choice Exam and Clinical Sim 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 the National Board of Respiratory Care 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 Midwestern State University Moffet 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.

Academic Support Center:

The Academic Support Center, located in Clark Student Center, Room 168, serves as a resource to help students strengthen their academic performance. The Academic Support Center provides academic advising, supplemental instruction as well as peer assisted study assistance in historically difficult academic courses.

Counseling Center:

The Midwestern State University Counseling Center, located at the corner of Hampstead and Louis J. Rodriquez Drive, serves as a resource for students seeking assistance for a wide variety of issues at no charge. 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 below 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 at Clinical Sites:**

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

Appropriate professional behavior is described by the following:

1. **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.
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.

Attendance and Tardiness:

Students will be regular and punctual in attendance for all scheduled classes and clinics. Class attendance policy will be outlined by the course syllabus.

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.

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. Some hospitals 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.

Every student and faculty member has the responsibility to promote the highest standards of honesty, which should include whatever kind of personal intervention necessary to eliminate dishonest conduct. Evidence of cheating in any Respiratory course will result in a grade of "F" and referral to the office of the Vice President of Student Affairs for recommendation for dismissal from the program and the college.

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:

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\begin{align*}
100 - 90\% &= A \\
89 - 80\% &= B \\
79 - 75\% &= C \\
74 - 60\% &= D \\
<59\% &= F
\end{align*}
\]
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. Therefore, each course must be taken in 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 course work 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 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 class room 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 and Science. 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 or natural, in their practice.
Technical/Academic Standards:

Americans with Disabilities Act

The Respiratory Care Program complies with the 1990 Americans with Disabilities Act (ADA). Any student requiring special accommodations or classroom modifications should see the Applied Technology Coordinator for Disable Students at MSU.

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.

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)

**TEXAS DEPARTMENT OF HEALTH LICENSING REQUIREMENTS**

**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.
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.

**State Licensing in Texas:**

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 from the NBRC
2) 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.
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. All clinical sites are assessed to ensure that while on supervised clinical practice rotations, preceptors are providing feedback and mentoring. This evaluation 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:

- Baylor University Medical Center
- Carrus Hospital, Sherman, Texas
- Children’s Medical Center of Dallas
- Cook Children’s Medical Center
Denton Regional Medical Center
Medical Center of Arlington
Medical Center Hospital, Odessa, Texas
Medical Center of Lewisville
Medical Center of Plano
Medical City of Dallas
Mercy Hospital of Ardmore, OK
Methodist Hospital of Dallas
Methodist Hospital of Charlton
Oklahoma University Medical Center
Presbyterian Hospital of Denton
Reynolds Community Army Hospital, Ft. Sill, OK
United Regional Health Care System
UT Southwestern Medical Center

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). 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. 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.

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 gray 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 clinicals 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. A pocketsize calculator will be helpful.
7. All students shall procure a stethoscope and carry it at all times during clinical rotations.
8. All students shall procure goggles and keep them readily available for clinical use.

9. Personal appearance:
   a. Hair shall be clean and neat.
   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.
   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.

10. 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. A student judged to be in violation of the dress code by a clinical instructor or faculty member may be sent home from clinical. 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 during the Summer II semester.

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 ACLS during 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 DataArc system.

Competencies reflect the faculty’s consensus judgment concerning the elements of a clinical procedure and the manner in which they are best preformed. 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.

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 DataArc 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.

**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.

**Attendance Verification:**

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

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.
CLINICAL INCIDENT CATEGORIES

**Category I:**

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

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:

1\textsuperscript{st} Incident - Probation

2\textsuperscript{nd} 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.

1\textsuperscript{st} Incident - Written Reprimand

2\textsuperscript{nd} Incident - Probation

3\textsuperscript{rd} 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.

All Category III offenses are cumulative throughout the program.

**APPEAL PROCEDURE**
A student may appeal a Clinical Incident Form action to the Program Director.
During clinical rotations program administration shall be notified of serious problems. For this purpose, a Clinical Incident Form is included. This form must be filed with the Director of Clinical Education within five (5) days of the reported incident.

________________________________________  __________________________________________
Student Name                           Social Security Number

Date of Incident________________________ Hospital________________________

Description of Events: ______________________________________________________

__________________________________________________________________________

__________________________________________________________________________

(Use additional sheets if necessary)

________________________________________
Signature of Person Filing Report

Date

Category of Incident: _____________ I _____________ II _____________ III
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 Coordinator’s Signature              Date
All Midwestern State University (MSU) students may legitimately appeal a course grade if 1) the student has not be evaluated according to the same criteria as his or her classmates, or 2) an error has been made in grading and/or posting (MSU Student Handbook, p. 37.) In addition, the Office of the Dean of Students has the responsibility to enforce standards of conduct for students as outlined in the MSU Student Handbook (p. 70-80).

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 this environment. 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, students may not be allowed 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.

COHSHS students have a right to a review of decisions made by the program faculty, which prevent individuals from progressing in their program in a timely manner. 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 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:
A faculty representative, chosen by the Program Chair, from each of the 8 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 their decision to appeal the program decision.

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. Other participants may be included at the request of the student, faculty, or administration.

4. Within 10 working days, the Student Conduct Appeals Committee will meet to review the case.

5. The number of meetings necessary to reach a decision will be dictated by each individual case. However, general guidelines are provided:

   a. 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.

   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 entertained by the committee.
c. Testimony from the parties involved should be taken independently, thereby avoiding any 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 or academic performance which has resulted in a dismissal 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 or recorded evidence to be considered must be made available to all parties involved (student, instructor, and chair of the program). Additionally, any party specifically mentioned in a written documentation 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 by all committee members.*

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

6. Once the committee has reached a decision, a letter communicating this decision should 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 should write a letter to the Chair, so stating.

The decision of the COHSHS Student Appeals Committee is final.

Approved by MSU Academic Council, 1/20/2009

Revised based on COHSHS recommendations and approved by College Council--date
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.
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 (http://web.mwsu.edu/flash/hipaa.swf) 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
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 to 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 and HIV (AIDS).

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 health care 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
Midwestern State University
Adult Floor Therapy Competency Requirements

General

1. Basic Life Support: __________________________ Date: ____________
2. Hand Washing: __________________________ Date: ____________
3. Isolation Procedures: __________________________ Date: ____________
4. Charges: __________________________ Date: ____________

Evaluator’s Signature

Patient Data

1. Vital Signs: __________________________ Date: ____________
2. Chest Assessment: __________________________ Date: ____________
3. Patient Assessment: __________________________ Date: ____________
4. X-Ray Interpretation: __________________________ Date: ____________

Oxygen Therapy

1. Nasal Cannula: __________________________ Date: ____________
2. Simple Mask: __________________________ Date: ____________
3. Partial Rebreather: __________________________ Date: ____________
4. Non-Rebreather: __________________________ Date: ____________
5. Air Entrainment Mask: __________________________ Date: ____________
6. Pulse Oximetry: __________________________ Date: ____________
7. Transport with Oxygen: __________________________ Date: ____________

Aerosol and Humidity Therapy

1. Face Tent: __________________________ Date: ____________
2. Face Mask: __________________________ Date: ____________
3. Trach Collar: __________________________ Date: ____________
4. T-Piece: __________________________ Date: ____________
5. Ultrasonic Nebulizer: __________________________ Date: ____________

Aerosol Drug Administration

1. Metered Dose Inhaler: __________________________ Date: ____________
2. Dry Powder Inhaler: __________________________ Date: ____________
3. Small Volume Nebulizer: __________________________ Date: ____________

Hyperinflation Therapy

1. Incentive Spirometry: __________________________ Date: ____________
2. Intermittent Positive Pressure Breathing: ____________________________ Date: __________

**Bronchial Hygiene**

1. Chest Physiotherapy: ____________________________ Date: __________
2. Coughing: ____________________________ Date: __________
3. Breathing Exercises: ____________________________ Date: __________
4. Mucous Clearance Adjuncts: ____________________________ Date: __________
5. Intrapulmonary Percussive Ventilation: ____________________________ Date: __________

---

**Midwestern State University**

**Adult Critical Care Competency Requirements**

**Resuscitation**

<table>
<thead>
<tr>
<th>Task</th>
<th>Evaluator's Signature</th>
<th>Date of Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Setup &amp; Vent via ET Tube:</td>
<td>______________________</td>
<td>Date: ____________</td>
</tr>
<tr>
<td>2. Setup &amp; Vent via Mask:</td>
<td>______________________</td>
<td>Date: ____________</td>
</tr>
<tr>
<td>3. CPR Airway and Ventilation:</td>
<td>______________________</td>
<td>Date: ____________</td>
</tr>
<tr>
<td>4. Adult CPR Compressions:</td>
<td>______________________</td>
<td>Date: ____________</td>
</tr>
</tbody>
</table>

**Suction Procedures**

<table>
<thead>
<tr>
<th>Task</th>
<th>Date: ____________</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Endotracheal Suctioning:</td>
<td>____________________</td>
</tr>
<tr>
<td>2. Nasotracheal Suctioning:</td>
<td>____________________</td>
</tr>
<tr>
<td>3. Tracheal Suctioning:</td>
<td>____________________</td>
</tr>
<tr>
<td>4. In-Line Suctioning:</td>
<td>____________________</td>
</tr>
</tbody>
</table>

**Endotracheal Tube / Tracheostomy Care**

<table>
<thead>
<tr>
<th>Task</th>
<th>Date: ____________</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Securing Artificial Airway:</td>
<td>____________________</td>
</tr>
<tr>
<td>2. Tracheostomy Care:</td>
<td>____________________</td>
</tr>
<tr>
<td>3. Cuff Management:</td>
<td>____________________</td>
</tr>
<tr>
<td>4. Heat / Moisture Exchanger:</td>
<td>____________________</td>
</tr>
<tr>
<td>5. Intubation:</td>
<td>____________________</td>
</tr>
<tr>
<td>6. Extubation:</td>
<td>____________________</td>
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</table>

**Aerosol Drug Administration**

<table>
<thead>
<tr>
<th>Task</th>
<th>Date: ____________</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. In-Line MDI:</td>
<td>____________________</td>
</tr>
<tr>
<td>2. In-Line SVN:</td>
<td>____________________</td>
</tr>
</tbody>
</table>

**Ventilator Care**

<table>
<thead>
<tr>
<th>Task</th>
<th>Date: ____________</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ventilator Setup:</td>
<td>____________________</td>
</tr>
<tr>
<td>2. Routine Vent Check:</td>
<td>____________________</td>
</tr>
</tbody>
</table>
3. Vent Parameter Change:  
4. Vent Circuit Change:  
5. Vent Graphics Analysis:  
6. Capnography:  

**Weaning from Mechanical Ventilation**

1. Weaning Parameters:  
2. Weaning:  

**Noninvasive Positive Pressure Ventilation**

1. Noninvasive Vent Setup:  
2. Noninvasive Vent Check:  

**Patient Transports**

1. Manual Vent during Transport:  
2. Transport Vent Setup:  

**ICU Performance Level**

1. Surgical ICU:  
2. Medical ICU:  

---

**Midwestern State University**

**Neonatal Critical Care Competency Requirements**

**Patient Data**

<table>
<thead>
<tr>
<th>Item</th>
<th>Evaluator's Signature</th>
<th>Date of Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vital Signs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest Assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>X-Ray Interpretation</td>
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**Oxygen Therapy**

<table>
<thead>
<tr>
<th>Item</th>
<th>Evaluator's Signature</th>
<th>Date of Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nasal CPAP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oxygen Hood</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nasal Cannula</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pulse Oximetry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transcutaneous Monitoring</td>
<td></td>
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</tbody>
</table>

**Aerosol Drug Administration**

<table>
<thead>
<tr>
<th>Item</th>
<th>Evaluator's Signature</th>
<th>Date of Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>MDI via Manual Resuscitator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SVN via Blow-by</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-line MDI</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4. In-line SVN: __________________________ Date: __________

Bronchial Hygiene

1. CPT: __________________________ Date: __________

Resuscitation

1. Manual Ventilation via ET Tube: __________________________ Date: __________
2. Setup and Ventilation via Mask: __________________________ Date: __________
3. Newborn Assessment / Resuscitation: __________________________ Date: __________
4. Neonatal CPR: __________________________ Date: __________
5. Infant Apnea Monitoring: __________________________ Date: __________

Suction Procedures

1. Bulb Suctioning: __________________________ Date: __________
2. ET Suctioning: __________________________ Date: __________
3. NT Suctioning: __________________________ Date: __________

Ventilator Care

1. Ventilator Setup: __________________________ Date: __________
2. Routine Vent Check: __________________________ Date: __________
3. Vent Parameter Change: __________________________ Date: __________
4. Vent Circuit Change: __________________________ Date: __________
5. Surfactant Replacement Therapy: __________________________ Date: __________

Weaning from Mechanical Ventilation

1. Weaning: __________________________ Date: __________

Patient Transports

1. Manual Vent during Transport: __________________________ Date: __________
2. Transport Vent Setup: __________________________ Date: __________

Midwestern State University

Pediatric Floor Therapy Competency Sign-off List

<table>
<thead>
<tr>
<th>Patient Data</th>
<th>Evaluator's Signature</th>
<th>Date of Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Pediatric Vital Signs:</td>
<td>______________________</td>
<td>Date: ____________</td>
</tr>
<tr>
<td>6. Pediatric Chest Assessment:</td>
<td>______________________</td>
<td>Date: ____________</td>
</tr>
<tr>
<td>7. Pediatric Patient Assessment:</td>
<td>______________________</td>
<td>Date: ____________</td>
</tr>
<tr>
<td>8. Pediatric X-Ray Interpretation:</td>
<td>______________________</td>
<td>Date: ____________</td>
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</tbody>
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### Oxygen Therapy

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<tr>
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<tbody>
<tr>
<td><strong>8.</strong> Oxygen Hood:</td>
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<td>Date:</td>
</tr>
<tr>
<td><strong>9.</strong> Pediatric Nasal Cannula:</td>
<td></td>
<td>Date:</td>
</tr>
<tr>
<td><strong>10.</strong> Pediatric Simple Mask:</td>
<td></td>
<td>Date:</td>
</tr>
<tr>
<td><strong>11.</strong> Pediatric Non-Rebreather:</td>
<td></td>
<td>Date:</td>
</tr>
<tr>
<td><strong>12.</strong> Pediatric Air Entrainment Mask:</td>
<td></td>
<td>Date:</td>
</tr>
<tr>
<td><strong>13.</strong> Pediatric Pulse Oximetry:</td>
<td></td>
<td>Date:</td>
</tr>
<tr>
<td><strong>14.</strong> Transport with Oxygen:</td>
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<td>Date:</td>
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### Aerosol and Humidity Therapy

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<tbody>
<tr>
<td><strong>6.</strong> Pediatric Aerosol Tent:</td>
<td></td>
<td>Date:</td>
</tr>
<tr>
<td><strong>7.</strong> Pediatric Aerosol Face Mask:</td>
<td></td>
<td>Date:</td>
</tr>
<tr>
<td><strong>8.</strong> Pediatric Ultrasonic Nebulizer:</td>
<td></td>
<td>Date:</td>
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<tr>
<td><strong>9.</strong> Pediatric Tracheal HME w/Oxygen:</td>
<td></td>
<td>Date:</td>
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### Aerosol Drug Administration

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<tr>
<td><strong>4.</strong> Pediatric Metered Dose Inhaler:</td>
<td></td>
<td>Date:</td>
</tr>
<tr>
<td><strong>5.</strong> Pediatric Dry Powder Inhaler:</td>
<td></td>
<td>Date:</td>
</tr>
<tr>
<td><strong>6.</strong> Pediatric Small Volume Nebulizer:</td>
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<td>Date:</td>
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### Hyperinflation Therapy

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<tr>
<td><strong>3.</strong> Pediatric Incentive Spirometry:</td>
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<td>Date:</td>
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### Bronchial Hygiene

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<tbody>
<tr>
<td><strong>6.</strong> Pediatric Chest Physiotherapy:</td>
<td></td>
<td>Date:</td>
</tr>
<tr>
<td><strong>7.</strong> Pediatric Mucous Clearance Adjuncts:</td>
<td></td>
<td>Date:</td>
</tr>
<tr>
<td><strong>8.</strong> Pediatric IPV</td>
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<td>Date:</td>
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**Midwestern State University**

Pediatric Critical Care Competency Sign-off List

### Resuscitation

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<tr>
<td><strong>5.</strong> Pediatric Setup &amp; Vent via ET Tube:</td>
<td></td>
<td>Date:</td>
</tr>
<tr>
<td><strong>6.</strong> Pediatric Setup &amp; Vent via Mask:</td>
<td></td>
<td>Date:</td>
</tr>
<tr>
<td><strong>7.</strong> Pediatric CPR Airway and Ventilation:</td>
<td></td>
<td>Date:</td>
</tr>
<tr>
<td><strong>8.</strong> Pediatric CPR Compressions:</td>
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<td>Date:</td>
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### Suction Procedures

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<tbody>
<tr>
<td><strong>5.</strong> Pediatric Bulb Suctioning:</td>
<td></td>
<td>Date:</td>
</tr>
</tbody>
</table>
6. Pediatric Endotracheal Suctioning: ______________________ Date: __________
7. Pediatric Nasotracheal Suctioning: ______________________ Date: __________
8. Pediatric Tracheal Suctioning: ______________________ Date: __________
9. Pediatric In-Line Suctioning: ______________________ Date: __________

Endotracheal Tube / Tracheostomy Care

7. Pediatric Securing Artificial Airway: ______________________ Date: __________
8. Pediatric Tracheostomy Care: ______________________ Date: __________
9. Pediatric Cuff Management: ______________________ Date: __________
10. Pediatric Extubation: ______________________ Date: __________

Aerosol Drug Administration

3. Pediatric In-Line MDI: ______________________ Date: __________
4. Pediatric In-Line SVN: ______________________ Date: __________
5. Pediatric SPAG: ______________________ Date: __________

Ventilatory Care

7. Pediatric Ventilator Setup: ______________________ Date: __________
8. Pediatric Routine Vent Check: ______________________ Date: __________
9. Pediatric Vent Parameter Change: ______________________ Date: __________
10. Pediatric Vent Circuit Change: ______________________ Date: __________

Noninvasive Positive Pressure Ventilation

3. Pediatric Noninvasive Vent Setup: ______________________ Date: __________
4. Pediatric Noninvasive Vent Check: ______________________ Date: __________

Patient Transports

3. Manual Vent during Transport: ______________________ Date: __________