

Department of RESPIRATORY CARE

BSRC Class of
2024-2026

200 Bobcat Way
Willow Hall 2nd Floor
Round Rock, TX 78665

STUDENT HANDBOOK



TEXAS  STATE
UNIVERSITY[®]

Department of RESPIRATORY CARE

BSRC CLASS OF 2024-2026

STUDENT HANDBOOK



The purpose of this handbook is to acquaint students enrolled in the BSRC program with the educational philosophy and culture of the Department of Respiratory Care at Texas State University (TXST). The handbook has been developed to familiarize students with developmental policies and procedures not addressed in the university catalog or other university publications.

This handbook provides general information only and it is not intended to

contain all policies and regulations related to students enrolled in the BSRC curriculum. The provisions of this handbook do not constitute a contract, either expressed or implied, between the enrolled student and TXST. The university reserves the right to withdraw courses at any time, to change tuition, calendar, curriculum, degree requirements, graduation procedures, and any other requirements affecting students. Changes in the above will become effective as determined by the TXST Administration and will apply to both prospective and currently enrolled students.

TXST is regionally accredited through the Commission on College of the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC). The TXST Respiratory Care Program offers the Bachelor of Science in Respiratory Care degree program (CoARC #200197) at the Round Rock campus in Round Rock, Texas and is fully accredited by the Commission on Accreditation for Respiratory Care (<https://coarc.com>).

Commission on Accreditation for Respiratory Care (CoARC)
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Telford, TN 37690
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Texas State University is a member of the Texas State University System.

WELCOME!	7
Policy Statement	7
SECTION I. GENERAL INFORMATION	8
TEXAS STATE UNIVERSITY (TXST).....	8
LOCATION.....	8
HISTORY	9
COLLEGES.....	9
UNIVERSITY MISSION	9
UNIVERSITY SHARED VALUES	9
THE COLLEGE OF HEALTH PROFESSIONS	10
VISION STATEMENT	10
MISSION STATEMENT.....	10
THE DEPARTMENT OF RESPIRATORY CARE	10
MISSION STATEMENT.....	11
VISION STATEMENT	11
GOAL STATEMENTS.....	12
THE GOAL OF THE BSRC-ENTRY-LEVEL RESPIRATORY CARE PROGRAM IS:.....	12
COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE (CoARC)	12
PHILOSOPHY OF RESEARCH	12
RELATIONSHIP OF THE PROGRAM TO THE ACADEMIC COMMUNITY	13
UNIVERSITY COMMUNITY	13
PROFESSIONAL COMMUNITY	13
COMMUNITY AT LARGE.....	13
RELATIONSHIP OF THE PROGRAM TO THE STUDENTS	13
RELATIONSHIP OF THE FACULTY TO THE DEPARTMENT	15
FACULTY MEMBERS	15
ADJUNCT CLINICAL FACULTY.....	15
ORGANIZATIONAL CHART OF THE DEPARTMENT	16
SECTION II. STUDENT INFORMATION	17
ACADEMIC REQUIREMENTS	17
COURSE REQUIREMENTS	17
GRADING POLICY.....	17
COMPREHENSIVE EXAMS.....	18
ACCOMMODATIONS FOR STUDENTS WITH DISABILITIES	18
HONOR CODE FOR TEXAS STATE UNIVERSITY.....	18
THE PLEDGE FOR STUDENTS	19
THE PLEDGE FOR FACULTY AND ADMINISTRATORS.....	19
POLICY ON ACTS OF DISHONESTY	19
COLLEGE OF HEALTH PROFESSIONS	19
SCROLL CEREMONY	19
OATH,	19
ACADEMIC ADVISING	20
GRADE APPEAL PROCEDURE (Student Grievance)	20
STUDENT RIGHTS	21
ACADEMIC PROGRESSION/CURRICULUM SEQUENCE	21
YEAR One (1)	21
YEAR Two (2)	21
REQUIREMENTS FOR GRADUATION	22
WRITTEN ASSIGNMENTS.....	22

RESEARCH.....	22
CRIMINAL BACKGROUND CHECK/DRUG SCREENING	22
IMMUNIZATION AND CLINICAL REQUIREMENT TRACKING	22
CLINICAL EDUCATION ASSIGNMENTS/ROTATIONS	23
PROFESSIONAL INVOLVEMENT CREDITS INFORMATION SHEET	24
DEGREE PLAN	25
STUDENT RECORDS RELEASE.....	25
PHOTOGRAPHY RELEASE	25
TREATMENT RELEASE	26
OPEN LAB RELEASE.....	26
LICENSURE/CREDENTIALING REQUIREMENTS.....	26
NATIONAL CREDENTIALING.....	26
STATE LICENSURE	26
PROFESSIONAL CONDUCT.....	27
GENERAL ATTENDANCE	27
CLASS LECTURES.....	27
LAB.....	27
ABSENCES.....	27
Preparation for Class	28
DRESS CODE	29
LECTURES.....	29
LABS.....	29
OFF-CAMPUS LABS	29
CLINICAL UNIFORM POLICY	29
The Ascension Seton Williamson Sleep Center at Texas State University	30
Respiratory Care Professional Code of Ethics.....	30
INDEPENDENT WORK.....	32
CLINICAL CONDUCT CODE	32
MAINTENANCE OF CLEAN AND SAFE LEARNING ENVIRONMENT	32
CAMPUS CARRY	32
CARVED OUT AREAS FOR THE COLLEGE OF HEALTH PROFESSIONS.....	33
OFF-CAMPUS CLASSES	33
BEHAVIOR	33
CLASSROOM.....	33
CULTURAL DIVERSITY AND TITLE IV	33
PROFESSIONALISM IN RESPIRATORY CARE: CORE VALUES	33
PROFESSIONAL BEHAVIOR.....	34
STUDENT ADVISORY.....	35
PROFESSIONAL PROBATION.....	35
CLASS PARTICIPATION.....	35
OUTSIDE FACTORS INFLUENCING ACADEMIC PERFORMANCE AND/OR CLASS DYNAMICS.....	35
BEHAVIORS DEEMED INAPPROPRIATE FOR SUCCESSFUL COURSE COMPLETION	36
PROGRAM COMPLIANCE WITH COARC REQUIREMENTS.....	36
Communications	37
FACULTY OFFICE HOURS	37
TELEPHONES.....	37
ELECTRONIC COMMUNICATION	37
CELL PHONES.....	37
COMPUTERS IN CLASSROOM	37
TRAJECSYS.....	37
CANVAS.....	38

Professional Involvement.....	38
COMMUNITY	38
PROFESSION	38
CARDIOPULMONARY RESUSCITATION BLS/ACLS.....	39
HEALTH STATUS/HEALTH INSURANCE/MALPRACTICE INSURANCE.....	39
Utilization of Classrooms, Labs & Equipment.....	39
COLLEGE OF HEALTH PROFESSIONS	39
WILLOW HALL BUILDING, ROUND ROCK CAMPUS.....	39
THE SCHOOL OF NURSING BUILDING, ROUND ROCK CAMPUS.....	39
ENCINO HALL BUILDING, SAN MARCOS CAMPUS.....	39
CLASSROOMS.....	40
TEACHING LABS (WH 224,226, & 227)	40
AVERY BUILDING, ROUND ROCK CAMPUS.....	40
SECTION III. MISCELLANEOUS INFORMATION	41
OFFICE PHONES	41
PROFESSIONAL LIABILITY INSURANCE.....	41
STUDENT FILES	41
STUDENT WORK POLICY.....	41
ROUND ROCK CAMPUS STUDENT SUCCESS AND ACCESS	42
IMPORTANT OFFICES/LINKS	42
SECTION IV. CONFIDENTIALITY	43
HEALTH INFORMATION PRIVACY AND ACCOUNTABILITY ACT (HIPAA)	43
SECTION V. MASTER OF SCIENCE IN RESPIRATORY CARE PROGRAM (MSRC).....	44
ADMISSION REQUIREMENTS	44
SECTION VI. REGISTERED RESPIRATORY THERAPIST TO BACHELOR OF SCIENCE IN RESPIRATORY CARE ONLINE PROGRAM (R.R.T.-to-B.S.R.C.).....	45
APPLICATION AND COMPLETION PROCESS	45
PROGRAM STRUCTURE AND TOPICS.....	45
Faculty & Staff.....	46
Attachment #1	46
Respiratory Care Student Handbook Verification Statement.....	50
Attachment #2.....	50
50+ Tips to Writing a Good Paper	51
Attachment #3	51
Professional Involvement Credits Information Sheet.....	57
Attachment #4	57
Student Records Release Form.....	59
Attachment #5	59
Consent to Photography.....	60
Attachment #6	60
Consent to Treat Form.....	61
Attachment #7	61
Consent to Participate	62
Attachment #8	62
CLINICAL EXPECTATIONS	63

Attachment #9	63
CLINICAL ATTENDANCE AND DRESS POLICY	64
Attachment #10.....	64
Professional Behaviors	65
Attachment #11.....	65
Confidentiality Agreement Form	70
Attachment #12	70
Clinical Rotation Placement.....	71
Attachment #13.....	71
Uniform ordering reference	72
Attachment #14.....	72
CoARC Accreditation Status.....	73
Attachment #15.....	73
Texas State Accreditation Status	74
Attachment #16.....	74

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WELCOME!

We are excited to have you as a part of the new Bachelor of Science in Respiratory Care (BSRC) cohort in the TXST Department of Respiratory Care Program! Congratulations on your decision to continue your education by becoming an essential member of the healthcare team. This handbook has been designed and published to serve as a reference for all students enrolled in the BSRC Degree Program to provide a preview of the University, College, and Department as you complete your degree. Please read this Handbook carefully and keep it accessible as a future reference. A downloadable version of the Handbook is also available at all times in the Student Resources section of the RC Department website at <https://www.health.txst.edu/rc.html>. The Department faculty and staff wish you the very best during your time with us at TXST and we are happy to answer your questions along the way.

Policy Statement



All faculty and students are required to read and abide by the policies outlined in this Handbook and posted on our website (<https://www.health.txst.edu/rc.html>). These policies apply to all faculty, staff and students at the Round Rock Campus and all clinical locations assigned. The policies and procedures will guide you through your educational experience, the curriculum design and rationale, and the educational philosophy and culture of the Department. All students are required to sign a form

stating they have READ the Handbook and agree to abide by all policies (Attachment #1). You will also be provided with copies of the forms found in the attachments requiring your signature. ALL REQUIRED FORMS WILL BE SIGNED AND SUBMITTED TO THE CHAIR OF THE DEPARTMENT OF RESPIRATORY CARE TO BE FILED IN STUDENT'S PERSONAL FILE. This requirement meets the standards set by the profession's national accreditation agency, CoARC, and the University.

This Handbook is not intended to contain ALL policies and regulations as they relate to students. Please refer to the TXST Student Handbook found on the university website for university policies and standards regarding student life.

SECTION I. GENERAL INFORMATION

TEXAS STATE UNIVERSITY (TXST)

TXST is a public, student-centered, doctoral-granting university location in the Austin-San Antonio corridor, with the largest campus in The Texas State University System and one of the largest campuses in the state. TXST is fully accredited by the Commission on Colleges (COC) of the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC), the regional accreditation organization for eleven states in the southeastern United States. In 2011, the SACSCOC reaffirmed its accreditation of TXST with an outstanding review and recent reaffirmation site visit held in March 2021. This reaffirmation will be in effect until 2031. In January 2012, TXST was awarded the Hispanic Serving Institute (HSI) status by the Texas Higher Education Coordinating Board (THECB) opening doors for further research and grant opportunities for the university. Also, in 2012, the THECB recognized TXST as an “Emerging Research Institution” joining the University of Houston, the University of North Texas, and the University of Texas at San Antonio, Dallas, Arlington, and El Paso. This Tier II classification makes possible additional funding for research and grants, as well.

Texas State’s 38,000+ students choose from many degree programs (200+ undergraduate and 100+ master’s, specialist, and doctoral) offered by the following colleges: Applied Arts, McCoy College of Business Administration, Education, Fine Arts and Communication, Health Professions, Liberal Arts, Science and Engineering, University College, and the Graduate College. TXST students come from around the globe representing a diverse student body.

Since 2005, TXST has offered undergraduate and graduate courses on the Round Rock Campus, located north of Austin in Round Rock, TX. More than 2,000 students are enrolled at the TXST Round Rock Campus. The St. David’s School of Nursing is housed in the School of Nursing building that opened summer 2010 with enrollment of the first class in fall 2010. During Fall 2018, completion of Willow Hall welcomed three additional College of Health Professions Departments including Communication Disorders, Physical Therapy and Respiratory Care. Willow Hall houses three clinics for speech and hearing disorders, physical therapy, and sleep diagnostics/therapeutics. Students complete the professional program portion of their education on the Round Rock Campus.

LOCATION

The Round Rock Campus is located on the I-35 corridor on University Drive and was a gift to TXST from the Avery Family of Round Rock, Texas. This 100-acre campus already boasts of a beautiful classroom/administration building, the Avery Building, the St. David’s School of Nursing Building, and Willow Hall-the newest edition on the Round Rock Campus. The “meadow lands” and wide-open spaces of the Round Rock Campus provide a pastoral feel nestled between I-35 and Loop 130 on University Drive.

Willow Hall, a state-of-the-art building provides instructional space for the College of Health Professions’ departments of Communication Disorders, Physical Therapy, **Respiratory Care** and the associated research labs, the Physical Therapy, Speech-Language-Hearing Clinics, and the **Ascension Seton Williamson Sleep Center at Texas State University**.

We are just a short drive from the San Marcos Campus, which is located on the edge of the Texas Hill Country where the black land prairies give way to the beautiful hill country, the 457-acre San Marcos campus enjoys a setting that is unique amount Texas universities. The beautiful crystal-clear San Marcos River fed by the aquifer springs of Spirit Lake along with stately cypress and pecan trees on campus present a picturesque setting for students. The campus location along the banks of the river provides recreational and leisure activities for students throughout the year.

HISTORY

Authorized by the Texas Legislature in 1899, Southwest Texas State Normal School opened its doors in 1903. Over the years, the Legislature broadened the institution's scope and changed its name to Normal School, Teachers College, College University, and in 2003 to "Texas State University-San Marcos." The fall of 2013 saw the deletion of the "San Marcos" descriptor and "Texas State University" became the new university name. Each name change reflects the university's growth from a small teacher preparation institution to a major, multipurpose university. Texas State's original mission was to prepare Texas public school teachers, especially those of south-central Texas. It became renowned for carrying out this mission in the state, but it does far more today.

COLLEGES

The University offers programs in the colleges Applied Arts, McCoy College of Business Administration, Education, Fine Arts and Communication, Health Professions, Liberal Arts, Science and Engineering, University college, and the Graduate College. In 2011, the Honor's College was created to provide an opportunity for students to engage in intellectual exploration dedicated to a more holistic academic experience.

UNIVERSITY MISSION

Texas State University is a public, student-centered research institution dedicated to excellence, discovery, and innovation. We create new knowledge, embrace a diversity of people and ideas, foster cultural and economic development, and educate our students to participate fully and freely in the communities of Texas, the nation, and the world.

The noblest search is the search for excellence.

--Lyndon B. Johnson

Thirty-Sixth President of the United States, 1963-1969

Texas State University Class of 1930

UNIVERSITY SHARED VALUES

In pursuing our mission, we the faculty, staff, and students at Texas State University, are guided by a shared collection of values:

- Teaching and learning based on research, student needs, and the free exchange of ideas in a supportive environment.
- Research and creative activities that encompass the full range of academic disciplines.
- Meaningful student engagement built on active involvement, accessibility, and intentional educational experiences.

- The cultivation of university community that consistently practices integrity, civility, compassion, and respect.
- A shared commitment to creating a sense of belonging across unique communities, identities, ideas, and contributions.
- A welcoming spirit and global perspective.
- Dedication to service and leadership for the public good.
- Responsible stewardship of our resources and environment; and
- Continued reflection and evaluation to ensure that our strengths always benefit those we serve locally and globally.

THE COLLEGE OF HEALTH PROFESSIONS

The College of Health Professions (CHP), under the administration of Dean Dr. Gary Sayed, is currently comprised of two schools, four academic departments, and two programs. In addition to the Department of Respiratory Care, the other departments include Communication Disorders (CDIS), Health Informatics & Information Management (HIM), and Physical Therapy (PT). Along with the School of Health Administration (HA), the St. David's School of Nursing (SON), and the programs in Clinical Laboratory Science (CLS) and Radiation Therapy (RTT) complete the College.

The CHP also included the CHP Academic Advising Center and three patient clinics: The Speech-Language-Hearing Clinic, the Physical Therapy Clinic, and the Ascension Seton Williamson Sleep Center at Texas State University. To further its goals, the CHP has established several cooperating teaching sites and has more than 700 affiliations with hospitals and other healthcare facilities for student learning experiences.

VISION STATEMENT

The vision of Texas State University's College of Health Professions is to be recognized for educating healthcare professionals who can recognize, respond, and mitigate current and future healthcare challenges and disparities in our diverse society.

MISSION STATEMENT

The College of Health Professions educates and prepares healthcare professionals with innovative teaching, evidence-based practice and principles, and a commitment to lifelong learning in a student-centered environment. The college excels in teaching, clinical practice, scholarship, and service while responding to the diverse healthcare needs of the State of Texas, the nation, and the global community. The College unites faculty, students, communities, and consumers in coalitions to expand the body of knowledge in healthcare practice and management.

THE DEPARTMENT OF RESPIRATORY CARE

The Department of Respiratory Care (RC) is a fully accredited, academically based department distinguished as being the first program in the College of Health Professions in 1972. First offered as an Associate in Applied Science (AAS) degree, the program transitioned to a Bachelor of Science in Respiratory Care (BSRC) Degree program in 1996. The BSRC program

was last accredited by CoARC in 2015 with an accreditation award for 10 years through 2025, the highest rating awarded by the accreditation agency.

The RC Department is made up of three programs: The BSRC Entry-to-Practice program with Dr. Gregg Marshall serving as Program Director and Dr. Nick Henry serving as the Director of Clinical Education (DCE). The BSRC-Online Completion Program is for RC graduates of community college associate degree programs who wish to complete their bachelor's degree. This program is directed by Mr. Jayesh John. Finally, the Master of Science in Respiratory Care (MSRC) degree program is a graduate program offered to Registered Respiratory Therapists (RRT) who have a bachelor's degree and desire to further their education for career or personal advancement. Dr. Chris Russian is the MSRC Program Director which offers a track in Clinical Specialist, Leadership, and Polysomnography.

MISSION STATEMENT

The Respiratory Care Program is committed to the development of competent respiratory care professionals through academic and clinical learning of mastery competencies, the stimulation of professional growth through scientific curiosity, and the fostering of leadership skill development. The program is directed toward advancing critical-thinking skills in preparing graduates for cardiopulmonary, sleep, and leadership roles in various healthcare delivery systems. The curriculum is structured to encourage a lifelong habit of research advancement, continuing education, and professional skill growth.

VISION STATEMENT

The vision of the Department of Respiratory Care is to produce quality graduates who meet the expectations of the communities of interest served by the program, to establish and maintain an excellent national reputation, and to be a leader in innovative educational endeavors in the profession. To accomplish the vision, the Respiratory Care Departmental Goals include:

- Advancing the curriculum as national higher education & professional standards evolve.
- Maintaining accreditation by meeting new essentials set by CoARC in respiratory care theory & clinical practice.
- Encouraging faculty to pursue professional development through participation in advanced specialty credentialing and professional continuing education.
- Encouraging faculty & students to participate in professional organizations and community service projects.
- Increasing external funding for the university, college and department through grant activity and entrepreneurship.
- Utilizing the Texas State Sleep Center to meet the educational and research needs of the students and faculty while meeting the diagnostic and treatment needs of the Texas State faculty, staff, and student body.
- Utilizing the Texas State Sleep Center to meet the sleep diagnostic and treatment needs of Round Rock and the surrounding region as it pertains to education and research.
- Preparing 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).

- Encourage students to pursue graduate education to advance competency in areas of education, research, management, and professional specialties.

GOAL STATEMENTS

THE GOAL OF THE BSRC-ENTRY-LEVEL RESPIRATORY CARE PROGRAM IS:

1. To prepare graduates with demonstrated competence in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains of respiratory care practice as performed by registered respiratory therapists (RRT).
2. To prepare leaders for the field of respiratory care by including curricular content that includes objectives related to acquisition of skills in one more of the following: management, education, research, sleep technology, or advanced clinical practice (which may include an area of clinical specialization.)

COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE (CoARC)

The Texas State University Department of Respiratory Care offer the Entry-Level BSRC degree, the BSRC-Online Completion Degree Advancement Program, and the Master of Science in Respiratory Care Program are accredited by the Commission on Accreditation for Respiratory Care or CoARC (www.coarc.com). CoARC establishes standards and criteria that an educational program must meet to be eligible for accreditation. It is important for all students to understand the outcomes for which the program is held accountable.

Outcome-based accreditation describes the level of competency and skills graduates must possess by the time they complete the degree. Employers of graduates are contacted and their direct input on new graduate performance as new employees is essential to determine a program's status for accreditation. New graduates and current students are also surveyed for their input on the degree of preparation they experienced when attending the RC program. Completion of the Entry-Level BSRC is required for graduates to sit for the National Board for Respiratory Care (NBRC) national board examinations for the Registered Respiratory Therapist (RRT) credential. Student performance at the RRT level requires a specific knowledge base as described by CoARC and the NBRC.

PHILOSOPHY OF RESEARCH

In support of the growth of knowledge in the respiratory care and sleep professions and ultimate improvement in patient care services, the department faculty value the importance of continued learning and development of the body of professional knowledge. As a result, the RC faculty believes the professional education environment patient must provide opportunities for, and involvement in research activities. These research areas include basic and applied clinical research with an emphasis on evidence-based practice and analysis of such practice, administrative research, and educational research activities. The department is committed to the development of research resources with opportunities for the involvement of students, faculty, and community practitioners to include inter-professional and interdisciplinary research activities. As such, research opportunities have been built into the curriculum with a strong expectation for RC students to engage in research activities individually, collectively, and in collaboration with faculty, as appropriate.

RELATIONSHIP OF THE PROGRAM TO THE ACADEMIC COMMUNITY

UNIVERSITY COMMUNITY

The department engages in many component activities of the Texas State community to assure it is an integral part of the community. The faculty are committed to contribute to the service activities of Texas State and accept the challenge by actively serving on Department, College, and University committees and organizations as a representative of the department. As an outward expression of the university to the community, the faculty represent the department and Texas State to civic and social groups, support student organizations, and operate the Ascension Seton Williamson Sleep Center at Texas to serve the Texas State community staff, faculty, and students, as well as the residents of Williamson Country and the surrounding areas.

PROFESSIONAL COMMUNITY

The department faculty recognizes and appreciates the support for the growth and development of the program given by the professional community of central Texas. Hospitals and healthcare institutions have opened their doors to students and clinical faculty for rotations through various areas where respiratory therapists serve as team members of the healthcare team. Without these clinical learning opportunities, the program could not grow student numbers or meet educational outcomes. The faculty have a powerful sense of commitment and obligation to their professional community and are active members of their professional organizations, as well as other community organizations, holding both elected and volunteer leadership positions in those organizations. Students must always remember that both faculty and students are GUESTS in the healthcare facilities where clinical rotations are conducted. As guests, we must be respectful of the staff, patients, and family members at all times. Confrontation between students and hospital staff is strictly forbidden and the role of the clinical instructor is to directly deal with any issue that may arise as a representative of the students, the department, and the university in the teaching session. Ultimately, the Director of Clinical Education (DCE) and the Program Director/Chair are responsible for resolving any student issues that need to be addressed. Students and faculty must comply with policies and procedures identified in each clinical site, which may vary throughout the region.

COMMUNITY AT LARGE

The State of Texas has diverse healthcare needs due to the large geographic area and varied population. As one of the fastest growing states in the country, rapid changes in healthcare impacted by population growth. As a state supported institution, the faculty recognize the department's obligation is to first meet the needs of the State of Texas, fully.

RELATIONSHIP OF THE PROGRAM TO THE STUDENTS

The primary focus of the department is the student, just like the university. Academic counseling, academic instruction, and clinical experience in an atmosphere conducive to learning are provided to assist the students achieve professional and academic goals. The department faculty make every attempt to be readily available to assist with academic and personal inquiries. Each student has been assigned a faculty as an advisor/mentor to facilitate completion of the professional degree. Personal or professional concerns should be addressed to the student's advisor or another faculty member as appropriate. Student expectations are provided in anticipating the demands of this respiratory care program.

1. Personal interaction skills with students should have:
 - a. General
 - i. Be patient with each other, the faculty, and yourself.
 - ii. Recognize the diversity within the class and the faculty.
 - iii. Develop support systems outside of school.
 - b. With Faculty
 - i. Communicate with faculty and classmates respectfully.
 - ii. Use faculty as resources.
 - iii. Agree to disagree on some topics/approaches.
 - iv. Use class faculty advisor for guidance.
 - c. With Classmates
 - i. Communicate with faculty and classmates.
 - ii. Don't compare yourself to or compete with classmates.
 - iii. Facilitate learning by working with each other.
 - iv. Agree to disagree.
 - v. Appreciate diversity and grow from it.
2. Ability to be a self-directed, independent learner:
 - a. Establish your priorities
 - i. Stay focused on the demands of the respiratory care program.
 - ii. Know deadlines to complete the assignments and projects.
 - iii. Make exercise/good nutrition an important aspect of your health.
 - iv. Commit yourself to successful completion of the respiratory care program.
 - v. Know and plan for the financial obligation of the respiratory care program.
 - vi. Embrace all learning opportunities presented.
 - vii. Be prepared to spend additional out-of-class time (including evenings & weekends)
 - viii. Maintain your notes from day one as you will need them for your comprehensive exam.
 - ix. Consider your choices for living arrangements – ie: roommates, commuting, etc.
 - b. Problem-solving ability
 - i. Re-assess/re-arrange learning habits from general education/pre-requisite learning experience – NO respiratory care information can be “flushed!”
 - ii. Be prepared to take a more active role in learning – step up in the clinical setting and in the classroom and laboratory to engage in learning experiences and don't sit back to watch others.
 - iii. Retain information learned: the respiratory care program is a cumulative/comprehensive which is needed to pass the RRT national board exam.
 - c. Initiative for learning
 - i. Be motivated and a “self-starter.”
 - ii. Learn from each other.
 - iii. Be prepared to work independently and collaboratively.
 - iv. Participate in group activities to enhance learning (study groups/research partners)
 - d. Time management skills
 - i. Study for quality not quantity.

- ii. Make time to maintain your health and your relationships.
 - iii. Commit to study as the priority.
 - iv. Recognize the time in and outside of the class needed to complete assignment, do readings, or research topics of interest.
3. Review of pre-requisite course topics
- a. Mastery of medical terminology
 - i. Correct meaning.
 - ii. Correct spelling.
 - iii. Abbreviations
 - b. Application of concepts of statistical analysis
 - i. Parametric vs. nonparametric procedures.
 - ii. Types of analysis.
 - c. Mastery of the following anatomical concepts
 - i. Pulmonary system: nomenclature/location/function
 - ii. Cardiovascular system: nomenclature/location/function
4. Attitude and mental health
- a. Expect to be overwhelmed – but know your sources for help!
 - b. Maintain a sense of humor!
 - c. Prepare for the educational experience – there is little time for an outside job!
 - d. Recognize everything is not concrete, absolute.
 - e. Recognizing that becoming a “lifelong learner” is one of your main objectives.
 - f. Recognize the Program is a “great equalizer” – everyone in your class met the same standards permitting your admission and other students are your equals in academic ability.
 - g. Maintain balance of academics, health, fitness, and relationships.

RELATIONSHIP OF THE FACULTY TO THE DEPARTMENT

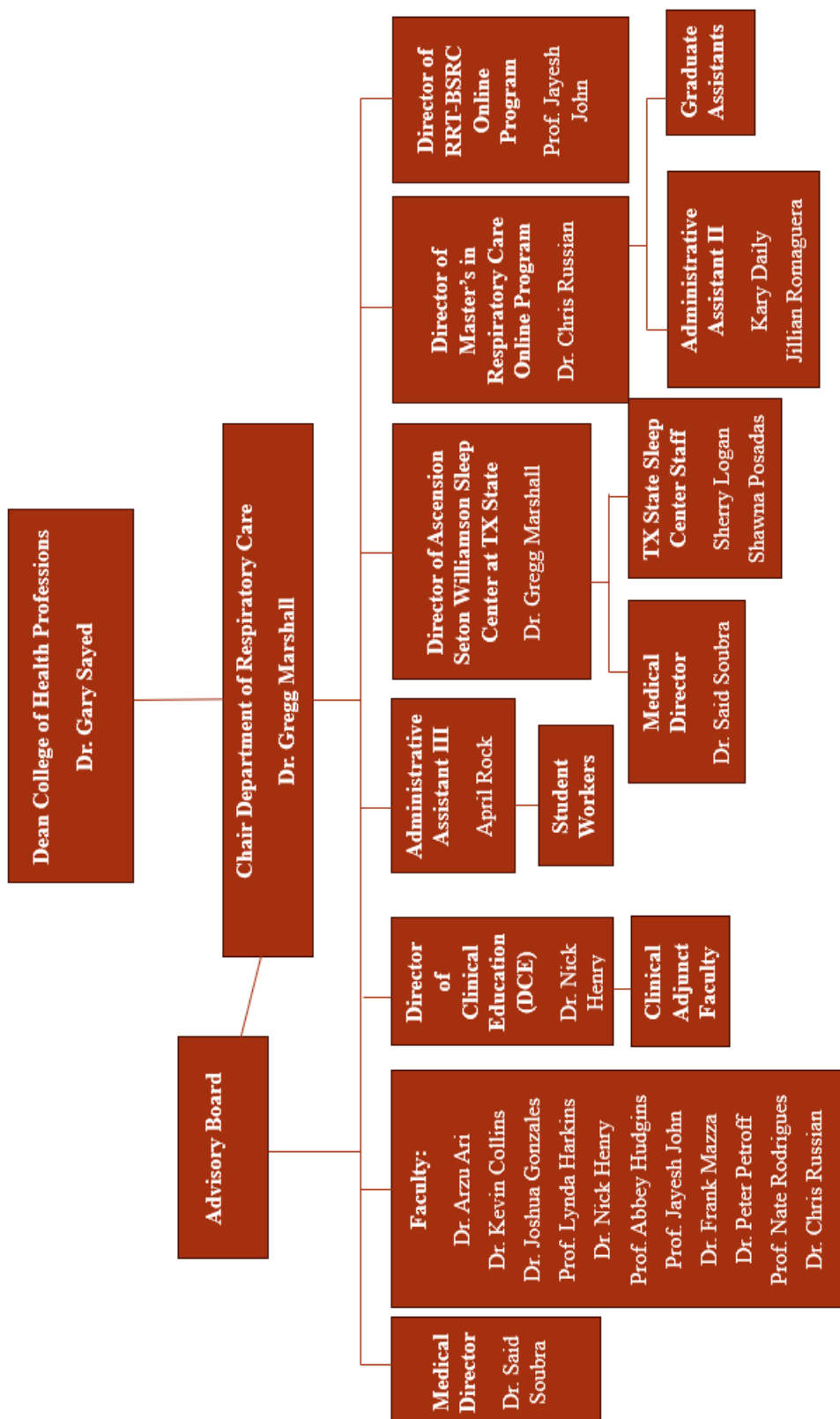
FACULTY MEMBERS

The University seeks to attract highly qualified, diverse, and experienced educators to serve on the faculty. The department’s faculty is committed to providing quality academic and clinical instruction necessary to foster high ethical and professional standards. Collectively, the fulltime RC faculty has over 100 years of university teaching experience in the Respiratory Care Department. The faculty is committed to education and striving to provide you with valuable undergraduate experience in the BSRC program is focused and dedicated. Currently, nine full-time and eight part-time RC faculty serve the department and students.

ADJUNCT CLINICAL FACULTY

The University recognizes the contributions of the clinical faculty by granting them clinical faculty status. Clinical instructors bring additional areas of expertise and specialization to the patient’s bedside and the classroom/lab. These professionals are chosen based on their interest and special credentials/skills in state-of-the-art procedures in their respective fields. There are currently 8-10 clinical instructors serving on the department faculty.

ORGANIZATIONAL CHART OF THE DEPARTMENT



SECTION II. STUDENT INFORMATION

ACADEMIC REQUIREMENTS

For many students, a full-time professional education is a new experience that may pose a significant challenge. Professional education has the following characteristics:

- Time: many hours of class, study time on/off campus due to the breadth and depth of the curriculum. You can expect about 32 contact hours per week the first fall semester of the program. Please arrange your outside work hours so that they do not conflict with your class schedule. Class schedules will NOT be arranged around personal responsibilities or schedules of the student.
- Schedule of classes and assignments: class schedule will be as noted on your registration schedule with some exceptions. Special lectures or guest lectures may require some time adjustment with plenty of notice given to students.
- Attendance: required according to individual course syllabi and faculty. No absences for clinical education are permitted and time missed in the clinical setting must be made up due to CoARC requirements. In some courses, absences may jeopardize the final course grade and successful completion of the program.

COURSE REQUIREMENTS

All course requirements are established by the individual instructor and are delineated in the course syllabus. The course instructor may establish requirements for the course in addition to the course syllabus if the instructor deems them necessary and beneficial to the course, the department, or the students.

GRADING POLICY

In accordance with the Department of Respiratory Care Program Standards for minimal competency, the following scale will be utilized for concept retention:

A	90-100
B	80-89
C	75-79
D	70-74
F	≤ 69

Students enrolled in the Respiratory Care Program are required to maintain a grade of at least a “C” (75%) in all courses in the RC curriculum. Students must meet the university requirement of an overall 2.0 GPA with a major GPA of 2.25 to graduate.

Because RC courses are offered in a lock-step sequence, each course is offered only one each academic year. A student not earning a grade of at least a “C” in a RC course is not eligible to continue progression to the next semester in the RC program and will be stepped-out of the curriculum sequence. Additionally, students withdrawing from a sequenced RC course will not be permitted to continue in the program and will be stepped-out of the program at the end of the semester. If a grade of at least a “C” is not earned or if a student withdraws with a “W” in a RC

course, the course must be repeated in order to complete the program according to the following:

1. The student must apply to the RC Program and meet the initial GPA requirement of an overall GPA of 2.50.
2. Reapplication must be submitted ONE SEMESTER prior to the semester the course is to be repeated.
3. The RC Admissions Committee will oversee the readmission process and any decision to readmit will be based on proof of academic progress, available clinical rotation space, and reassessment of all appropriate clinical competencies.

“Two Strikes” Policy: Failure to earn a grade of at least a “C” in a repeated RC course OR failure to make a grade of at least a “C” in two courses will result in being dismissed from the program without eligibility for readmission to the RC program.

COMPRESHENSIVE EXAMS

All students must sit for the NBRC RRT Written Secure Assessment Exam (SAE) and for the Therapist Multiple Choice (TMC) comprehensive examination during the 2nd fall semester. The TMC is composed of information for all RC courses taken in the lecture, lab, and clinical settings from the first semester. The student must retain a comprehensive understanding of all respiratory care theory, principles, and clinical procedures to successfully attain the NBRC RRT credential. Students must pass the TMC to complete the requirements of the BSRC degree completion.

During the 2nd spring semester prior to graduation, students are also required to sit for the mock Clinical Simulation Exam (CSE) in preparation for the clinical simulation questions associated with the NBRC RRT credential. Successful completion of the TMC and CSE is required of all 2nd year students as part of the course requirements for RC 4223, ICU Internship and RC 4312, Critical Care Clinical Simulation. Review materials for SAE and CSE will be included in RC 4312 course in preparation for the exams.

ACCOMMODATIONS FOR STUDENTS WITH DISABILITIES

Texas State University is committed to providing equitable access to learning opportunities for all students. If you experience barriers to your education due to a disability or think you may have a disability, please contact Disability Services (DS) at (512) 245-3451, email them at ods@txstate.edu, or visit www.ods.txst.edu.

Disabilities may include, but are not limited to: attentional, learning, mental health, sensory, physical, communication, or chronic medical conditions. All students are encouraged to discuss their disability related needs with the DS staff and their instructors as soon as possible.

For more information, please see: <https://www.ods.txst.edu/>

HONOR CODE FOR TEXAS STATE UNIVERSITY

As members of a community dedicated to learning, inquiry, and creation, the students, faculty, and administration of our university live by the principles in this Honor Code. These principles require all members of this community to be conscientious, respectful, and honest.

WE ARE CONSCIENTIOUS. We complete our work on time and make every effort to do it right. We come to class and meetings prepared and willing to demonstrate it. We hold ourselves to doing what is required, embrace rigor, and shun mediocrity, special requests, and excuses.

WE ARE RESPECTFUL. We act civilly toward one another, and we cooperate with each other. We will strive to create an environment in which people respect and listen to one another, speaking when appropriate, and permitting other people to participate and express their views.

WE ARE HONEST. We do our own work and are honest with one another in all matters. We understand how various acts of dishonesty, like plagiarizing, falsifying data, and giving or receiving assistance to which one is not entitled, conflict as much with academic achievement as with the values of honesty and integrity.

THE PLEDGE FOR STUDENTS

Students at our university recognize that, to ensure honest conduct, more is needed than an expectation of academic honesty, and we therefore adopt the practice of affixing the following pledge of honesty to work we submit for evaluation:

"I pledge to uphold the principles of honesty and responsibility at our university."

THE PLEDGE FOR FACULTY AND ADMINISTRATORS

Faculty at our university recognize that the students have rights when accused of academic dishonesty and will inform the accused of their rights of appeal laid out in the student handbook and inform them of the process that will take place.

"I recognize students' rights and pledge to uphold the principles of honesty and responsibility at our university."

POLICY ON ACTS OF DISHONESTY

Students accused of dishonest conduct may have their cases heard by the faculty member. The student may also appeal the faculty member's decision to the Honor Code Council. Students and faculty will have the option of having an advocate present to insure their rights. Possible actions that may be taken range from exoneration to expulsion.

<https://policies.txst.edu/university-policies/07-10-01.html>

COLLEGE OF HEALTH PROFESSIONS

SCROLL CEREMONY

As a healthcare professional dedicated to providing the highest quality care and services, year one (1) RC students are expected to attend the Scroll Ceremony hosted by the College of Health Professions. Business attire is required.

OATH.

I solemnly pledge that I will:

- Consider the welfare of humanity and relief of suffering as my primary concerns.
- Act in a compassionate and trustworthy manner in all aspects of my professional responsibilities.

- Exercise sound professional judgment while abiding by legal and ethical requirements.
- Accept the lifelong obligation to improve my professional knowledge and competence.
- Promote, advocate for, and strive to protect the health, safety and rights of the patient/client.

With this pledge, I accept the duties and responsibilities that embody my chosen profession.

I take this oath voluntarily with the full realization of the responsibility with which I am entrusted by the public.

ACADEMIC ADVISING

Once accepted into the program, program academic advising will be accomplished within the department. Students will be assigned to one of the faculty as their academic faculty advisor. The student should schedule a time to meet with the faculty advisor once per semester MINIMALLY to discuss program progression and general student well-being. The faculty advisor should be consulted if problems arise that challenge student success for solutions and advice. Faculty advisors will provide guidance to assigned students throughout the program until graduation. In some courses, a semester meeting is calculated into grades.

GRADE APPEAL PROCEDURE (Student Grievance)

If a student does not agree with the final course grade, he/she may appeal that grade. This must be done in writing following the College of Health Professions Policy and Procedure within two years following the date grades are due to the registrar's office using the following guidelines.

- First level: The first level of appeal must be to the instructor. The formal appeal should be in writing with supporting documentation and should include course numbers, date, and grade. The instructor will attempt to negotiate a resolution with the student and provide objective documentation of response to the student's appeal within 10 working days of receipt of the written appeal. The instructor will submit all documentation to the Department Chair.
- Second Level: The second level will be the Department Chair. The student must submit the appeal in writing using the signed College of Health Professions grade appeal form (Attachment A) along with supporting documentation within 10 working days following receipt of written results of the first level appeal. The Department Chair will provide the student with a written decision within 10 working days following receipt of grade appeal form (Attachment A) along with supporting documentation for the appeal.
- Third Level: The third level of appeal is to the Dean of the College of Health Professions whose decision is FINAL. The student must respond to the Department Chair on the appropriate section of the grade appeal form (Attachment A) within 10 working days. The Department Chair will forward the appeal and all supporting documentation to the dean's office within 10 working days. The Dean will provide written notification to the student of the final decision, within 10 working days following receipt of the grade appeal form (Attachment A) along with supporting documentation for the appeal.

STUDENT RIGHTS

In the event of student problems, academic or personal, every effort will be made to resolve the difficulties at the department level. In every event of unresolved problems, RC students are granted the same due process regulations as any other student enrolled at the university.

ACADEMIC PROGRESSION/CURRICULUM SEQUENCE

All courses are offered in lock-step sequence and taught once per year. Due to the sequencing, no variance is permitted. Students will complete the program according to the 60 major hours required. The department will review the academic progress of students enrolled in the department at the end of each semester and recommend specific individual action, as needed, to the Department Chair. Academic status will be reported to the department faculty and the individual student's faculty advisor. Recommendations will be made to the chair for students requiring further action on status.

YEAR One (1)

FALL

RC 3313	RC Clinical Practice I
RC 3315	Cardiopulmonary-Renal A&P
RC 3112	Pharmacology (OL)
RC 3314	RC Instrumentation I
<u>RC 3316</u>	Fundamentals of RC

13 Hours

SPRING

RC 3321	Cardiopulmonary Pathology
RC 3323	RC Clinical Practice II
RC 3322	Critical Care Concepts
RC 3324	Critical Care Instrumentation
<u>RC 3125</u>	Pulmonary Function Testing

13 Hours

Summer I & II

RC 3333	RC Clinical Practice III
RC 3332	Hemodynamic Diagnostics (OL)
<u>RC 3334</u>	Neonatal Respiratory Care (Hybrid)

9 Hours

YEAR Two (2)

FALL

RC 4211	Respiratory Care Research (OL)
RC 4314	Advanced Ventilator Concepts
RC 4316	RC Clinical Practice IV
RC 4221	Leadership, Management, Education
<u>RC 4317</u>	Pulmonary Rehabilitation

13 Hours

SPRING

RC 4223	ICU Internship
RC 4312	Critical Care Clinical Simulation

RC 4322 RC Practitioner Seminar
RC 4225 Specialization Internship
RC 4224 Research Seminar (OL)
12 Hours

RC 4318 Independent Study (elective)

REQUIREMENTS FOR GRADUATION

Eligibility for graduation requires satisfactory completion of all course work with a Texas State GPA of 2.0 or higher and an RC Major GPA of 2.25 or higher. Students must apply for graduation online during the final semester of course work.

WRITTEN ASSIGNMENTS

All papers should conform to the American Medical Association style. The AMA Manual of Style is routinely available for purchase in the bookstore. Consult the writing tips (Attachment #5) for helpful hints. The manual is also available at the library or online at:

<https://academic.oup.com/amamanualofstyle>

RESEARCH

Each student is required to complete a research project as part of the degree requirements. This process is integrated throughout the 2nd year (2) and begins with RC 4211, Respiratory Care Research and concludes with RC 4224, Research Seminar. The scholarly project will consist of a respiratory care related subject/topic of interest to the student focusing on either clinical practice or bench-top research.

CRIMINAL BACKGROUND CHECK/DRUG SCREENING

Background checks/drug screening requirements are based on individual hospital requirements and results are held confidentially in student files available for hospital inquiries. Additional drug testing and background checks may be required on demand as requested by clinical affiliates prior to clinical rotation. The cost of drug screening and background checks are solely the responsibility of the student.

IMMUNIZATION AND CLINICAL REQUIREMENT TRACKING

The Department of Respiratory uses a third-party service called CastleBranch to track compliance with requirements from all clinical sites. The included requirements of CastleBranch are to be inclusive of requirements from all clinical sites and affiliation agreements. CastleBranch is used to track immunizations, TB testing, CPR certification, and HIPAA training. CastleBranch is also used to conduct, and document required background checks and drug screens.

Students receive information regarding potential exposure to infectious and environmental hazards through the St. David's Orientation and Ascension Learning Modules. The Ascension Learning Modules have two modules regarding safety, emergency management, and environment of care, and infection prevention. The Ascension learning modules can be accessed at this website: <https://www.pages03.net/ascensioninformationservices/Contingent-NNAO/>. The Ascension learning modules are a required aspect of that hospital system's

onboarding process. Regarding the St. David's Orientation, all students sign an attestation that they have received the orientation packet.

Hospital Affiliation agreements require the following immunizations for clinical rotations. All immunizations, background checks and drug screens are tracked within CastleBranch.

Hepatitis B – 3 vaccines, or a positive antibody titer or a declination signed by a healthcare provider

Varicella (Chicken Pox) – 2 vaccines or a positive antibody titer

Measles – 2 vaccines or a positive antibody titer

Mumps – 2 vaccines or a positive antibody titer

Rubella - 2 vaccines or a positive antibody titer

Influenza – Submit documentation of a flu shot administered during the current flu season (September – March) or declination waiver signed by medical provider

TD/Tetanus, Diphtheria & Pertussis (TDAP) – Submit documentation of a Td within the past two years or a Tdap within the past 10 years.

Tuberculosis – A negative QuantiFERON Gold blood test administered within the past 12 months, or a negative T-Spot blood test administered within the past 12 months, or if positive results, a clear chest x-ray and a symptom free TB questionnaire both administered within the past 12 months. Renewal is set for 1 year. Upon renewal one of the following is required: A negative QuantiFERON Gold blood test, or a negative T-Spot blood test, or if positive results, a symptom free TB questionnaire and physician clearance documented on letterhead.

Polio – Submit documentation of proof of 4 doses of Polio vaccination as a child or 3 doses of Polio vaccination as an adult, or positive antibody titers.

CLINICAL EDUCATION ASSIGNMENTS/ROTATIONS

The clinical education experiences are a privilege earned by successful progression through the academic curriculum and not the right of the enrollment in the curriculum. All appropriate course work must be successfully completed in the prescribed sequence before a student will be allowed to participate in the clinical education portion of the curriculum. Education experiences are not to be arranged by the student but are the responsibility of the Director of Clinical Education (DCE) and the Program Director (PD) as coordinated through the Dean's office. Clinical assignments will be completed based on the number of students and the clinical space available. A student may request to rotate through a particular hospital or city, however, there is no guarantee all requests can be fulfilled due to clinical space and limitations at each facility. Special requests, such as roommates in the same clinical rotation, will be taken into consideration. Although most clinical education experiences will be completed in the Central Texas area, some assignments may be outside the immediate area.

Didactic courses are taught concurrently within one section. Our class/labs are approved for 48 students so didactic courses easily fit within one of our three lab/classrooms. Instrumentations

courses require smaller student numbers to allow for personal time with equipment and modality checkoffs. When multiple sections are needed for labs, the same faculty member teaches all sections of the lab to insure an identical experience in both lab lecture and lab exercises.

All students have access to our three class/labs Monday through Friday from 8am to 5pm if a class is not being taught in the class/lab. Open labs hosted by lab faculty may include self-directed learning (lab exercise) or group learning. If the professor is available, students have easy access the faculty member for questions or remediation. Willow Hall, the building housing the Department of Respiratory Care, has key-card access and because the Round Rock campus much younger than the San Marcos campus, there is no current student center. Also, library hours at the Round Rock campus have a smaller window due to personnel staffing. However, the entire Texas State University library is accessible to students remotely at any time of the day/night. Student ID cards have been granted access to Willow Hall to be used as a place for students to gather and study after the building closes at 5pm. There are over 200 study stations in Willow Hall and students can study individually in cubicles or in small/large group meeting rooms. Access is allowed 7 days a week.

Academic services, such as the Office of Disabilities Services, is available for accommodated testing. All ODS requests are confirmed through the ODS office with communication to the faculty member regarding permitted accommodations to be met. The ODS if available Monday through Friday from 8am to 5pm. The Library on the Round Rock campus is in the Avery Building Suite 255. Although the library closes at 10pm, students still have online access to services 24/7. Access to the public can be obtained at <https://www.library.txst.edu/rrc.html> Students' laboratory activities on campus are equivalent because all students participate in the same courses.

Students attend different clinical sites, but activities are evaluated through student daily journals and clinical competency evaluations to ensure students receive similar experiences. Furthermore, students do not only conduct clinical rotations at the same hospital. Each semester students are sent to a different clinical rotation to ensure they rotate through all affiliated hospital networks. Students are exposed to all affiliated hospital network charting, policies and procedures, and equipment.

PROFESSIONAL INVOLVEMENT CREDITS INFORMATION SHEET

Each Professional Involvement Credit (PIC) activity must be submitted using the form below with supporting documentation (proof/evidence) verifying the activity (examples: sign-in sheets, photo's, receipts, screenshots, membership card, certificates, etc.) Simply listing membership number(s) on the submission form is not acceptable as proof/evidence. The deadline for submission of PICs and all supporting documentation for each Fall and Spring term is two (2) weeks prior to the last day of classes by 5:00 PM. Deadline for the Summer term is TBA. **Failure to submit PICs by the deadline will result in a grade of "I" (Incomplete) until the PICs are correctly submitted. PICs account for 10% (one whole letter grade) of your overall grade for each corresponding clinical course. Partial credit will not be given.** Please submit all documentation of PICs online to the appropriate corresponding clinical course site on Canvas. Excess earned PICs do not "roll over" to subsequent terms (with the exception of AARC/TSRC/ACRTE memberships). Students are responsible for all costs/fees incurred by obtaining external PICs.

PICs are a requirement for each clinical course. You must earn the minimum number of PICs each term to successfully complete each clinical course. The number of required PICs per term is as follows:

COURSE	TERM	REQUIRED CREDITS
RC 3313 RC Clinical Practice I	First Year / Fall	20 credits
RC 3323 RC Clinical Practice II	First Year / Spring	40 credits
RC 3333 RC Clinical Practice III	First Year / Summer	40 credits
RC 4316 RC Clinical Practice IV	Second Year / Fall	40 credits
RC 4223 ICU Internship RC 4225 Specialization Internship	Second Year / Spring	40 credits

The following is a partial list of suggested activities that will be awarded PICs. Additional activities that are not listed below will require special approval (please see Professor Rodrigues for more info).

ACTIVITIES	CREDITS
RCSA member in good standing • Fall & Spring: Attend 3 meetings & 1 project • Summer: Attend 1 meeting	10
RCSA paid dues	8
RCSA service project	2
AARC/TSRC student membership	10
ACRTE student membership	10
EXTERNAL ACTIVITIES	CREDITS
Attend AARC national convention	5
Attend TSRC state convention	5
Attend TSRC regional conference	5
Write a research journal article summary • From Respiratory Care, SLEEP, etc.	2 per article
Clinical Simulations	2 per case
On-line CEU's	2 per CEU
Attend educational in-services	2 per hour
Other activities not listed (see Professor Rodrigues)	Varies

DEGREE PLAN

The College of Health Professions Academic Advising Office, located in Encino Hall on the San Marcos campus, in coordination with the RC Department will provide each student a copy of the final degree plan which will be maintained as part of the student's own personal records. During the 2nd Fall semester, the Advising office will prepare a degree summary based on the degree plan to verify eligibility for degree.

STUDENT RECORDS RELEASE

Students may consent to have their records released for any number of purposes including scholarships and financial aid, awards, and employment consideration. Students must complete a release form and have it on file in the Department Office (Attachment #7)

PHOTOGRAPHY RELEASE

Students may consent to have photographs or videos taken for use in educational presentations or advertising and promotion of the program. Students must complete a release form and have it on file in the Department Office. (Attachment #8)

TREATMENT RELEASE

Students may consent to receive treatments during classroom and lab and to provide treatment of others in classroom, lab, or clinical education. Students must complete a release form and have it on file in the Department Office. (Attachment #9)

OPEN LAB RELEASE

Guests may consent to serve as practice partners during “open lab” experiences for students. They must complete a release form and have it on file in the Department Office. (Attachment #10)

LICENSURE/CREDENTIALING REQUIREMENTS

NATIONAL CREDENTIALING

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

The Therapist Multiple-Choice (TMC) Exam is required by NBRC to be taken first with two cut-scores used to designate credentials. The lower cut-score awards the credential of Certified Respiratory Therapist (CRT) only. The upper cut-score awards the credential of CRT plus the eligibility to sit for the Clinical Simulation Exam (CSE) in order to become a Registered Respiratory Therapist (RRT). All exams are administered as computer-based exams and can be taken throughout the calendar year at multiple locations throughout the state and country. The CSE exam is composed of 20 clinical simulations to determine Information Gathering (IG) and Decision Making (DM) critical skills. Typically, graduates are not eligible for interview or to be hired until the RRT credential is earned. A course in BSRC taught during the 2nd spring semester just prior to graduation is designed to review students for the NBRC Board Exams.

STATE LICENSURE

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

While enrolled as a student in the RC Program, a student is permitted, according to state law, to practice patient care under the direct supervision of an RCP. However, once graduated from the program the individual cannot provide patient care without first obtaining the RCP license. Thirty (30) days prior to graduation, students should begin gathering all documentation required by the TMB and submitting with their application. As soon as the new graduate obtains the CRT

credential through the NBRC, completes all documentation requirements, and submits all documentation to the TMB, the turn-around to process the RCP is typically within a week.

Graduates are NOT employable in Texas UNTIL the RCP license is obtained following graduation. It is the student's responsibility to apply for the RCP license and the TMB/CSE National Board Exam with NBRC.

Prior misdemeanor or felony convictions under various titles of the Texas Penal Code may affect eligibility for the RCP license and may affect hiring opportunities according to the hiring policies of healthcare facilities.

PROFESSIONAL CONDUCT

GENERAL ATTENDANCE

Students are expected to attend and participate in all scheduled lectures, laboratory, and clinical rotations. Make-up of any missed material such as in-class projects, quizzes, and exams are at the discretion of the instructor as outlined in the course syllabus.

The current excused attendance policy covers typical life events and emergencies (i.e., illness of student, illness or death of immediate family members, military deployment of an immediate family member). If a student anticipates an important life event other than the typical or emergency situations listed, they should notify the course instructor as soon as possible to discuss whether altered class expectations are possible.

Each professor will establish criteria in the course syllabus addressing specific class participation expectations and missed work. Should a student miss class, it is the student's responsibility to obtain the missed information and meet with classmates to discuss/practice missed material. Responsibility for make-up of missed work or evaluation criteria for excused absences is the responsibility of the student.

CLASS LECTURES

Attendance at all class sessions is expected. Individual instructors will provide specific course requirements in the event of an absence. Make-up of course work or exams is at the discretion of the individual professor and specific attendance requirements will be covered in each course syllabus.

LAB

It is expected that students in a professional program will use their time wisely. Appropriate use of laboratory practice time will lessen the additional time required for clinical skill acquisition and practice outside of the scheduled class time.

ABSENCES

No clinical time may be missed. If a clinical day absence occurs, a make-up day will be assigned. Missed clinical time will be made up at one and one-half hours for every hour missed. For example, if a student misses one 8-hour day of clinical rotation, the required make up time is 12 hours.

In addition to making up clinical time, students may be required to complete extra work to assure coverage of missed topics (i.e., research paper). Each faculty member will make assignments appropriate for missed content. Violation of the attendance policy will result in the student receiving an “F” in the clinical course.

For all RC clinical rotations (RC 3313, 3323, 3333, 4316, 4223, 4225) specific assignments and student rotation responsibilities will be provided by the DCE at the time of each assignment. The following general policies are required in all rotations:

1. Clinical placements are made at the discretion of the DCE. Assignments are made keeping in mind the learning value of a site, the student’s previous assignments and experiences, learning needs of other students, etc. Assignments will not be made based solely on the convenience of the student.
2. The clinical assignments are made in various Texas hospitals and healthcare facilities. The rotations will involve travel and is the responsibility of the student on a carpool basis.
3. While attending a clinical assignment, a student is not used as or substituted for paid staff of the facility. Maintaining the integrity of the learning experience is of utmost importance.
4. Regular attendance is required – NO absences will be permitted. In case of illness, it is the student's responsibility to contact the clinical instructor within one hour of reporting time. The DCE should also be notified as soon as possible. Students must arrange make-up time with the clinical instructor and DCE.
5. The students must be professional, pleasant, and tactful while in the hospital. Remember, you are a guest of the hospital and the respiratory care department. It is also worth mentioning that EVERY time you enter the hospital for a clinical rotation you are being “informally interviewed” for a future job by the hospital staff. Professional behavior and desire to learn are key to future employment.
6. Students are to abide by departmental rules and regulations, and hospital regulations in general, particularly regarding breaks and lunch periods. Use of cell phones during clinical hours is strictly prohibited.
7. Students are to always observe and practice professional ethics.
8. Students are required to utilize the Trajecsyst system for all clinical evaluations and documentation.
9. Students are not permitted to be paid or receive tips for patient care or services rendered to patients while attending a clinical rotation in a healthcare facility.

The Clinical Expectations (Attachment #11) and the Clinical Attendance & Dress Code Policy (Attachment #12) will be signed and dated by all respiratory care majors.

Preparation for Class

Students are expected to complete reading and course assignments on time. The course instructor reserves the right to exclude unprepared students from class or lab (this includes improper attire – see next page). As a general practice, it is expected that for every contact hour of class, students spend an additional one to three hours of preparation outside of class time, depending on student learning styles and the specific course requirements.

On the Round Rock Campus (RRC), student services have been duplicated to match student success and services found on the San Marcos campus. Students have timely

access to program faculty and to the institutional academic support services for assistance with their academic concerns and problems. RRC services include Student Success & Academic Services, Campus Recreation, Counseling Center, Student Health Center, Library Services, RRC Writing Center, IT Assistance Center (ITAC), and the Testing Center.

https://www.rrc.txst.edu/student_servicesJ1tml

The Dean of Students strives to set standards of excellence in the delivery of Student Support Services to foster a welcoming environment that is inclusive, safe and conducive to learning

<https://www.dos.txst.edu/>

DRESS CODE

LECTURES

Appropriate attire is always required during a lecture or on campus lab. Student dress for lecture or lab classes should be “comfortable and ready to learn.” For all guest lectures and off-campus lectures, students may be required to dress professionally (i.e., no jeans, t-shirts, etc.; however, TXST logo apparel is appropriate.)

LABS

During on-campus labs, students may be required to wear scrubs as required by course instructor, except for Gross Anatomy Lab. Specific dress for Gross Anatomy will be discussed by those lab instructors.

OFF-CAMPUS LABS

Scrubs and closed toed shoes are required for all off-campus labs/clinical rotations.

CLINICAL UNIFORM POLICY

Students are expected to dress in an appropriate professional manner as described in the Clinical Uniform Policy. The clinical scrub uniform must be worn each Tuesday and Thursday for clinical rotations, including the 1st fall semester for the RC 3313, Clinical Practice I course.

A professional appearance and attitude are always expected. The impression made while in Willow Hall building and, in the hospital/clinical rotations is critically important to the continued success of the reputation of the university and program. The COMPLETE uniform must be worn for all clinical events including RC 3313 on campus, health fairs, community outreach projects, and health screening events in the community, and for all clinical rotations.

1. All students must wear the designated scrubs with TXST embroidered Respiratory Care emblem on the top and TXST Supercat embroidered on the pant leg.
2. All students must wear white socks and soft sole shoes. White athletic shoes are acceptable. Shoes must be clean and neat.
3. The uniform must be clean, neat, and wrinkle-free. Students are expected to practice good personal hygiene. Hair must be clean and neatly groomed. Perfume or cologne should not be worn in the clinical site due to specific patient allergic reactions or those of

co-workers. Shoulder length or longer hair must be tied back in a ponytail or similar fashion.

4. Facial jewelry is not permitted in clinical sites.
5. Off campus, students must wear/display the TXST Student ID identifying them as a TXST student. ID tags must be worn where they are easily seen (i.e., on the lapel or front pocket always.) Plastic sleeves with a clip can be purchased online or at the university bookstore. If a facility requires additional ID, it is considered a student expense.
6. Through the affiliation agreement signed between each clinical site and the university, the university agrees all faculty and students will abide by individual hospital policies regarding behavior and dress.

Students who do not meet the dress standards cannot remain in the hospital and will be sent home for the day (missed time must be made up at one and one-half times for each hour missed). More than one dress code violation requires counseling by the DCE. The Clinical Attendance and Dress Policy form (Attachment #12) must be signed by all students prior to attending clinical rotations.

The Ascension Seton Williamson Sleep Center at Texas State University

The Ascension Seton Williamson Sleep Center at Texas State University is an accredited sleep center with a mission of education, research, and providing diagnostic services to the university and Round Rock rural area communities. When assigned a rotation at the sleep center, the complete clinical uniform will be always required. Additional requirements are addressed during clinical orientation each semester.

Respiratory Care Professional Code of Ethics

The American Association of Respiratory Care has established a Code of Ethics binding the Respiratory Therapist to professional principles and ethical standards. Students and faculty are always bound to these standards. By accepting a place in the respiratory care program, the student inherently assumes the responsibility for ethical standards of the healthcare field and, more specifically, the ethics of the profession. The AARC Code of Ethics and Professionalism state the respiratory therapist shall:

- Demonstrate behavior that reflects integrity, supports objectivity, and fosters trust in the profession and its professionals.
- Promote and practice evidence-based medicine.
- Seek continuing education opportunities to improve and maintain their professional competence and document their participation accurately.
- Perform only those procedures or functions in which they are individually competent, and which are within their scope of accepted and responsible practice.
- Respect and protect the legal and personal rights of patients, including the right to privacy, informed consent, and refusal of treatment.
- Divulge no protected information regarding any patient or family unless disclosure is required for the responsible performance of duty as authorized by the patient and/or family 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 acts.
- Refuse to conceal, and will report, the illegal, unethical, fraudulent, or incompetent acts of others.
- Follow sound scientific procedures and ethical principles in research.
- Comply with state or federal laws which govern and relate to their practice.
- Avoid any form of conduct that is fraudulent or creates a conflict of interest and shall follow the principles of ethical business behavior.
- Promote healthcare delivery through improvement of access, efficacy, and cost of patient care.
- Encourage and promote appropriate stewardship of resources.
- Work to achieve and maintain respectful, functional, beneficial relationships and communication with all health professionals. It is the position of the American Association of Respiratory Care that there is no place in a professional practice environment for lateral violence and bullying among respiratory therapists or between healthcare professionals.

Professional Conduct Code

The following list represents those general areas considered to be inappropriate conduct and may be grounds for immediate dismissal from the RC program:

1. Chronic tardiness or absenteeism from class will be addressed by the assigned faculty member for each course.
2. Unexcused tardiness or absenteeism from assigned clinical rotations is a serious offense. In the event of an unavoidable delay or absence, a student must notify the clinical instructor and DCE or designee by appropriate means one hour prior to the scheduled clinical rotation.
3. Failure to complete assignments or failure to demonstrate satisfactory course progress due to disinterest or other attitude indicators.
4. A violation of Respiratory Care program policies or procedures.
5. A negative behavior that infringes on the other students' ability to perform their duties.
6. Failure to report to clinical assignments as assigned.
7. Acts such as stealing, drug abuse, or alcohol use before or during class have **ZERO TOLERANCE**. Such activity is grounds for immediate dismissal from the RC program.
8. Dishonesty and/or cheating through overt or covert acts (refer to Academic Dishonesty section).
9. Unprofessional behavior such as loud boisterous, or obscene language in patient care or other areas of the hospital. Additionally, public displays of affection while in clinical sites will not be tolerated.
10. Failure to follow instructions from the faculty member, designated instructor, or other responsible persons in the patient care situation.
11. Failure to treat patients, family members, physicians, nurses, and other employees with dignity and respect.
12. Clinical endangerment of patients, family members, hospital staff, faculty, or other students.

INDEPENDENT WORK

Students are expected to do their own work unless an individual course instructor has indicated that group activity is acceptable.

- It is considered unethical for one student to ask another for copies of papers, projects, old exams, or to show answers during exams.
- It is considered unethical for a student to offer or make available this material for another to use in an unacceptable manner.
- It is considered unethical for a student to make copies of an exam that is to be administered or one that has been previously administered.

Any conduct considered to be unethical is cause for immediate dismissal from the program according to the TXST Student Handbook. Any observations of such conduct by faculty or reports to faculty will immediately be investigated.

CLINICAL CONDUCT CODE

Students are expected to conduct themselves in a professional manner while in all clinical rotations. Speech and behavior should represent the respiratory care profession, the Department of Respiratory Care, and TXST in a positive light. Students will treat one another and clinical professors in a professional and courteous way. Patients, family members, physicians, and hospital staff will be treated courteously and respectfully by all respiratory care students. Deliberate, unprofessional, or inappropriate behavior will be addressed by the clinical professor initially and referred to the DCE or department chair, as required.

There is ZERO TOLERANCE for the use of alcohol and illicit drugs. Students reporting to clinical rotations under the influence of such substances will be reported and dismissed from the respiratory care program immediately. Drug testing may be required on demand, if necessary.

MAINTENANCE OF CLEAN AND SAFE LEARNING ENVIRONMENT

Smoking is prohibited on the campus of TXST as is all tobacco use. TXST is a Tobacco Free Campus (E-cigarettes included). Students are expected to keep their belongings orderly to avoid cluttering the classroom and lab areas. Bicycles are not allowed in classrooms, labs, or hallways. Students are expected to return any lab equipment or supplies to the appropriate storage area and discard any waste materials at the end of each class session, so that the lab rooms remain orderly.

CAMPUS CARRY

Effective August 1, 2016, concealed carry of a handgun by licensed holders is allowed on Texas public university campuses subject to the restrictions imposed by statutes and by the University President. Concealed carry is prohibited in some buildings on TXST campuses. Please see more about campus carry on the campus carry website: <https://www.txst.edu/campuscarry.html>. The Campus Carry Frequently Asked Questions (FAQs) and resources have been posted at: <https://www.txst.edu/campuscarry/faq.html>. Please take time to read the FAQs on this web page for additional information.

CARVED OUT AREAS FOR THE COLLEGE OF HEALTH PROFESSIONS

The Physical Therapy Clinical, the Speech-Language-Hearing Clinic, the Reception area (WH 101), and the School of Nursing building Room 338 in Round Rock, are designated as carved out areas. The signage to designate the places that are gun-free will be posted on each door of “carved out areas” in Willow Hall when guns are not permitted. A concealed handgun can be carried by a person with a license anywhere except those areas that have signs restricting guns.

OFF-CAMPUS CLASSES

At various times in the program, classes may be scheduled at various medical facilities. Attendance is mandatory at these sessions, as there is no mechanism for that class session to be made up. The course instructor will provide specific course requirements/procedures. It will be the student's responsibility to arrange for transportation to the off-campus activity unless the university provides such transportation.

BEHAVIOR

CLASSROOM

Students are expected to behave in a manner commensurate with their status as health professions students in a professional program.

CULTURAL DIVERSITY AND TITLE IV

TXST believes in freedom of thought, innovation, and creativity and consequently it seeks to encourage diversity of thought and to nurture sensitivity, tolerance, and mutual respect.

Discriminating against or harassing anyone based on race, color, national origin, age, religion, sex, sexual orientation, or disability is inconsistent with the university's purpose and will result in appropriate disciplinary actions. Any student who believes they have been a victim of discrimination or has observed incidents of discrimination should call the Dean of Students 512-245-2124, or the Department Chair. TXST does not allow sexual harassment. Should any TXST student believe they have been sexually harassed, they should contact the Dean of Students at the above-mentioned number. TXST enforces a strict drug policy.

TXST complies with the Family Educational Rights and Privacy Act of 1974 (FERPA), protecting certain confidentiality rights of students.

PROFESSIONALISM IN RESPIRATORY CARE: CORE VALUES

- Accountability is active acceptance of the responsibility for the diverse roles, obligations, and actions of the respiratory therapist including self-regulation and other behaviors that positively influence patient/client outcomes, the profession, and the health needs of society.
- Altruism is the primary regard for or devotion to the interest of patients/clients, thus assuming the fiduciary responsibility for placing the needs of the patient/client ahead of the respiratory therapist's self-interest.
- Compassion is the desire to identify with or sense something of another's experience, a precursor of caring.
- Caring is the concern, empathy, and consideration for the needs and values of others.

- Excellence is respiratory therapy practice that consistently uses current knowledge and theory while understanding personal limits, integrates judgement and the patient/client perspective, embraces advancement, challenges mediocrity, and works toward development of new knowledge.
- Integrity is the possession of and steadfast adherence to high ethical principles or professional standards, truthfulness, fairness, doing what you say you will do, and “speaking forth” about why you do what you do.
- Professional duty is the commitment to meeting one’s obligations to provide effective respiratory therapy services to patient/clients, to serve the profession, and to positively influence the health of society.
- Social responsibility is the promotion of mutual trust between the profession and the larger public that necessitates responding to society’s needs for health and wellness.

PROFESSIONAL BEHAVIOR

In addition to a commitment to lifelong learning, students are expected to demonstrate professional behavior. This is defined by the program as the demonstration of values, attitudes, and behaviors consistent with the expectations of the public and the profession. These values and behaviors are delineated for the profession by the AARC Code of Ethics. A violation of standards may be grounds for referral to the appropriate authority. Examples of such violation include making untruthful statements, plagiarism, collusion, or demonstration of discriminatory or harassing behavior. Professionals are expected to have a strong work ethic and interpersonal skills. A pattern of tardiness, disrespect to others, disruptive behavior, or lack of attention in classes/meetings may also result in referral and review of the professional (generic) behaviors process.

Professional behaviors include those attributes, characteristics, or behaviors that are not explicitly part of a profession’s core of knowledge but are nevertheless required for success. Respiratory therapy specific professional behaviors include:

1. Critical Thinking
2. Communications
3. Problem Solving
4. Interpersonal Skills
5. Responsibility
6. Professionalism
7. Use of Constructive Feedback
8. Effective Use of Time and Resources
9. Stress Management
10. Commitment to Learning
11. Cultural Diversity Awareness

The faculty believe that each student should develop an entry-level mastery (behaviors demonstrated upon graduation and entry into the profession) of each of these skills by graduation. This belief is based on the following assumptions: the process of becoming socialized into a profession requires hard work and takes a long time and therefore must begin early; a repertoire of behaviors, in addition to a core of knowledge and skills, is important to be a

successful respiratory therapist; professional behaviors are defined by the ability to generalize, integrate, apply, synthesize, and interact effectively; whether behaviors can be “taught” or not, the fact remains that behaviors are learned; and behaviors can be objectified and assessed.

STUDENT ADVISORY

Student advisory is to assist the student in assessing and developing an entry-level mastery of these behaviors, it will be required that each student and advisor complete an assessment of the Professional Behaviors in the first semester and each semester thereafter. The student should schedule a meeting with the advisor to discuss the self-assessment and the advisor’s assessment of the student. The form will be used by the student for the self-assessment, as well as by the faculty member, to provide input to the student on the student’s progression.

(Attachment #13) Following each meeting with the advisor, the student may be required to set goals related to the Professional Behaviors to assist the student in reaching the expected level of performance [beginning (by the end of the first year of the program), developing (by the end of the didactic course work), entry-level (by the end of all clinical assignments)]. It is expected that each student achieves entry-level mastery by graduation.

PROFESSIONAL PROBATION

Professional probation occurs when a student is put on notice that behavior in the classroom, laboratory, and with the faculty, staff or peers is not acceptable. A student will be placed on professional probation following the sequence of events that are outlined below.

CLASS PARTICIPATION

Students are expected to attend and participate in all scheduled lectures, laboratory, and clinical classes. Each instructor has established criteria in the course syllabus addressing class participation expectations. Examples may include arrives on time for class and/or lab participation, demonstrates consistent attention and focus, changes laboratory partners often, works well with others, asks questions, leads discussion when asked, helps others with practice and discussion, volunteers for demonstrations, comes to instructors for help when needed and in a timely manner. The impact of failure to meet these expectations should be included in the course syllabus and discussed with the student during the first meeting of the course.

OUTSIDE FACTORS INFLUENCING ACADEMIC PERFORMANCE AND/OR CLASS DYNAMICS

Recognizing that there are other factors that may influence class participation, students will be excused for typical life events when they give notification by phone or e-mail to faculty and/or staff. Each instructor will specify in the course syllabus or in conversation with the student at the time of notification the expectation for make-up of any missed coursework.

- The current attendance policy covers typical life events and emergencies (i.e., illness, illness of immediate family member, death in immediate family, etc.)
- If a life event beyond an occasional illness, illness of immediate family member or death in immediate family causes a student to miss more than two full days (consecutive or non-consecutive) for a course, then the student must meet with his or her advisor, course instructor(s), and any other involved faculty to formulate a corrective action plan within two weeks of returning to class.

BEHAVIORS DEEMED INAPPROPRIATE FOR SUCCESSFUL COURSE COMPLETION

Given this is a professional program, some behaviors will not be tolerated. Examples of behaviors that will not be tolerated include, but are not limited to, the following:

- Repetitively interrupting
- Repetitively speaking out of turn
- Refusing to defer to the instructor's direction
- Using an accusatory tone of voice and/or cursing
- Display of lack of respect to faculty, classmates, and staff
- Using inappropriate body language (i.e., rolling eyes, failing to make eye contact when speaking, huffing, placing hands on hips)

If the course instructor deems a student's behavior to be egregiously inappropriate, then the student:

- Will be held accountable to the course syllabus criteria, when behavior occurs during class or as part of a course assignment
- Must meet with his/her advisor, course instructor, and any other involved faculty member to review the Professional Behaviors
- Must formulate a corrective action plan before returning to class

If a faculty member observes an unprofessional behavior, the faculty will coordinate with the student's advisor and attempt to meet with the student to inform them that professional probation could ensue. If an action is egregiously inappropriate, no meeting is required, and the faculty may place the student on professional probation immediately. When a corrective action plan is indicated, the student will be placed on professional probation. This corrective action plan should include expectations not only for behavior change, but also for behavior maintenance throughout the student's matriculation in the program.

Once placed on professional probation, the student will have until the end of the immediately following semester to correct behavior and meet all requirements stipulated in the corrective action. If the requirements of the action plan are not met, the same policy for academic probation applies and the student will be suspended from the program. Students are afforded the privilege to go through the professional probation process one time. Additional behaviors which warrant professional probation may lead to immediate suspension at the discretion of the faculty. Students on professional probation are not allowed to begin/continue an off-campus clinical education course until the probation has been resolved. If an unprofessional behavior occurs as part of an off-campus clinical education course, the clinical education policies apply.

PROGRAM COMPLIANCE WITH COARC REQUIREMENTS

TXST and the Department of Respiratory Care will submit all necessary fees and reports for accreditation as established by the Commission on Accreditation for Respiratory Care (CoARC). The university and the program are dedicated to the development of a comprehensive and sound education environment in which to produce graduates who are ready to enter the profession. As such, we are dedicated to compliance with CoARC criteria. If any substantive

change occurs in the program's administrative structure or function, the chair or designee(s) will notify CoARC of such changes within seven calendar days. The following are examples of substantive changes that require notification to CoARC – program leadership change; structure change; significant (25%) reduction in program support; greater than 10% increase in admission class size; change or program location; or major curricular change(s).

Communications

FACULTY OFFICE HOURS

Each faculty member establishes office hours based on the semester's schedule. Office hours are reflected in each course syllabus and on the faculty's office door in Willow Hall.

TELEPHONES

Each faculty member has a direct office phone with voicemail capability, although you should communicate with your professors as directed in the syllabus. If you are leaving a voicemail message, please use correct etiquette and include both your first and last name, as well as net ID and A#.

ELECTRONIC COMMUNICATION

Each faculty member has an email address and encourages students to communicate via e-mail. Students are required to use their TXST e-mail account and to check their e-mail on a regular basis for announcements or specific messages. Faculty will check their e-mail on a regular basis but will not always respond immediately. Adequate time should be given for appropriate responses. When using electronic communication, please use correct etiquette. E-mail can be a valuable communication tool, however, can often create miscommunication if not used effectively.

CELL PHONES

Cell phones should be turned to silent mode or off during classes. Text messaging is prohibited as well as phone calls when classes are in session.

COMPUTERS IN CLASSROOM

Students can use electronic devices in the classroom for class purposes and at the discretion of the instructor. Checking e-mail, surfing the internet or other distracting activities are prohibited. Violation of this request will result in the loss of privileges for ALL students.

TRAJECSYS

Trajecsys is a cloud-based clinical evaluation system that provides time records, activity reports, checkoffs and forms, and scheduling. Trajecsys enables faculty to enhance classroom instruction. Students can view course and campus announcements in one location and access course web sites and projects or groups. The faculty uses Trajecsys for course support. Students should become familiar with Trajecsys sites since all instructors use it for courses and each RC Cohort has a Trajecsys Project Site. Questions to instructors are welcome.

CANVAS

The RC department faculty delivers each course via CANVAS (Teaching Research and Collaboration), TXST learning management system, which can be accessed from the university homepage. Students are responsible for frequently checking the CANVAS course site for information and updates. Students should become familiar with the CANVAS site since all RC faculty use it for courses. Course management procedures and processes are consistent with TXST and the College of Health Professions policies and procedures. CANVAS is used only for the exchange of information related to the course. Unless otherwise noted, all content is private and secure with access limited to faculty, enrolled students, and limited TXST staff. It is not appropriate to post any comments of a political or personal nature outside of designated areas. Discourse should be respected and professional. Violations may result in disciplinary action.

CANVAS enables faculty to enhance classroom instruction. Students can view course and campus announcements in one location and access course websites, projects, or groups. The faculty uses CANVAS for course support. Students should become familiar with the CANVAS sites since all instructors use it for courses and each RC course has a CANVAS course site. Questions to instructors are welcome.

Professional Involvement

COMMUNITY

The RC faculty encourages all students to participate in community and professional activities. Involvement in such activities is one step toward becoming a complete professional. Participating as a volunteer at a free medical clinic, Bobcat Days representing RC program, health career days, health fairs, fundraising activities, TXST student organizations or other professional groups is encouraged by the faculty.

PROFESSION

The American Association for Respiratory Care (AARC) is the organization representing respiratory therapists and students in the U.S. through representation in the national level on federal legislation. AARC also provides significant opportunities for continuing respiratory care education (CRCE) credits at national conferences and online through live, interactive webinars. The Texas Society for Respiratory Care (TSRC) is the state professional organization and chartered affiliate of the AARC. The TSRC serves the respiratory therapists of the State of Texas by providing continuing education opportunities at its annual convention and representing respiratory therapists' concerns to state legislators. Both the AARC and TSRC offer student membership at a reduced cost. Student membership brings opportunities for scholarships/grants, monthly journal publication, and special discount rates for attending state and national conferences. Students are encouraged to become AARC/TSRC members and service-learning credits will be awarded from the Respiratory Care Student Association (RCSA) for membership. In addition, the American College of Respiratory Therapy Education (ACRTE) is a national organization dedicated to helping students, faculty, and the general public learn about baccalaureate and graduate respiratory therapy education in the U.S. Student membership in ACRTE is covered by the department and provides a link and network across the

country with respiratory therapy hospital directors and RC educational programs that value the BSRC education and seek graduates for employment opportunities.

CARDIOPULMONARY RESUSCITATION BLS/ACLS

All students are expected to maintain CPR certification throughout all clinical education assignments. Basic Life Support (BLS) for healthcare providers through the American Heart Association (AHA) should be obtained by each student during the 1st fall semester and all students are required to have a current BLS card prior to clinical rotations. CPR certification expires 2 years from obtaining and the card must remain current throughout the clinical education courses for the student to attend clinical rotations. Advanced Cardiovascular Life Support (ACLS) will be taught prior to ICU rotations and will be current for 2 years, as well.

HEALTH STATUS/HEALTH INSURANCE/MALPRACTICE INSURANCE

Due to the nature of RT student's clinical contact, it is required that each student be enrolled in some type of health insurance program and several hospitals require health insurance to rotate through their facility. Health insurance is available through the university for an additional fee if students are not currently covered by another policy. The health status of students is assessed continuously and all potential risk exposures during clinical rotations should be immediately reported to the DCE, Dr. Nick Henry. Please see <https://www.healthcenter.txst.edu/charges-insurance/domestic-student-health-insurance.html> OR <https://www.international.txst.edu/current/health-insurance.html>

Utilization of Classrooms, Labs & Equipment

COLLEGE OF HEALTH PROFESSIONS

WILLOW HALL BUILDING, ROUND ROCK CAMPUS

The Respiratory Care classes/labs are in the Willow Hall (WH) Building, Round Rock Campus. The Respiratory Care Administrative office is in room 214 and faculty offices are located on the 2nd floor as well. The hours of operation for all College of Health Professions are from 8:00am to 5:00pm. NO food or drinks are allowed in classrooms or labs. A student lounge area is located on the 3rd floor, room 312 for all RC, CDIS and PT students. There are refrigerators and microwaves on both the 2nd floor, room 210 and 3rd floor, room 311. There is a color copier for students to utilize on the 2nd floor, room 210.

THE SCHOOL OF NURSING BUILDING, ROUND ROCK CAMPUS

The School of Nursing and Health Informatics and Information Management are in the School of Nursing (SON) building next to WH. Radiation Therapy Program is in the Avery building (AVRY).

ENCINO HALL BUILDING, SAN MARCOS CAMPUS

The Dean splits time between both campuses. The Dean's office is in room 265 of the Avery Building (AVRY) on the Round Rock campus and on the 2nd floor, room 201 of Encino Hall (ENC) on the San Marco campus.

Other departments and schools in the College of Health Professions are in ENC include Health Professions Advising Center, the School of Health Administration, both undergraduate and graduate, and the Program in Clinical Laboratory.

CLASSROOMS

Lecture classrooms are in Encino Hall on the San Marco campus and Avery Building or Willow Hall on the Round Rock campus.

TEACHING LABS (WH 224, 226, & 227)

As previously stated, eating in the respiratory care labs is limited to approved times when class is not in session. Special permission was obtained for this negotiated privilege and is subject to revocation if the labs are not kept clean. Each student is responsible for cleaning up after themselves. Drinks containers with non-spill tops are allowed in the labs during class time and all spills should be cleaned up immediately.

All labs should be left orderly at the end of each class session. Students from the scheduled classes held in the lab will be held responsible for the condition of that lab. There should be no lounging or sleeping in the labs. Students are encouraged to utilize the teaching facilities and equipment to maximize their skill acquisition and, therefore, should have a specific reason to be in the lab during hours other than assigned class hours.

Several policies must be observed for utilization of the facilities outside of scheduled classes:

- The teaching laboratories and clinic are accessible to students after 5:00pm, weekends, or holiday breaks ONLY if a faculty member is present.
- All facilities are to be left clean following use, with equipment and supplies returned to the appropriate locations.
- All lights and equipment should be powered off following use.
- For the safety of the students and equipment, all doors are locked during after-hour use.
- Any equipment leaving the lab must be checked out and must have the approval of the course instructor.
- The student accepts full responsibility for any equipment used or checked out.
- Students may access communal areas of Willow Hall 24/7 with their student badge.

AVERY BUILDING, ROUND ROCK CAMPUS

The Avery building holds many different offices, classrooms, and a teaching auditorium.

- Student Support Services is on the 2nd floor, room 201
- Library is on the 2nd floor, room 255 – Materials from Alkek Library in San Marcos are couriered to the RRC. Professors can schedule a library training session for the entire class with the librarian, if needed. Check their website <https://www.library.txst.edu/rrc.html> for operating hours.
- Vending is available in Avery 202 – Costa Cosa Coffee, etc.
- ITAC and Printing Assistance are available on the 3rd floor, room 304.
- Vice President for Round Rock Campus is located on the 4th floor, room 401.

- Campus Recreation is located on the 1st floor, room 106 – 3,000 square foot weight room and 1,000 square foot multipurpose room for group exercise classes. Facility and classes are offered to students, faculty, and staff. Check it out:
<https://www.campusrecreation.txst.edu/places-to-go/roundrock.html>
- Computer Labs – six open computer labs to serve students in the Avery Building, as part of your tuition. These labs permit students to print class materials at no additional cost.

SECTION III. MISCELLANEOUS INFORMATION

OFFICE PHONES

The department phone number is 512.716.2682 and this number may be used by family to reach a student, in an emergency situation.

PROFESSIONAL LIABILITY INSURANCE

Professional Liability Insurance is provided by the College of Health Professions and paid for by the department, for all BSRC students attending clinical rotations.

STUDENT FILES

All students in the Respiratory Care Program have an official student file that is maintained in the RC administrative office. CoARC requires student files be maintained for five (5) years from graduation and the academic file is maintained by the department chair. This file includes the program application form, correspondence between the student and the program, copies of transcripts, degree outlines and summaries as they are completed, student exams, clinical performance records, any disciplinary documentation, and student comprehensive examinations. Students' access to such files will be limited to inspection by such files may not be photographed, copied, transcribed, or reproduced in any manner. Students may review an exam in the faculty member's office as requested and schedule by the course instructor.

STUDENT WORK POLICY

Due to the intensity of the RC curriculum and the 25+ hours of weekly classroom and clinical contact hours required, it is recommended students NOT WORK during the 1st fall semester. Students and faculty advisors will take requirements and academic progress into consideration when assessing student progress while keeping academic success the primary priority. Students are NOT permitted to be paid for patient care services during clinical education rotations.

According to Texas Law and the Respiratory Care Practice Act, students are permitted to work under "Student Status" in the healthcare setting while enrolled in an accredited respiratory care program with a letter from the program director/chair or DCE to confirm satisfactory enrollment. Students are not eligible to work in a respiratory care department as a RT assistant until two semesters in the BSRC program have been completed.

ROUND ROCK CAMPUS STUDENT SUCCESS AND ACCESS

On the Round Rock Campus (RRC), student services have been duplicated to match student success and services found on the San Marcos campus. Students have timely access to program faculty and to the institutional academic support services for assistance with their academic concerns and problems. RRC services include Student Success & Academic Services, Campus Recreation, Counseling Center, Student Health Center, Library Services, RRC Writing Center, IT Assistance Center (ITAC), and the Testing Center.

<https://www.rrc.txst.edu/student-services.html>

IMPORTANT OFFICES/LINKS

- College of Health Professions, Dean's Office – www.health.txstate.edu, 512.245-3300 or 512-716-4200
- Office of the Vice President for Round Rock Campus - www.rrc.txst.edu/, 512-716-4400
- Campus Recreation - www.campusrecreation.txst.edu/places-to-go/roundrock.html, 512-716-4203, Avery Building 106
- ITAC - itac.txst.edu/, 512-245-4822, Avery Building 302
- Parking Services - www.parking.txst.edu/round-rock.html
- Round Rock Campus Library – www.library.txst.edu/rrc.html, 512.716-4700, Avery Building 255
- Student Success - www.studentsuccess.txst.edu/roundrock.html, Avery Building 201
- Testing Center - www.txst.edu/temc/tcrr.html, 512-245-2276, Avery Building 209
- University Police Department – www.police.txstate.edu/, 512.716-4911, Campus Services Building
- Alcohol and Drug Resource Center – www.adrc.txstate.edu/ , 512.245-3601
- Career Services – www.careerservices.txstate.edu, 512.245-2645
- Bookstore – www.bookstore.txstate.edu, 512.245-2273
- Counseling Center – www.counseling.txstate.edu/, 512.245-2208 (*Please specify the Round Rock Campus when making appointment*)
- Disability Services – www.ods.txstate.edu/, 512.245.3451
- Financial Aid – www.finaid.txstate.edu, 512.245-2315
- Registrar's Office – www.registrar.txstate.edu/, 512.245.8126
- Student Business Services - www.sbs.txst.edu/ 512-245-2544
- Student Health Center – www.healthcenter.txst.edu/about-us/locations/round-rock.html, 512.245-2161 (*Please specify the Round Rock Campus when making appointment*)
- For Texas State University accreditation information, please visit:
<http://www.sacscoc.org/>

SECTION IV. CONFIDENTIALITY

HEALTH INFORMATION PRIVACY AND ACCOUNTABILITY ACT (HIPAA)

In 1966, Congress passed HIPAA mandating the adoption of federal privacy protections for individually identified health information. In response to this mandate, the Department of Health and Human Services (HHS) published the privacy rule in the federal register on December 28, 2000. Final rules were issued in August 2002 making modifications to the privacy rule. Final privacy rules can be found at: <https://www.hhs.gov/hipaa/index.html>. These rules provide comprehensive federal protection for the privacy of health information. The privacy rule sets federal floor of safeguards to protect the confidentiality of information. The rule does not replace federal, state, or other laws that provide individuals with even greater privacy protections. Confidentiality is certainly a key element of HIPAA.

Specific to the responsibilities of the respiratory care student and patient privacy, confidentiality includes ALL information contained in the patient's medical record as well as other information that flows through the respiratory care department and to physician/facility businesses. This applies to information presented in the classroom, laboratory, and clinical rotations. The HIPAA guidelines will always be followed.

Students must not disclose information to unauthorized individuals including hospital personnel, family, or friends. In classroom discussions, information will be discussed in a “de-identified, de-personalized” manner.

Students are not to have access to their own medical records or those of family or acquaintances while at the clinical sites. There are proper procedures one must follow to access one's own medical information and the clinical setting is not the appropriate or LEGAL place or time.

Students may NOT photograph or duplicate the medical record for any purpose.

Students should NOT access records of patients who are not receiving respiratory care. “Snooping” or “exploring” a patient record for the express purpose of gathering information is unacceptable.

The primary purpose of medical records is to document the course of the patient's healthcare and to provide a medium of communication among healthcare professionals for current and future patient care. To fulfill these purposes, significant amounts of data must be revealed and recorded. The patient must be assured that the information shared with healthcare providers will remain confidential; otherwise, the patient may be without critical information that could affect the quality of care provided. As students in the respiratory care program, you will have access to medical charts at the clinical sites. It is imperative that the confidentiality of this information is honored. For this reason, all students who enter the program are required to read and sign a copy of the Confidentiality Agreement (Attachment #14). This signed form will be kept in the student's academic file in the respiratory care department.

SECTION V. MASTER OF SCIENCE IN RESPIRATORY CARE PROGRAM (MSRC)

The MSRC degree program is a 36-hour, online, professional program comprised of a 24-hour core of RC courses plus a 12-hour option in one of three concentrations such as Clinical Specialist, Polysomnography, and Leadership. Minor options are also available. The MSRC combines a research component with a pulmonary physiology foundation required for mid to high-level clinical specialist, managers, and educators, as well as pre-prepare individuals to work side-by-side with physicians to provide advanced practice skills. The online delivery system makes possible degree completion for working therapist while remaining employed in their geographic location.

ADMISSION REQUIREMENTS

- Bachelor's degree from regionally accredited institution.
- Registered Respiratory Therapist (RRT) credential granted through the National Board of Respiratory Care (NBRC)
- Must meet the graduate college minimum GPA of 2.75 for the last 60 hours of undergraduate coursework.
- Completion of TXST graduate college online application through SLATE: <https://www.gradcollege.txst.edu/admissions/application-information.html#app>
- A non-refundable application fee of \$55.00 (International fees differ)
- One official transcript from each senior level, post-secondary institution attended mailed directly from the institution to the graduate college.
- Three letters of reference from professionals or academics competent to assess the applicant's interest in pursuing a career or advancing in the field of study.
- A current resume`
- An applicant's written statement of purpose indicating ability and interest in completing the degree program.
- International students (<https://www.gradcollege.txst.edu/international.html>) must adhere to the requirements set forth by the graduate college.
- For direct link to the Graduate College Admissions go to: <https://www.gradcollege.txst.edu/programs/respiratory-care.html>

SECTION VI. REGISTERED RESPIRATORY THERAPIST TO BACHELOR OF SCIENCE IN RESPIRATORY CARE ONLINE PROGRAM (R.R.T.-to-B.S.R.C.)

APPLICATION AND COMPLETION PROCESS

Respiratory Care Practitioners (RCP) already holding the Registered Respiratory Therapist (RRT) credential awarded by the National Board of Respiratory Care (NBRC) and graduate of a regionally accredited college/university that is CoARC accredited are eligible to apply to the bachelor's degree completion program. Applicants holding the RRT credential may be eligible to receive semester credit hours of credit based on the RRT credential. Completion of the remaining hours of upper-level BSRC courses in addition to all remaining Texas Core curriculum are required to complete the BSRC. Therapists with an associate degree in respiratory care can complete the online program to earn their BSRC degree. The program provides professional development in critical care, research, education, leadership, and management. The online-only format allows practicing respiratory therapist from across the state and country to complete their degree while working.

All transfer students must be advised on an individual basis due to varied college backgrounds, but typically the RRT credentialed individual with an associate degree may complete the required BSRC major courses (Attachment #15). The current BSRC degree is 120 hours in length and all RC and academic requirements must be satisfied before the degree can be conferred. Proof of RRT credentialing is an admission requirement to the program. Please make an appointment with the program director to discuss your individual degree plan.

PROGRAM STRUCTURE AND TOPICS

This 32-hour program is 100% online, including prerequisites. Courses are 8 weeks long and students can enroll at the beginning of every semester. After completing the university's core curriculum, a full-time student can finish the R.R.T.-to-B.S.R.C. online completion program in 1 year.

Course work covers:

- Pulmonary diagnostics and rehabilitation
- Leadership, management, and education
- Interdisciplinary healthcare
- Disease management
- Sleep medicine and polysomnography
- Neonatal and adult critical care

Faculty & Staff

Attachment #1 (3 Pages)

Dr. Arzu Ari, PhD, PT, RRT, CPFT, FAARC

Professor

Clinical Interests: Aerosol Delivery, Aerosol Research, Adult Critical care, Mechanical Ventilation

Primary Teaching Areas: Research, Aerosol Therapeutics, Critical Care

A1023@txstate.edu



Dr. Kevin Collins, PhD, RRT, RPFT, AE-C

Associate Professor

Clinical Interests: Asthma, Disease Management, Pulmonary Rehab, Lung Function Testing

Primary Teaching Areas: Cardio-Pulmonary Diagnostics, Pulmonary Rehab, Clinical Skills

KC35@txstate.edu



Ms. Tiara Flores, MSRC-RRT, RRT-NPS, RRT-SDS

Clinical Associate Professor

Clinical Interests:

Primary Teaching Areas:

TJF2@txstate.edu



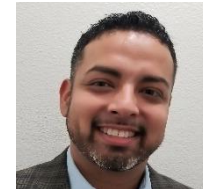
Prof. Joshua Gonzales, DHSc, RRT, RRT-NPS, RRT-SDS, RCP

Associate Professor

Clinical Interests: Pedi/Neo, Adult, Critical Care, Sleep

Primary Teaching Areas: Adv Instrumentation, Mech Ventilation

JG61@txstate.edu



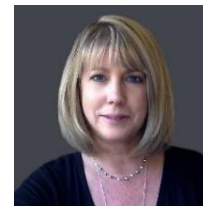
Dr. Lynda Harkins, PhD, RRT

Clinical Associate Professor

Clinical Interests: Pedi/Adult Critical

Primary Teaching Areas: Research and A&P

LT01@txstate.edu



Dr. Nicholas Henry, PhD, RRT, RRT-NPS, RRT-ACCS, AE-C

Associate Professor/Director of Clinical Education

Clinical Interests: Pedi/Neo, Adult, Critical Care, Transplant

Primary Teaching Areas: Cardiopulmonary Anatomy/Gross, Mech. Ventilation

NH14@txstate.edu



**Prof. Abbey Hudgins, MSRC, RRT, RRT-NPS
Assistant Professor**

Clinical Interests: Neonatal/Pediatric, RT Protocols, Adult Critical Care

Primary Teaching Areas: Clinical Skills, Basic and Advanced Instrumentation

AH1297@txstate.edu



**Prof. Jayesh John, MSRC, RRT, RRT-ACCS, RCP
Clinical Assistant Professor/Program Director – RRT-BSRC**

Clinical Interests: Burn Injury, Global Resp Care

Primary Teaching Areas: Clinical Skills, Adv Instrumentation, Mech Ventilation

J_J378@txstate.edu



**Dr. Gregg Marshall, PhD, RRT, RPSGT, RST, FAARC
Department Chair/ Professor/Sleep Center
Director/Program Director-BSRC**

Clinical Interests: Adult Critical Care, Mech Ventilation, Sleep

Primary Teaching Areas: Administration, RC Theory, Sleep

SM10@txstate.edu



**Prof. Nate Rodrigues, MSIS, RRT, RRT-SDS, RRT-NPS, EMT
Assistant Professor**

Clinical Interests: Critical Care, Respiratory Physiology, ECG's, Sleep

Primary Teaching Areas: Cardiopulmonary Pathology, Critical Care, Instrumentation

NR1064@txstate.edu

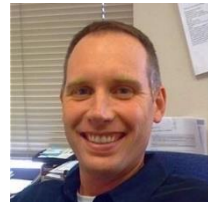


**Dr. Chris Russian PhD, RRT, RRT-NPS, RPSGT, RST, FAARC
MSRC Academic Program Coordinator/Professor**

Clinical Interests: Pedi/Neo/Adult Critical, Sleep

Primary Teaching Areas: Pedi/Neo, Adult Critical Care, Sleep, Clinical Skills

CR23@txstate.edu



**Mrs. Jacquelyn Schenck, MSRC-RRT, RRT-NPS
Clinical Associate Professor**

Clinical Interests:

Primary Teaching Areas:

JAS197@txstate.edu



**Dr. Said Soubra, MD
Medical Director/Clinical Professor**

Clinical Interests: Adult Pulmonary and Internal Medicine

Primary Teaching Areas: Seminar, Pulmonary Rounds

s_s983@txstate.edu



Dr. Frank Mazza, MD
Clinical Professor/Critical Care Pulmonary Physician
Primary Teaching Areas: Pulmonary Disease
FM17@txstate.edu



Dr. Peter Petroff, MD
Clinical Professor
Primary Teaching Areas: Anatomy & Physiology, Pulmonary Disease
PP22@txstate.edu



April Rock
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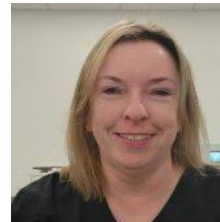
Jillian "Jill" Romaguera
Administrative Assistant II
JGR91@txstate.edu



Sherry Logan, RPSGT
Sleep Technician
SB55@txstate.edu



Shawna Posadas, RPSGT
Sleep Technician
BOT12@txstate.edu



Respiratory Care Student Handbook Verification Statement

Attachment #2

This is to verify that I have read and understand the policies and procedures contained in Texas State University Department of Respiratory Care Student Handbook. I hereby agree to abide by all policies/procedures as addressed in this Handbook and understand the consequences of violating said policies/procedures. I have completed this page and returned the original form to the Department for inclusion in my student file and I have retained a copy for myself.

Student Name (please Print)

Student Signature

Date

50+ Tips to Writing a Good Paper

Attachment #3 (6 Pages)

1. All manuscripts should contain the following, organized in the order listed below, with each section beginning on a separate page:

- Title page
- Abstract Text
- References
- Tables, each on a separate page
- Illustrations with legends

The only difference among manuscript types is how text (body of manuscript) is managed.

2. All pages from Abstract (page 1) through illustrations should be numbered. Variations from this may be required for submission of a thesis. Check the Texas State Theses and Dissertation handbook for specific requirements for thesis preparation.

TITLES

3. Titles should be brief within descriptive limits (a 16-word maximum is suggested).

ABSTRACTS

4. A comprehensive abstract of 75 to 300 words is suggested. The title should appear at the top, skip two lines, and begin the abstract. It should be structured as the body of the manuscript is and should succinctly summarize the major intent of the manuscript, the major points of the body, and the author's results and/or conclusions. No references should be cited.

5. Suggested structures for abstracts:

Literature Reviews

- Objective - What was the purpose of the review?
- Data Sources - What sources did you search to find the studies you reviewed? You might include key words and years searched.
- Data Synthesis - Summary of the major themes, organized by themes not authors.
- Conclusions/Recommendations - Advice and clinical applications of the information

Research Report

- Objective - Problems or need for the study.
- Design and Setting - How was the study set up? Where did it take place? Subjects - Characteristics of the subjects
- Measurements - What was being measured? What types of tests were used? How were the subjects distributed within the study?
- Results - Of the tests and measurements
- Conclusions - major conclusions particularly related to theory and clinical application of the information

Case Reports

- Objective - Problem or need for the case to be presented.
- Background - On the particular injury or illness
- Differential Diagnosis - What was it or what could it possibly have been? Treatment - What was done for it? What is normally expected for this condition?
- Uniqueness - What was different from the expected, or was it the same?
- Conclusions - Clinical applications of the information.

6. An abstract is not to be used as the introduction; the abstract is a summary of the entire manuscript while the introduction develops and proposes the manuscript's problem or purpose.

MANUSCRIPTS

7. In a scientific manuscript the introduction serves two purposes; to stimulate the reader's interest and to outline the reason for the study, that is, the controversy or knowledge gap that prompted the study.
8. Begin the text of the manuscript with an introductory paragraph or two in which the purpose or hypothesis of the article is clearly developed and stated. Tell why the study needed to be done or the article written and end with a statement of the problem.
9. The introduction is not the place for great detail. Highlights of the most prominent works of others as related to the subject may be appropriate for the introduction, but a detailed review of the literature should be reserved for the discussion section. Identify and develop the magnitude and significance of the controversy or problem with brief specific statements (referenced, of course). Pointing out differences among others' results, conclusions, and/or opinions often does this. Remember to keep the details in the discussion.
10. In the introduction and discussion sections it is appropriate to use transition sentences to summarize points and link to the next point. Try not to leave the reader hanging, instead create a smooth flow of ideas.
11. The body or main part of the manuscript varies according to the type of paper you are writing however, regardless of the manuscript type, the body should include a discussion section in which the importance of the material presented is discussed and related to other pertinent literature. Liberal use of headings, subheadings, charts, graphs, and figures is recommended.
12. The term "methods" is more appropriate than "methodology". "Methodology" suggests a study of methods, whereas "methods" suggests a description of methods used, which is what the section is.
13. Begin with a description of the experimental design, which will serve as a road map to the entire section. Follow with descriptions of subjects, instruments, procedures, and statistical analysis. Confusion is often introduced when authors combine the instruments and procedures sections. Describe the instruments used in the instrument section but describe how they were used in the procedure section.
14. The methods section should contain enough detail concerning the methods, procedures, and equipment used so that others can reproduce the study.
15. Methods used by others to study problems such as yours should be reviewed and referenced in your paper. Reference the methods of others as well as reliability and validity information in the methods section. The pros and cons of various methods and why you chose one over another should be discussed and referenced in the discussion or introduction.
16. IRB approval and informed consent procedures should be stated formally in the methods section of the manuscript.
17. Writing results are similar to writing a review of the literature. You state facts and then reference your source. In the results section, the statistics are your evidence or reference for the conclusions you present. The results should summarize the important results of the study, using descriptive and inferential statistics and a few well-planned and carefully crafted illustrations.
18. Report results by stating your conclusions in clear concise statements.

19. The statistical test should not be the focus of the sentence (as in "statisticalese" - "Tukey post-hoc testing revealed significant decrease ($p < .05$) in perceived pain in groups that received cold, TENS, or the combined treatment"). Writing in statisticalese often obscures the conclusions by emphasizing the method and not the meaning. The important information is the meaning of the results.
20. Statistics do not indicate or prove anything; they provide you with support for deciding. When you review the literature, you make a statement and reference others' writings to support your statement. Use a similar approach when reporting results; make a statement and then reference that statement with your statistical results.
21. Statistical tests do not find differences. They provide evidence that a difference between groups is probably real. Looking at the group means tells you if the groups are different; however, you must decide if the differences are real or if they occurred by chance. Real differences mean they were caused by your independent variable and not by chance. By chance means the differences were caused by variables other than your independent variable.
22. The symbol "p" when used to refer to the level of probability, is written italicized and in the lower case. ($p < .05$)
23. When indicating the level of significance or probability, use only three numbers if the first is not a zero. If the first number is a zero, continue numbers until the first non-zero (i.e., .0002; not .00 or .00023).
24. Put your results in perspective with your expectations and compare your results with the rest of the world. Don't repeat or rehash the results, discuss them.
25. The emphasis of the discussion should not be on other authors but rather on what they reported and how it relates to your work.
26. The discussion must address the contribution the study makes toward theory.
27. The last part of the discussion must suggest how readers might apply the information presented. While the application may be apparent to you, it may not be apparent to first time readers unless you point it out.
28. The body of a review of literature article should be organized into subsections in which related thoughts of others are presented, summarized, and referenced. Each subsection should have a heading and brief summary, possibly one sentence. Sections must be arranged so that they progressively focus on the problem or question posed in the introduction.
29. The body of a case study should include the following components: personal data, chief complaint history or present complaint, results of physical examination, medical history, diagnosis, treatment, and clinical course, criteria for return to activities, and deviation from the expected.

CITATIONS AND REFERENCES

30. Each citation in the text of the manuscript takes the form of a superscript number that indicates the number assigned to the citation. It is placed directly after the reference, or the name of the author being cited. References should be used liberally. It is unethical to present others' ideas as our own. Also, use references so that readers who desire further information on the topic can benefit from your scholarship.

31. The reference page(s) should list authors numerically in the order used in the text and in alphabetical order and should be in the following form:

Article - author(s) with surname and initials, title of article, journal title with abbreviations as per Index Medicus (italicized or underlined), issue month if journal is not consecutively paged from issue to issue, year, volume, inclusive pages. Example:

Bonci CM, Ryan R. Pre-participation screening in intercollegiate athletics. *Postgrad Adv Sports Med...* 1988; 1: 3-6.

Book - author(s), title of book (italicized or underlined), city and state of publication, publisher, year, inclusive pages of citation. Example:

Wadsworth C. *Manual Examination and Treatment of the Spine and Extremities*. Baltimore, MD: Williams & Wilkins; 1988: 205-210.

Secondary Source – the original source is stated with the addition of Cited by using the source where it was cited. See the AMA Manual of Style for other examples. Example:

Gordis E. Relapse and craving; a commentary. *Alcohol Alert*. 1989; 6:3. Cited by: Mason BJ, Kocsis JH, Ritvo EC, Cutler RB. A double blind, placebo-controlled trial of desipramine for primary alcohol dependence stratified on the presence or absence of major depression. *JAMA* 1996; 275:761-767.

32. All statements and ideas of others must be referenced. If the author(s) is (are) not mentioned by name, the reference should be placed after the phrase or first mention of the idea.
33. Anytime you mention another author by name; author must be referenced immediately after name in the same paragraph. Example:

Sanders²² reported... NOT Sanders reported...²².

34. When referring by name to a work with multiple authors; if two authors use both names; if there are three or more authors, use the name of the first author and "et al" which means "and others". Note the punctuation with et al; there are no commas or periods. Reference immediately after et al.
35. When the reference is at the end of a sentence, it should be placed after the period and after any quotation marks.
36. It may be appropriate to refer to ideas or results from numerous authors in the same sentence. In doing so, you would list the references in numerical order. Example:

"The sky is a shade of blue^{1,6,10,21...}"

37. Personal communications are not included in the reference list but may be included in the text. Example:

In a conversation with B Sanders, PhD (April 1997)"

38. Always refer to the research and writing of others in past tense.
39. Subheadings should be used. Main or first level headers should be placed centered, typed in all capitals, bolded, and not underlined. If the information under a header needs to be subdivided into two or more sections, use the second level or subheads. These should be centered and bolded with the first letter of each word capitalized.
40. Begin numbering the pages of your manuscript with the abstract pages as #1; then consecutively number all successive pages including illustrations.

41. The purposes of tables are to centralize large amounts of data, to save space and to eliminate long paragraphs of text. Tables should not be redundant of text. Put your information either in the text or the table and not both. You must refer the reader to the table. Point out the highlights in the table, but do not be too explanatory with a lengthy text.
42. Don't put information in a table that can more easily be presented and understood in the text. Readers should be able to understand the information in the table without referring to the text. The title of a table should also be understood without referring to the text.
43. Identify the units of measurement of the tabled data in the most general way possible. If all data in the table have the same unit of measurement, that unit should be in parentheses following the table title. If the columns or rows have different units of measurement, but all data in a particular column or row have the same unit, identify the unit (within parenthesis) as part of the column header or row identifier.
44. When a table contains data that has been averaged, be sure to report the mean plus or minus SD.
45. Tables should stand alone. They should have both a title and a legend.
46. Illustrations are often helpful in presenting concepts that are difficult to describe.
47. Each illustration should have a legend that describes the illustration and emphasizes its important points.
48. If an illustration has been published previously, written permission for its use must be obtained from the copyright holder (usually the publisher). The original source should be cited as a reference.
49. The following texts provide additional helpful information for writers.

Day RA. How to Write and Publish a Scientific Paper. 4th ed. Phoenix, AZ, Oryx Press; 1994.

Iverson C, Dan BB, Glitman P, et al. American Medical Association Manual of Style. 8th ed. Baltimore, MD: Williams & Wilkins; 1989.
50. A style manual is a collection of rules and regulations that editors get tired of repeating to authors. The answers to most questions can be found here. The AMA Manual of Style has been adopted as the official style manual of the American Physical Therapy Association and therefore, for the Department of Physical Therapy.
51. Structure is only half the battle. Grammar and style are equally important.
52. Numbers appearing at the beginning of a sentence, title, or subheading should be spelled out. Numbers greater than nine can use Arabic numerals with the previous exceptions. Numbers nine and under should be spelled out.
53. Appendices are discouraged by AMA style. However, this is in reference to publication. You may include appendices if the material is an adjunct to the text. An example might be a survey instrument.
54. Commas should be used to separate three or more elements in a series and should be used before the conjunction and the final item.
55. Em dashes are used to indicate an interruption or break in thought in a sentence.
56. Gender neutral language should be used when appropriate. Try to word sentences so that you avoid the use of "he and/or she."

57. Abbreviations should be limited to internationally approved and accepted units of measure and well-recognized clinical and technical terms and symbols.
58. When you use the words "however" or "therefore" in the middle of a sentence and the phrases before and after could stand alone as complete sentences, place a semicolon before the "however" and a comma after it. If one or both phrases are not complete sentences, place a comma before the "however".
59. Go to the library and peruse various articles and theses - this is a great way to examine evidence of these writing tips!

Professional Involvement Credits Information Sheet

Attachment #4 (2 pages)

PROFESSIONAL INVOLVEMENT CREDITS INFORMATION SHEET

Each Professional Involvement Credit (PIC) activity must be submitted using the form below with supporting documentation (proof/evidence) verifying the activity (examples: sign-in sheets, photo's, receipts, screenshots, membership card, certificates, etc.) Simply listing membership number(s) on the submission form is not acceptable as proof/evidence. The deadline for submission of PICs and all supporting documentation for each Fall and Spring term is two (2) weeks prior to the last day of classes by 5:00 PM. Deadline for the Summer term is TBA. **Failure to submit PICs by the deadline will result in a grade of "I" (Incomplete) until the PICs are correctly submitted. PICs account for 10% (one whole letter grade) of your overall grade for each corresponding clinical course. Partial credit will not be given.** Please submit all documentation of PICs online to the appropriate corresponding clinical course site on Canvas. Excess earned PICs do not "roll over" to subsequent terms (with the exception of AARC/TSRC/ACRTE memberships). Students are responsible for all costs/fees incurred by obtaining external PICs.

PICs are a requirement for each clinical course. You must earn the minimum number of PICs each term to successfully complete each clinical course. The number of required PICs per term is as follows:

COURSE	TERM	REQUIRED CREDITS
RC 3313 RC Clinical Practice I	First Year / Fall	20 credits
RC 3323 RC Clinical Practice II	First Year / Spring	40 credits
RC 3333 RC Clinical Practice III	First Year / Summer	40 credits
RC 4316 RC Clinical Practice IV	Second Year / Fall	40 credits
RC 4223 ICU Internship RC 4225 Specialization Internship	Second Year / Spring	40 credits

The following is a partial list of suggested activities that will be awarded PICs. Additional activities that are not listed below will require special approval (please see Professor Rodrigues for more info).

ACTIVITIES	CREDITS
RCSA member in good standing	10
• Fall & Spring: Attend 3 meetings & 1 project	
• Summer: Attend 1 meeting	
RCSA paid dues	8
RCSA service project	2
AARC/TSRC student membership	10
ACRTE student membership	10
EXTERNAL ACTIVITIES	CREDITS
Attend AARC national convention	5
Attend TSRC state convention	5
Attend TSRC regional conference	5
Write a research journal article summary	2 per article
• From Respiratory Care, SLEEP, etc.	
Clinical Simulations	2 per case
On-line CEU's	2 per CEU
Attend educational in-services	2 per hour
Other activities not listed (see Professor Rodrigues)	Varies

PROFESSIONAL INVOLVEMENT CREDITS SUBMISSION FORM

NAME: _____ **TERM:** _____
PRINT FIRST AND LAST NAME YEAR / SEMESTER

PROFESSIONAL INVOLVEMENT CREDIT ACTIVITY	# CREDITS
	TOTAL SEMESTER CREDITS →

The activities noted above, and the supporting documentation I have attached/submitted with this form, represent my professional involvement activity for the aforementioned term.

X _____
STUDENT SIGNATURE

_____/_____/_____
DATE

Student Records Release Form

Attachment #5

I, _____, give consent to the Department of
Print Name

Respiratory Care to release the following information contained in my educational record. This information is to be provided to

for the purpose of _____.

Signature

Date

UPPS 01.04.31 Access to Students Records
Family Educational Rights and Privacy Act of 197

Consent to Photography

Attachment #6

Consent Agreement and Release Statement to be Photographed/Videotaped and
Named

You will be asked to complete a separate copy for our records.

I, _____ hereby acknowledge that I agree to give Texas State University (Texas State) the right and permission to make photographs and/or videotapes (audio-visuals) of me. I understand that I may be identified by name when such audio-visuals are used. Such audio-visuals may be published, reproduced, exhibited, copyrighted, and used anywhere in the world in connection with the following situations:

1. Educational presentations by faculty or students
2. Advertising and promotion of the programs and departments of Texas State including, but not limited to, publication on official Texas State web pages and in official Texas State brochures and alumni newsletters.

I hereby irrevocably release and waive any claims against Texas State and its faculty and staff relating to rights of privacy, rights of publicity, confidentiality, and copyright regarding the use of such audio-visuals when used by Texas State in the situations previously described.

I hereby declare that I am at least 18 years of age and have every right to contract in my own name in the above regard.

Signature

Date

Signature of Witness

Date

Consent to Treat Form

Attachment #7

Consent to Treatment during Laboratory Classes

There are two sections to this consent form which must be completed: the first contains guidelines regarding receiving treatments during classroom and laboratory sessions; the second relates to your treatment of others in the classroom, laboratory, or clinical education activities. You will be asked to complete a separate copy for our records.

Participation in treatment techniques/procedures during classroom and laboratory sessions:

I, _____, agree to participate in the practicing of treatment techniques/procedures provided by course instructors, guest lecturers, or my classmates during classroom and laboratory sessions for the duration of my enrollment in the undergraduate program in respiratory care. I understand that:

- all efforts will be made to provide safe conditions, as well as maintaining appropriate modesty, during these practice sessions.
- if I become uncomfortable with any draping, manner of touch, or treatment techniques/procedures being carried out as part of the classroom or laboratory session it is my responsibility to discuss this with the appropriate course instructors, guest lecturers, or classmates.
- the dress code established for the laboratory sessions, as explained in the RC Student Handbook or course syllabus, must be followed.
- notice to course instructors, guest lecturers, or classmates of any allergies or asthmatic conditions prior to the beginning of the laboratory session is my responsibility.

Signed: _____

Date: _____

Treating others during classroom, laboratory, and clinical education experiences:

I, _____, will abide by the following expectations while treating my classmates or patients during classroom, laboratory, and clinical education activities:

- have the required health information form completed and submitted by the established deadline, as well as updated as required by a specific clinical site prior to participating in clinical education experiences at that site.
- abide by the AARC Code of Ethics and Guide to Professional Practice during all classroom and laboratory activities.
- follow the course rules and guidelines for the classroom, laboratory, and clinical education activities.
- be considerate and respectful in all non-verbal and verbal communication during classroom and laboratory activities.
- promptly report any malfunctioning equipment to the primary course instructor as soon as the problem is noticed.

Signed: _____

Date: _____

Consent to Participate

Attachment #8

Consent to Participate

I, _____, voluntarily agree to participate during open laboratory (known as “open lab”) sessions in the practicing of evaluation and treatment techniques/procedures provided by respiratory care student enrolled in the Department of Respiratory Care at Texas State University. As such, I acknowledge the following:

- That the purpose of the “open lab” is to allow respiratory therapy students additional time for learning and practice of evaluation and treatment techniques outside of class and that during “open lab” the students are not supervised by licensed respiratory therapists
- Notification to respiratory therapy students of any allergies, asthmatic conditions, or other health condition that could limit my ability to participate in any requested activity is my responsibility
- I am responsible for my own health and well-being and realize I can refuse any evaluation or treatment procedure at any time for any reason without penalty or explanation
- I may contact the Department of Respiratory Care at 512-245-8243 if I have any questions or concerns regarding my participation

Signed: _____ Date: _____

TXST Department of Respiratory Care

CLINICAL EXPECTATIONS

Attachment #9

Name: _____ Facility: _____

BEHAVIOR	STANDARD OF PERFORMANCE
1. Clinical attendance	1. Unplanned absences are unacceptable.
2. Punctuality in arriving to and preparing for clinical site.	2. Tardiness is unacceptable.
3. Observing therapy and break times	3. Conforms to instructor's standards for therapy times and meals/break periods.
4. Meeting deadlines for assignments.	4. Tardiness in completing assignments is unacceptable. Work turned in late will be penalized.
5. Acknowledging employees of clinical site.	5. Acknowledges employees of clinical site in a prompt, pleasant and professional manner. Displays courtesy, consideration, and respect for instructor, physicians, and co-workers. Smiles frequently and uses eye contact as much as possible. Uses words and behavior that express respect, empathy, and understanding.
6. Acknowledging patients and visitors of clinical site.	6. Acknowledges patients and visitors of clinical site in a prompt, pleasant and professional manner. Displays courtesy, consideration, and respect for all persons in the hospital. Courteous always to patients and visitors. Smiles frequently and uses eye contact as much as possible. Uses words and behavior that express respect, empathy, and understanding.
7. Personal appearance in the clinical site.	7. Personal appearance is professional, neat, clean, and appropriate for work. Personal appearance is suitable for the environment. Personal appearance reflects a positive image of self and the university.
8. Telephones or personal electronic devices.	8. Follows departmental and clinical site policy regarding personal use of the telephone and other electronic devices.

I hereby certify that I have read the above clinical expectations. I also agree to abide by these rules. If I do not comply with these rules and the rules listed in the Student Handbook, I may be subject to receiving "No Credit" for the course.

Signature

Date

CLINICAL ATTENDANCE AND DRESS POLICY

Attachment #10

No student will be allowed to attend clinic if the following conditions are not met:

1. Wearing the required uniform while at the clinical affiliation (hospital) for any assigned class, lab, or clinical.
2. Meet facility requirements for criminal background check or drug screening.

Uniform Policy

1. All students must wear the approved color of scrubs with a Texas State University embroidered RC emblem above the upper left pocket of the shirt in approved gold stitching.
2. All students must wear a white lab coat with the Texas State University embroidered RC emblem above the left pocket in maroon stitching. The lab coat must be long sleeved, long length, but otherwise may be any style. Lab jackets which are short in length (at or just below the hip) are not acceptable.
3. All students must wear a photo ID card on the left lapel of the lab coat or below the university patch on the scrub shirt.
4. All students must wear white socks and shoes. White athletic shoes which are primarily white are acceptable. Shoes must be clean and neat.
5. The uniform must be clean, neat, and wrinkle free. Students are expected to practice good hygiene. Hair must be clean and neatly groomed. Shoulder length hair must be tied back in a ponytail or similar fashion.
6. Clinical practice requires that the student have a stethoscope and always watch with a second hand.
7. The university agrees that faculty and students will abide by individual hospital policies regarding behavior and dress.

Students who do not meet the dress code cannot remain in the hospital. More than one dress code violation requires counseling by the department chair.

Attendance

1. No clinical time may be missed without a make-up day or make-up project being assigned. In rare circumstances, an absence may be excused by the chair only.
2. In addition to making up clinical time, students may be required to complete extra work to assure coverage of missed topics.
3. Students are expected to arrive on time for the clinical shift. Students who will be more than 10 minutes late or absent for the full day must notify their clinical instructor and the DCE as close as possible to the start time of the shift.
4. Students are expected to remain at the hospital, including during lunch and breaks, until dismissed by the clinical instructor at the end of the day.
5. Violation of the attendance policy will result in a "F" in the course.

I understand the above policies. _____
Signature

Date

Professional Behaviors

Attachment #11 (5 Pages)

Professional behaviors are attributes, characteristics or behaviors that are not explicitly part of the knowledge and technical skills but are nevertheless required for success in the profession. Ten generic abilities were identified through a study conducted at the University of Wisconsin at Madison in 1991-1992 and revised by May, Kotney and Iglarsh in 2009. The ten abilities and definitions developed are:

Professional Ability *Definition*

1	Critical thinking	The ability to question logically; identify, generate, and evaluate elements of logical argument; recognize and differentiate facts, appropriate or faulty inferences, and assumptions; and distinguish relevant from irrelevant information. The ability to appropriately utilize, analyze, and critically evaluate scientific evidence to develop a logical argument, and to identify and determine the impact of bias on the decision making.
2	Communication	The ability to communicate effectively (i.e., verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.
3	Problem-solving	The ability to recognize and define problems, analyze data, develop, and implement solutions, and evaluate outcomes.
4	Interpersonal skills	The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner. The ability to Manage time and resources effectively to obtain the maximum possible benefit.
5	Responsibility	The ability to be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession within the scope of work, community, and social responsibilities.
6	Professionalism	The ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the Respiratory Care profession.
7	Use of constructive feedback	The ability to seek out and identify quality sources of feedback, reflect on, and integrate the feedback, and provide meaningful feedback to others.
8	Effective use of time and resources	The ability to manage time and resources effectively to obtain the maximum possible benefit.
9	Stress management	The ability to identify sources of stress and to develop and implement effective coping behaviors; this applies for interactions for: self, patient/clients and their families, members of the health care team and in work/life scenarios.
10	Commitment to Learning	The ability to self-direct learning to include the identification of needs and sources of learning: and to continually seek and apply new knowledge, behaviors, and skills.

Based on May W, Morgan BJ, Lemke J, Karst G, Stone H. Model for ability-based assessment in physical therapy education. *Journal of Physical Therapy Education*. 1995; 91: 3-6. Revised by May, Kotney, Iglarsh in 2009.

1. Critical Thinking						
Beginning Level		Intermediate Level			Entry Level	
1	2	3	4	5	6	7
<ul style="list-style-type: none"> • Raises relevant questions • Considers all available information • Articulates ideas, understands the scientific method • States the results of scientific literature but has not developed the consistent ability to critically appraise findings • Recognizes holes in knowledge base • Demonstrates acceptance of limited knowledge and experience 		<ul style="list-style-type: none"> • Feels challenged to examine ideas • Critically analyzes the literature and applies it to patient management • Utilizes didactic knowledge, research evidence, and clinical experiences to formulate new ideas • Seeks alternative ideas • Formulates alternative hypotheses • Critiques hypotheses and ideas at a level consistent with the knowledge base • Acknowledges presence of contraindications 			<ul style="list-style-type: none"> • Distinguishes relevant from irrelevant patient data • Readily formulates and critiques alternative hypotheses and ideas • Infers applicability of information across populations • Exhibits openness to contradictory ideas • Identifies appropriate measures and determines effectiveness of applied solutions efficiently • Justifies solutions selected 	
2. Communication						
Beginning Level		Intermediate Level			Entry Level	
1	2	3	4	5	6	7
<ul style="list-style-type: none"> • Demonstrates understanding of the English language (verbal and written) • Uses correct grammar, accurate spelling and expression, legible handwriting • Recognizes impact of non-verbal communication in self and others • Recognizes the verbal and non-verbal characteristics that portray confidence • Utilizes electronic communication appropriately 		<ul style="list-style-type: none"> • Utilizes and modifies communication (verbal, non-verbal, written and electronic) to meet the needs of different audiences • Restates, reflects, and clarifies message(s) • Communicates collaboratively with both individuals and groups • Collects necessary information from all pertinent individuals in the patient/client management process • Provides effective education (verbal, non-verbal, written, and electronic) 			<ul style="list-style-type: none"> • Demonstrates the ability to maintain appropriate control of the communication exchange with individuals and groups • Presents persuasive and explanatory verbal, written or electronic messages with local organization and sequencing • Maintains open and constructive communication • Utilizes communication technology effectively and efficiently 	
3. Problem Solving						
Beginning Level		Intermediate Level			Entry Level	
1	2	3	4	5	6	7
<ul style="list-style-type: none"> • Recognizes problems, • States problems clearly • Describes known solutions to problems • Identifies resources needed to develop solutions • Uses technology to search for and locate resources • Identifies possible solutions and probable outcomes 		<ul style="list-style-type: none"> • Prioritizes problems • Identifies contributors to problems, • Consults with others to clarify problems • Appropriately seeks input or guidance • Prioritizes resources (analysis and critique of resources) • Considers consequences of possible solutions 			<ul style="list-style-type: none"> • Independently locates, prioritizes, and uses resources to solve problems • Accepts responsibility for implementing solutions • Implements solutions • Reassesses solutions • Evaluate outcomes • Modifies solutions based on the outcome and current evidence • Evaluates current evidence to a particular problem 	

4. Interpersonal Skills						
Beginning Level		Intermediate Level			Entry Level	
1	2	3	4	5	6	7
<ul style="list-style-type: none"> • Maintains professional demeanor in all interactions • Demonstrates interest in patients as individuals • Communicates with others in a respectful and confident manner • Respects differences in personality, lifestyle, and learning styles during interactions with all persons • Maintains confidentiality in all interactions • Recognizes the emotions and bias that one brings to all professional interactions 		<ul style="list-style-type: none"> • Recognizes the non-verbal communication and emotions that others bring to professional interactions • Establishes trust; seeks to gain input from others • Respects role of others • Accommodates differences in learning styles as appropriate 			<ul style="list-style-type: none"> • Demonstrates active listening skills and reflects to original concern to determine course of action; responds effectively to unexpected situations • Demonstrates ability to build partnerships • Applies conflict management strategies when dealing with challenging interactions • Recognizes the impact of non-verbal communication and emotional response during interactions and modifies own behaviors based on them 	
5. Responsibility						
Beginning Level		Intermediate Level			Entry Level	
1	2	3	4	5	6	7
<ul style="list-style-type: none"> • Demonstrates punctuality • Provides a safe and secure environment for patients • Assumes responsibility for actions • Follows through on commitments • Articulates limitations and readiness to learn • Abides by all policies of academic program and clinical facility 		<ul style="list-style-type: none"> • Displays awareness of and sensitivity to diverse populations • Completes projects without prompting • Delegates tasks as needed • Collaborates with team members patients, families • Provides evidence-based patient care 			<ul style="list-style-type: none"> • Educates patients as consumers of health care services • Encourages patient accountability • Directs patients to other health care professionals as needed • Acts as patient advocate • Promotes evidence-based practice in health care settings • Accepts responsibility for implementing solutions • Demonstrates accountabilities for all decisions and behaviors in academic and clinical settings 	
6. Professionalism						
Beginning Level		Intermediate Level			Entry Level	
1	2	3	4	5	6	7
<ul style="list-style-type: none"> • Abides by all aspects of the academic program honor code and the AARC Code of Ethics, • Demonstrates awareness of state licensure regulations, • Projects professional image • Attends professional meetings • Demonstrates cultural/generational awareness, ethical values, respect, and continuous regard for all classmates, academic and clinical 		<ul style="list-style-type: none"> • Identifies positive professional role models within the academic and clinical settings • Acts on moral commitment during all academic and clinical activities • Identifies when the input of classmates, co-workers and other healthcare professionals will result in optimal outcome and acts accordingly to attain such input and share decision making 			<ul style="list-style-type: none"> • Demonstrates understanding of scope of practice as evidenced by treatment of patients within scope of practice, referring to other health care professionals as necessary • Provides patient/family centered care at all times as evidenced by provision of patient/family education, seeking patient input and informed consent for all aspects of care and maintenance of patient 	

<p>Faculty/staff, patients families, and other health care providers</p>	<ul style="list-style-type: none"> • Discusses societal expectations of the profession 	<p>dignity</p> <ul style="list-style-type: none"> • Seeks excellence in professional practice by participation in professional organizations and attendance at sessions or participation in activities that further education/professional development • Utilizes evidence to guide clinical decision making and the provision of patient care, following guidelines for best practices • Discusses role of respiratory care within the healthcare system and in population health • Demonstrates leadership in collaboration with both individuals and groups
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7. Use of Constructive Feedback

Beginning Level		Intermediate Level			Entry Level	
1	2	3	4	5	6	7
<ul style="list-style-type: none"> • Demonstrates active listening skills • Assesses own performance • Actively seeks feedback from appropriate sources • Demonstrates receptive behavior and positive attitude toward feedback • Incorporates specific feedback into behaviors • Maintains two-way communication without defensiveness 		<ul style="list-style-type: none"> • Critiques own performance accurately • Responds effectively to constructive feedback • Utilizes feedback when establishing professional and patient related goals • Develops and implements a plan of action in response to feedback • Provides constructive and timely feedback 			<ul style="list-style-type: none"> • Independently engages in a continual process of self-evaluation of skills, knowledge, and abilities • Seeks feedback from patient/clients and peers/mentors • Readily integrates feedback provided from a variety of sources to improve skills, knowledge, and abilities • Uses multiple approaches when responding to feedback • Reconciles differences with sensitivity • Modifies feedback given to patients/clients according to their learning styles 	

8. Effective use of Time and Resources

Beginning Level		Intermediate Level			Entry Level	
1	2	3	4	5	6	7
<ul style="list-style-type: none"> • Comes prepared for the day's activities /responsibilities • Identifies resource limitations (i.e., information, time, experience) • Determines when and how much help/assistance is needed • Accesses current evidence in a timely manner • Verbalizes productivity standards and identifies barriers to meeting productivity standards 		<ul style="list-style-type: none"> • Utilizes effective methods of searching for evidence for practice decisions • Recognizes own resource contributions • Shares knowledge and collaborates with staff to utilize best current evidence • Discusses and implements strategies for meeting productivity standards • Identifies need for and seeks referrals to other disciplines 			<ul style="list-style-type: none"> • Uses current best evidence • Collaborates with members of the team to maximize the impact of treatment available • Has the ability to set boundaries, negotiated, compromise, and set realistic expectations • Gathers data and effectively interprets and assimilates the data to determine plan of care • Utilizes community resources in discharge planning • Adjusts plans, schedule etc. as 	

<ul style="list-style-type: none"> • Self-identifies and initiates learning opportunities during unscheduled time 					<p>patient needs and circumstances dictate</p>	
9. Stress Management						
Beginning Level		Intermediate Level			Entry Level	
1	2	3	4	5	6	7
<ul style="list-style-type: none"> • Recognizes own stressors • Recognizes distress or problems in others • Seeks assistance as needed • Maintains professional demeanor in all situations 		<ul style="list-style-type: none"> • Actively employs stress management techniques • Reconciles inconsistencies in the educational process • Maintains balance between professional and personal life • Accepts constructive feedback and clarifies expectations • Establishes outlets to cope with stressors 			<ul style="list-style-type: none"> • Demonstrates appropriate affective responses in all situations • Responds calmly to urgent situations with reflection and debriefing as needed • Prioritizes multiple commitments • Reconciles inconsistencies within professional, personal and work/life environments • Demonstrates ability to defuse potential stressors with self and others 	
10. Commitment to Learning						
Beginning Level		Intermediate Level			Entry Level	
1	2	3	4	5	6	7
<ul style="list-style-type: none"> • Prioritizes information needs • Analyzes and subdivides large questions into components • Identifies own learning needs based on previous experiences • Welcomes and/or seeks new learning opportunities • Seeks out professional literature • Plans and presents an in service, research, or case studies 		<ul style="list-style-type: none"> • Researches and studies areas where own knowledge base is lacking in order to augment learning and practice • Applies new information and re-evaluates performance • Accepts that there may be more than one answer to a problem • Recognizes the need to and is able to verify solutions to problems • Reads articles critically and understands limits of application to professional practice 			<ul style="list-style-type: none"> • Respectfully questions conventional wisdom • Formulates and re-evaluates position based on available evidence • Demonstrates confidence in sharing new knowledge with all staff levels • Modifies programs and treatments based on newly-learned skills and considerations • Consults with other health professionals and physical therapist for treatment ideas 	

Student Name (please Print)

Student Signature

Date

Confidentiality Agreement Form

Attachment #12

I agree to respect and abide by all federal, state, and local laws pertaining to the confidentiality of identifiable medical, personal, and financial information obtained, no matter what form this information is in. I agree to adhere to all hospital policies and processes adopted to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) governing the privacy, security, and use of protected health information (PHI).

I understand that state and federal laws protect the confidentiality of this information and that I will be personally liable for any breach of these duties and may also be held criminally liable under the HIPAA privacy regulations for intentional and malicious release of identifiable health information.

I understand that my clinical rotation hospital login ID(s) is/are the equivalent of my legal signature, and I will be accountable for all representations made at login and for all work done under my login ID(s). I will use my hospital computer access into patient records ONLY FOR THE PURPOSE OF LOOKING UP PATIENT INFORMATION ON PATIENTS CURRENTLY ASSIGNED TO ME FOR CARE. I will NOT access patient information on patients NOT CURRENTLY ASSIGNED to me for care. I also agree to not discuss any information regarding the patients assigned to me with other students or third parties, unless so directed by my RC clinical instructor.

I further understand that I am responsible for maintaining the confidentiality of my login ID(s) and agree not to share this with other computer system users. If I believe someone has compromised or broken the security of my login ID(s) and password, I will immediately change my password and contact my RC clinical instructor.

I understand that the misuse of my access to the computer systems of the hospital or of any confidential information may subject me to corrective action up to and including termination of this rotation, resulting in a failing grade and potential expulsion from the RC Program.

Student Name (please Print)

Student Signature

Date

TXST Department of Respiratory Care

Clinical Rotation Placement

Attachment #13

The Department of Respiratory Care cannot guarantee future clinical placement of a Respiratory Care student within a specific clinical site. Changes in affiliation agreements and/or changes in student background check or drug screening status might prevent placement.

I understand the above statement and the implication on clinical placement and clinical course completion.

Print Name

Signature

Date

Uniform ordering reference

Attachment #14



YOUR ONLINE UNIFORM PROGRAM

Welcome to your online student uniform program. You now have access to a uniform portal with approved scrubs and staff apparel, all available at discounted prices.

Follow the steps below to access your uniform portal. You will need to create a new account with a username and password. Be sure to bookmark this page for future reference.

HOW TO ACCESS YOUR UNIFORM PORTAL

1. Visit txstaterc.scrubin.com
2. Enter the access code: **DRCSTUDENT**
3. Select your location or department
4. Create a new account or login
5. Order by **09/06/24**



To access via QR, scan

CONTACT US: customerservice@scrubin.com | 888.988.0028



CoARC Accreditation Status

Attachment #15



COMMISSION ON ACCREDITATION
FOR RESPIRATORY CARE

September 3, 2024

Gregory Marshall, PhD, RRT, Program Director
Respiratory Care Program
Texas State University
1555 University Blvd
Round Rock, TX 78665

RE: Program Number 200197

Dear Dr. Marshall:

Thank you for submitting your 2024 Annual Report of Current Status and Resource Assessment Matrix. The Commission on Accreditation for Respiratory Care (CoARC) reviews this information to determine ongoing compliance with accreditation Standards and CoARC Accreditation Policies and Procedures. Based on the outcomes you reported, your program has met or exceeded all currently set "thresholds" for success on each of the required outcome measures.

This is an accomplishment of which you, your staff, and institution should be proud. No further action is required on your part. Please continue your current program "Resource Assessment" and "Outcomes Assessment" activities in preparation for your next Annual Report due July 1, 2025.

Should you have specific questions or concerns involving the annual reporting process and/or the Commission's feedback on your Annual Report of Current Status, please do not hesitate to contact the CoARC Executive Office.

The Commission commends you and your colleagues for your commitment to continuous quality improvement in education, as demonstrated by your participation in programmatic accreditation.

Sincerely,

A handwritten signature in black ink, appearing to read "T. Smalling". The signature is written in a cursive style and is placed over a light gray rectangular background.

Thomas R. Smalling, PhD, RRT, RRT-SDS, RPFT, RPSGT, FAARC
Chief Executive Officer

cc: Gary Sayed, PhD, Dean
Kelly Damphousse, PhD, President

264 Precision Blvd • Telford • TN • 37690
www.coarc.com

(817) 283-2835 Office

(817) 354-8519 Fax

Texas State Accreditation Status

Attachment #16



January 12, 2022

Dr. Denise M. Trauth
President
Texas State University
601 University Drive
San Marcos, TX 78666

Dear Dr. Trauth:

The following action regarding your institution was taken by the Board of Trustees of the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) during its meeting held on December 2, 2021:

The SACSCOC Board of Trustees reaffirmed accreditation. No additional report was requested. Your institution's next reaffirmation will take place in 2031 unless otherwise notified.

Also, please submit to your SACSCOC staff member, preferably by email, a **one-page** executive summary of your institution's Quality Enhancement Plan. The summary is due **February 15, 2022**, and should include on the same page the following information: (1) the title of your Quality Enhancement Plan, (2) your institution's name, and (3) the name, title, and email address of an individual who can be contacted regarding its development or implementation. This summary will be posted to SACSCOC's website as a resource for other institutions undergoing the reaffirmation process.

All institutions are requested to submit an 'Impact Report of the Quality Enhancement Plan on Student Learning' as part of their 'Fifth-Year Interim Report' due five years before their next reaffirmation review. Institutions will be notified 11 months in advance by the President of SACSCOC regarding its specific due date. Directions for completion of the report will be included with the notification.

We appreciate your continued support of SACSCOC's activities and work. If you have questions, please contact the SACSCOC staff member assigned to your institution.

Sincerely,

Belle S. Wheelan, Ph.D.
President

BSW:rg

cc: Dr. Crystal A. Baird, Vice President, SACSCOC