



Respiratory Care Program

Long Island University
School of Health Professions
Division of Respiratory Care
Zeckendorf Health Science Center
Brooklyn Campus

Student Handbook

2024 - 2025

W E L C O M E

Respiratory Care Program

This Student Handbook, which describes the policies and procedures of the Long Island University Respiratory Care Program, has been prepared for your information. Please read it carefully and make reference to it as needed during the course of the program.

For your convenience, the Handbook has been subdivided into five sections: Introduction, General Policies, Academic Policies, Clinical Policies and Program Completion. The Introduction provides information regarding the structure of the Program and Professional Organization expectations. The General Policies define behavioral expectations and standards of professionalism. The Academic Policies focus their attention upon academic conduct, grading, evaluation and provide the structure for academic success. Clinical Policies are specific to the clinical education aspect of the Program. Finally, Program Completion gives information regarding graduation requirements.

Please note that in certain instances the Clinical Policies may be more explicit than the General and Academic Policies. The content is intended to guide the students' clinical experience and provide the necessary information and paperwork needed to complete the clinical component of the Program.

If there are any questions regarding this Handbook or if additional information is needed, faculty is always ready to assist you. If we are unable to provide you with the appropriate information, you will be directed to the appropriate support personnel within the college.

Best wishes for a rewarding and challenging education and a successful future as a respiratory care practitioner.

Sincerely,

Dr. Marina Umanova, PsyD, M.P.A., B.S., R.R.T.

Program Director

Contents

1.0 INTRODUCTION.....	6
1.1 PURPOSE OF THIS HANDBOOK.....	7
1.2 DESCRIPTION OF THE PROFESSION.....	7
1.3 PROGRAM DESCRIPTION.....	7
1.4 ACCREDITATION.....	8
1.5 UNIVERSITY AND PROGRAM MISSIONS	9
1.6 PROGRAM GOALS & LEARNING OUTCOMES	9
1.7 ADMISSION REQUIREMENTS.....	11
1.8 MATRICULATION STANDARDS	12
1.9 TUITION AND FEES	12
1.10 EMPLOYMENT DURING ENROLLMENT	14
1.11 TRANSFER CREDITS.....	14
1.12 ADVISEMENT	15
1.13 PROGRAM SEQUENCE OF FULL-TIME STUDY	15
1.14 PROGRAM SEQUENCE OF PART-TIME STUDY.....	17
1.15 RESPIRATORY CARE COURSE DESCRIPTIONS	18
1.16 COURSE MATERIALS	24
1.17 AARC POSITION STATEMENTS	25
1.18 GLOSSARY.....	26
2.0 GENERAL POLICIES.....	28
2.1 COMPLIANCE WITH FEDERAL & STATE STATUTES, RULES & REGULATIONS	29
2.2 PROFESSIONALISM	32
2.3 SOCIAL MEDIA.....	35
2.4 PERSONAL APPEARANCE	36
2.5 PERFORMANCE REQUIREMENTS	36
2.6 STUDENT CONDUCT AND ACADEMIC INTEGRITY	37
2.7 GRIEVANCE AND APPEALS	42
2.8 ATTENDANCE	44
2.9 BEREAVEMENT.....	45
2.10 CHANGE OF ADDRESS	46
2.11 ELECTRONIC DEVICES.....	46
2.12 LOCKERS	46
3.0 ACADEMIC POLICIES.....	47
3.1 ACADEMIC RESPONSIBILITY	48

3.2	ASSIGNMENTS & EXAMINATIONS.....	48
3.3	GRADING	49
3.4	ACADEMIC ADVISEMENT AND COUNSELING	50
3.5	ACADEMIC PROBATION.....	50
3.6	REMEDICATION, TUTORING AND STUDENT SUPPORT SERVICES.....	51
3.7	ACADEMIC PROGRESSION	52
3.8	READMISSION	52
4.0	CLINICAL POLICIES.....	54
4.1	CLINICAL EDUCATION ELIGIBILITY	55
4.2	SERVICE WORK STATEMENT.....	55
4.3	TECHNICAL STANDARDS.....	55
4.4	HEALTH CLEARANCE.....	63
4.5	BLS, ACLS & PALS CERTIFICATION.....	65
4.6	MALPRACTICE INSURANCE	65
4.7	CRIMINAL BACKGROUND CHECK.....	65
4.8	HOSPITAL ORIENTATION	65
4.9	CLINICAL ATTENDANCE.....	66
4.10	PERSONAL DAY	69
4.11	SNOW DELAYS AND CANCELLATIONS	69
4.12	PROFESSIONAL ATTIRE AND CONDUCT	70
4.13	CLINICAL GUIDELINES FOR ARTERIAL PUNCTURES.....	73
4.14	CLINICAL EDUCATION HOURS	73
4.15	TRANSPORTATION AND FEES.....	73
4.16	HOSPITAL RULES AND REGULATIONS	74
4.17	CLINICAL GRADING.....	74
5.0	PROGRAM COMPLETION	82
5.1	GRADUATION REQUIREMENTS	83
5.2	SELF-ASSESSMENT EXIT EXAMINATIONS.....	83
5.3	CREDENTIALING	83
5.4	NEW YORK STATE LICENSURE.....	84
5.5	CoARC PROGRAM EVALUATIONS.....	84
6.0	DOCUMENTATION & FORMS.....	86

1.0 INTRODUCTION

1.1 PURPOSE OF THIS HANDBOOK

The purpose of the Handbook is to serve as a personal reference of the requirements, regulations and standards that govern the Respiratory Care Program at Long Island University. The student should keep this handbook and refer to its contents throughout the Program. It is imperative that you read the handbook to acquaint yourself with the requirements, regulations and standards of the Program. You are responsible for understanding and complying with the information contained within the handbook.

1.2 DESCRIPTION OF THE PROFESSION

Respiratory therapists, as members of a team of health care professionals, work to evaluate, treat, and manage patients of all ages with respiratory illnesses and other cardiopulmonary disorders in a wide variety of clinical settings. Respiratory therapists must behave in a manner consistent with the standards and ethics of all health care professionals. In addition to performing respiratory care procedures, respiratory therapists are involved in clinical decision-making (such as patient evaluation, treatment selections, and assessment of treatment efficacy) and patient education. The scope of practice for respiratory therapy includes, but is not limited to:

- acquiring and evaluating clinical data;
- assessing the cardiopulmonary status of patients;
- performing and assisting in the performance of prescribed diagnostic studies, such as drawing blood samples, performing blood gas analysis, and pulmonary function testing;
- utilizing data to assess the appropriateness of prescribed respiratory care;
- establishing therapeutic goals for patients with cardiopulmonary disease;
- participating in the development and modification of respiratory care plans;
- case management of patients with cardiopulmonary and related diseases;
- initiating ordered respiratory care, evaluating and monitoring patients' responses to such care, modifying the prescribed respiratory therapy and cardiopulmonary procedures, and life support endeavors to achieve desired therapeutic objectives;
- initiating and conducting prescribed pulmonary rehabilitation;
- providing patient, family, and community education;
- promoting cardiopulmonary wellness, disease prevention, and disease management;
- participating in life support activities as required; and
- promoting evidence-based medicine; research; and clinical practice guidelines.

1.3 PROGRAM DESCRIPTION

The Respiratory Care program is an entry-level academic and clinical education, accredited by the Commission on Accreditation for Respiratory Care (CoARC), Middle States Commission on

Higher Education (MSCHE) and registered with the New York State Department of Education that prepares graduates to take the national board examinations given by the National Board for Respiratory Care (NBRC).

Students complete the pre-requisite liberal arts and sciences courses offered at either the Post or Brooklyn campus of Long Island University. Professional-level respiratory care education is provided at the Brooklyn campus or at the program's clinical affiliates. Throughout the course of study students gain an in-depth knowledge of clinical science and its application in health care. The didactic classroom learning, laboratory skills practice, and diverse clinical site experience develop the necessary health care knowledge, bedside skills, and problem-solving abilities to serve the health needs of patients from newborns to the elderly. Graduates who have completed the Bachelor of Science Degree in Respiratory Care are prepared to manage both acute and chronic diseases affecting the cardiopulmonary system as well as trauma, sub-acute disease and public health issues from asthma to tuberculosis.

1.4 ACCREDITATION

Long Island University is accredited by:

Middle States Commission on Higher Education (MSCHE)

MSCHE: <http://www.msche.org>

Long Island University is accredited by the Middle States Commission on Higher Education, 3624 Market Street, Philadelphia, PA 19104; 267-284-5000. The Middle States Commission on Higher Education is an institutional accrediting agency recognized by the U.S. Secretary of Education and by the Council for Higher Education Accreditation. The degree and certificate programs are approved and registered by the New York State Department of Education.

NYSED: <http://www.highered.nysed.gov>

The Long Island University's Respiratory Care program accreditation:

The Long Island University, CoARC program 200205, Bachelor of Science in Respiratory Care, located at 1 University Plaza, Brooklyn, New York 11201 is accredited by the Commission on Accreditation for Respiratory Care (www.coarc.com).

CoARC

P.O. Box 54876

Hurst, TX 76054-4876

Telephone: 817-283-2835

Fax: 817-354-8519

Students who have completed training offered by CoARC accredited programs are eligible to take the national certification examinations, which is a requirement for credentialing as a Certified Respiratory Therapist (CRT) and Registered Respiratory Therapist (RRT).

A link to the CoARC published URL, where student/graduate outcomes for all programs can be found, is available to all applicants and to the public at the following URL:

<https://www.coarc.com/Students/Programmatic-Outcome-Data.aspx>

1.5 UNIVERSITY AND PROGRAM MISSIONS

The mission of LIU since 1926 has been to open the doors of the city and the world to men and women of all ethnic and socioeconomic backgrounds who wish to achieve the satisfaction of the educated life and to serve the public good. Its mission is to awaken, enlighten and expand the minds of its students.

Congruent with the Long Island University's mission, the mission of the Respiratory Care Program is educate students to become advanced level respiratory therapists through innovative instruction, and intensive laboratory, clinical and research experiences. Students will have the opportunity to develop their potential and provide competent respiratory care through the application of theory, and natural and behavioral science concepts basic to respiratory care. We strive to meet and exceed national outcomes, and continually graduate highly skilled, knowledgeable, and professional respiratory therapists.

1.6 PROGRAM GOALS & LEARNING OUTCOMES

The goal of the Respiratory Care program is to assist individuals in developing the knowledge, values, ethics, and skills essential to society and the profession. The educational process prepares these individuals to become creative, critical thinkers who are technologically proficient. The program fosters collegiality, collaboration, leadership, lifelong learning and the development of a professional identity. The curriculum is structured to create student independence, personal development, professional accountability, and continuous learning.

The scope of respiratory care requires specialized knowledge and skills based on theory, research, and practice. Respiratory Therapists are accountable to patients, society, and the profession for the quality of care provided.

LIU's faculty believes that respiratory therapists need to acquire specific foundations for competencies, which illuminate the structure and priorities of the curriculum. An optimal learning environment is characterized by faculty and student commitment to excellence in teaching, clinical practice, community service, and scholarship. Teaching and learning are interactive processes. Faculty facilitates learning and competency development through multiple educational strategies across the domains of cognitive (knowledge), psychomotor (skills) and affective (behavior) interactions. Students, as adults, are encouraged to take responsibility as self-directed learners. They are encouraged to seek consultation as they develop the ability to understand the complexity of respiratory therapy practice and health care. Evaluation of learning is an ongoing process shared by faculty and students.

Respiratory Care courses provide the knowledge and clinical experience required for students to develop skills in social and interpersonal relationships, participate in interdisciplinary health care teams, work with patients across the lifespan, understand health care and respiratory therapy needs of patients and apply appropriate respiratory care skills to help patients achieve self-care whenever possible.

Teaching-learning strategies are designed to develop creative independent critical thinkers who are technologically proficient and able to implement the components of self-care when working with patients. Students have individual and unique learning needs and abilities, faculty, therefore, use teaching strategies that include simulation, evidenced based practice, technology, and one on one encounter to guide students from the simple to the complex, as students' progress through the curriculum. The faculty believes that learning is a continuous process, which allows students to acquire knowledge and skills, and develop the ability to make appropriate judgments. Learning is a life-long pursuit.

The health care delivery system of the 21st Century is a dynamic, complex system that faces unprecedented challenges. Research and technology are driving forces that create new opportunities in health care on a daily basis. Therefore, the program objectives provides the respiratory care student with knowledge on a broad range of topics that shape modern life and supports the student in becoming proficient in the science and art of respiratory care. Graduates are able to translate their knowledge and skills into comprehensive respiratory care for all members of an ethnically, culturally, and socially diverse society.

Goals: To prepare graduates:

1) "To prepare graduates with demonstrated competence in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains of respiratory care practice as specialist program option, the program must have the following additional goal defining minimum expectations: "To prepare sleep disorder specialists with demonstrated competence in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains of polysomnography practice as performed by sleep disorder specialist (SDS)".

2) For programs offering a bachelor's or master's degree, the program must have the following additional goal defining minimum expectations: "To prepare leaders for the field of respiratory care by including curricular content with objectives related to the acquisition of skills in one or more of the following: management, education, research and advanced clinical practice (which may include an area of clinical specialization)."

Learning Outcomes:

Upon successful completion of the courses in this discipline, the student will have acquired the following knowledge and skills:

1. Mastery of cognitive learning in respiratory care by successfully passing the licensure examination accepted by the State of New York and qualifying for licensure within a year of graduation.
2. Mastery of psychomotor learning in respiratory care as evidenced by successful completion of comprehensive laboratory practical examinations and demonstration of safe and knowledgeable clinical practice in the local community.
3. Mastery of psychomotor learning in respiratory care as evidenced by positive employer and graduate (at least one year post graduation) feedback on evaluation instruments.
4. Mastery of the affective learning domain as evidenced by appropriate display of professional behaviors while engaging in clinical patient care settings.
5. Mastery cognitive, psychomotor, and affective skills necessary to assist the physician in the diagnosis, treatment, and management of patients with cardiopulmonary diseases and disorders.
6. Demonstrate appropriate critical thinking skills, time management skills, interpersonal communication skills, and technical skills necessary to provide competent respiratory care in multidisciplinary care settings.
7. Demonstrate appreciation for, communication between, and understanding among people with different beliefs and backgrounds and demonstrate sensitivity to the professional needs of all racial and ethnic groups.
8. Demonstrate respect for and protection of the legal and personal rights of the patients they treat and promote disease prevention and wellness in local work settings and the community at large.
9. Demonstrate appropriate critical thinking skills, time management skills, interpersonal communication skills, and technical skills necessary to complete a research project including the review of current literature, creating the problem statement, synthesizing an abstract and writing a research-based article.

1.7 ADMISSION REQUIREMENTS

Non-Discrimination

Long Island University admits students without regard to race, gender, sexual orientation, religion, creed, color, national origin, ancestry, marital status, age, disability, or any other factor prohibited by law.

Both high school graduates and college transfer students may apply for admission to the Respiratory Care program. The following are required for consideration to become a degree candidate.

- High School students must have a GPA of 3.0 (80%) or higher and over 800 combined on the SAT examination.
- Transfer students must have a GPA of 2.5 or higher and grades of C+ or higher in all math and science courses.
- Courses in math and science that were taken more than 10 years prior to admission are not acceptable and must be revisited.
- Additionally, each applicant will be required to provide documentation of health screening, urine drug screening, and criminal history background check before admission into the Respiratory Care program professional phase. Enrollment into this program will be contingent on the results of the health screening and the background check as this is the minimum requirement for placement both at clinical affiliation sites and in the field.

** The Respiratory Care program at LIU Brooklyn does not offer advanced placement. Additionally, work experience is not accepted in lieu of required respiratory care course work. Prior respiratory care education credits from an accredited institution will only be accepted if an articulation agreement is in place with the transfer student's previous institution.

1.8 MATRICULATION STANDARDS

The Respiratory Care program follows and University calendar (found at www.liu.edu). Students are admitted to the program on a full-time or part-time basis in the Fall semester. The program can accept 50 students per academic year as a part-time or full-time student.

Students admitted with a part-time status are not allowed to change to a full-time status at any time during the length of the program. Full-time students may change to part-time status only with special permission from the Program Director. Change to part-time status is contingent upon the student's academic and clinical performance and the Program's current enrollment status.

1.9 TUITION AND FEES

Students are responsible for the purchase of required textbooks and manuals. The cost of textbooks is subject to change without notice. The tuition for all classes is due on the starting date, unless a payment plan has been arranged in advance. Tuition payments are expected to be made on or before the due date. Tuition and fees are subject to change in accordance with the university policies and procedures. For more specific information on tuition, fees, and refunds, please see the LIU Brooklyn Undergraduate Bulletin.

Estimated Tuition and Fees for LIU Brooklyn B.S. Respiratory Care Program

Current for 2024

Application Fee:	\$ 50
Tuition (24-36 credits):	\$ 40,278
University Fees:	\$ 2,034
Housing: Dormitory (optional):	\$ 17,354
Health Insurance Fees (optional):	\$ 3,370
Books:	\$ 2,500
Urine Drug Screening	\$ 50
Background Check	\$ 70
DataARC Subscription:	\$ 80
AHA Basic Life Support	\$ 100
ACLS & PALS Certifications	\$ 400
Kettering Seminar	\$ 400
Total	\$ 63,316

Note: Tuition and fees for LIU Brooklyn are subject to change.

Refund Policy:

Students are responsible for knowing that they are registered for classes, that they are expected to pay for these classes in a timely manner, and must understand and follow the correct procedures to withdraw from classes. Non-attendance and/or non-payment do not constitute official withdrawal from the University. The calculation of the tuition and fee liability, if any, is based on the date of the student's Official Withdrawal or drop in accordance with the University policy.

Room and board charges must be cancelled through the Office of Residence Life. Liability for these charges will be assessed at the time of cancellation.

Liability Schedules for Traditional Fall/Spring Terms are as follows:

Period Liability

Week 1	0%
Week 2	25%
Week 3	50%
Week 4	75%
Week 5+	100%

*** Explanations of liability terms and conditions, other non-traditional schedules of tuition reimbursement, and policies for tuition appeals are posted on the LIU Bulletin website.*

1.10 EMPLOYMENT DURING ENROLLMENT

The full-time program curriculum requires all of the student's time and concentration. Even the exceptional student will find it difficult to retain outside employment and still maintain a high quality of academic success. Although the decision to work is entirely up to the student, the faculty strongly recommends against any employment if enrolled full-time. A part-time track is available for those with significant outside commitments; even this track places extensive time demands on students.

Program schedules and/or clinical assignments will not be altered to fit an individual's work schedule or personal needs.

1.11 TRANSFER CREDITS

A credit evaluation of previously completed coursework will be included as part of the student's final decision process, but may not always accompany the student's admission decision. An official evaluation will be posted to the student's LIU Brooklyn record when final official transcripts have been received by the Office of Admissions. All final official transcripts must be received prior to the student starting his or her studies at LIU Brooklyn.

Coursework is transferrable to LIU Brooklyn if it is equivalent to a course currently offered at LIU Brooklyn and was earned at a regionally accredited college or university with a grade of C or better. Courses not approved for transfer through the admissions process may be reviewed at the divisional level and after approval credited to the student's transcript. All science and math pre-requisite courses transferred must be a grade of C+ or better and science courses must not be greater than 10 years old.

1.12 ADVISEMENT

All students must attend the orientation program prior to starting the Respiratory Care program. Students are responsible for knowing the requirements of the curriculum and the pre and co-requisites of the program as they appear in the LIU Brooklyn Undergraduate Bulletin.

Students are required to follow the published course sequence of study and are required to meet with their program advisor each semester for course planning and approval.

Students are expected to complete the Respiratory Care program within a five-year period.

1.13 PROGRAM SEQUENCE OF FULL-TIME STUDY

B.S. in Respiratory Care

	Freshman Year: Fall	15
FYS	First Year Seminar	1
BIO 1 or 3	Biology	4
MTH 15/16	Mathematics	3/4
ENG 16	English	3
SPE 3	Communication Studies	3
	Freshman Year: Spring	17
Language	Foreign Language	3
PHI 61/62	Philosophy	3
CHE 1 or 3	Chemistry	4
BIO 2 or 4	General Biology	4
ANT, SOC, PSY, HIS, Political Science, or ECO Elective	Any Social Science Elective	3
	Sophomore Year: Fall	14
BIO 101	Microbiology	4
BIO 137	Human Anatomy and Physiology I	4

HIS 1 or 2	History	3
ENG 61 - 64	English Literature (Choose one from ENG 61 – 64)	3
	Sophomore Year: Spring	14
BIO 138	Human Anatomy and Physiology II	4
PHY 20 / 27 / 31or CHM 2 / 4	Physics <i>or</i> Chemistry 4 / 4X	4
Art, Dance, Music, Media or Theatre	Art, Dance, Music, Media Arts or Theatre 61	3
ANT, SOC, PSY, ECO, or Political Science Elective	Any Social Science Elective	3
	Junior Year: Fall	14
RC 101	Cardiopulmonary Physiology	3
RC 105	Cardiopulmonary Diagnostic Testing	3
RC 109	Clinical Experience I	3
RC 112	Theory and Practice of Respiratory Care I	5
	Junior Year: Spring	16
RC 200	Cardiopulmonary Pathology	3
RC 204	Methods of Community Health Education	3
RC 210	Clinical Experience II	3
RC 213	Theory and Practice of Respiratory Care II	4
RC 214	Cardiorespiratory Pharmacology	3
	Senior Year: Fall	15
RC 208	Research Design and Methodology	3
RC 212	Case Management in Clinical Practice	3
RC 225	Neonatal and Pediatric Respiratory Care	3
RC 229	Clinical Experience III	6
	Senior Year: Spring	15
RC 302	Evidence-Based Practice in Respiratory Care	3
RC 304	Ethical and Legal Practice in Health Administration	3

RC 330	Clinical Experience IV	6
RC 331	Principles to Practice in Respiratory Care	3
TOTAL CR.		120

1.14 PROGRAM SEQUENCE OF PART-TIME STUDY

B.S. in Respiratory Care

(Conditional Three-Year Professional Phase Course of Study)

	First Year: Fall	6**
RC 101	Cardiopulmonary Physiology	3
RC 105	Cardiopulmonary Diagnostic Testing	3
	First Year: Spring	9**
RC 200	Cardiopulmonary Pathology	3
RC 204	Methods of Community Health Education	3
RC 214	Cardiorespiratory Pharmacology	3
	Second Year: Fall	11**
RC 109	Clinical Experience I	3
RC 112	Theory and Practice of Respiratory Care	5
RC 212	Case Management in Clinical Practice	3
	Second Year: Spring	7**
RC 210	Clinical Experience II	3
RC 213	Theory and Practice of Respiratory Care II	4
	Third Year: Fall	12**
RC 208	Research Design and Methodology	3
RC 225	Neonatal and Pediatric Respiratory Care	3
RC 229	Clinical Experience III	6

	Third Year: Spring	15
RC 302	Evidence-Based Practice in Respiratory Care	3
RC 304	Ethical and Legal Practice in Health Administration	3
RC 330	Clinical Experience IV	6
RC 331	Principles to Practice in Respiratory Care	3
TOTAL CR.		120

**** Additional educational courses will be added to satisfy the core and pre-requisite classes needed for the B.S. in Respiratory Care**

Academic Standards

Prerequisite science (Anatomy & Physiology, Microbiology, Chemistry and Physics) and mathematics courses (College Algebra and Statistics) are only acceptable for transfer into the Respiratory Care program with a grade of C+ or better. All professional phase courses also require a C+ or better. A grade-point average of 2.5 is required for acceptance into the professional phase of the program. Once admitted to the professional phase, students must maintain at least a C+ in all courses and a grade point average of at least 2.75 each semester. Respiratory care courses must be taken in the required sequence.

1.15 RESPIRATORY CARE COURSE DESCRIPTIONS

RC 101 Cardiopulmonary Physiology

Credits: 3

A study of the anatomy and physiology of the cardiopulmonary system, specifically, the physiology of the lung, the function and enervation of cardiac muscle, cardiac circulation, cardiac pump, bio- mechanics of breathing, oxygen and carbon dioxide exchange and control of ventilation. This course is open only to matriculated Respiratory Care Students or those with permission of the Program Director. A letter grade of “C+” or better is required for graduation.

Pre-requisites: BIO 101, 137, 138; CHM 3 or CHM 3X or CHM 4 or CHM 4X; MTH 15 or 16 or 30 or 40; PHY 20 or PHY 27 or PHY 31

Co-requisites: None

RC 105 Cardiopulmonary Diagnostic Testing

Credits: 3

This course will cover the techniques of patient assessment and diagnostic evaluation of the cardiopulmonary system. Topics covered include: arterial blood gas analysis, pulmonary function testing, electrocardiograph interpretation and polysomnography. This course is open only to matriculated Respiratory Care students or those with permission of the Program Director. A letter grade of "C+" or better is required for graduation.

Pre-Requisite: BIO 137 and BIO 138

Co-Requisite: RC 101

RC 109 Clinical Experience I

Credits: 3

This course focuses on infection control, HIPPA and other health care regulations, basic patient assessment, patient interviewing and recordkeeping skills needed to prepare the student to enter the clinical setting. Students receive a supervised experience in a metropolitan respiratory care department, where they have the opportunity to apply their newly acquired skills in actual patient-care settings. Three lecture or laboratory hours and clinical experience as assigned. This course is open only to matriculated Respiratory Care Students or those with permission of the Program Director. A letter grade of "C+" or better is required for graduation.

Pre-requisites: BIO 101, 137, 138; CHM 3 or CHM 3X or CHM 4 or CHM 4X; MTH 15 or 16 or 30 or 40; PHY 20 or PHY 27 or PHY 31

Co-requisites: RC 112

RC 112 Theory and Practice of Respiratory Care I

Credits: 5

This course is a study of the theory behind the clinical preparation. Selection and application of respiratory care equipment, modification of interventions, and troubleshooting of devices used are covered in this course. Topics included are medical gases, medical gas therapy, aerosol and humidity therapy, bronchial hygiene, lung expansion therapy, and non-invasive monitoring. This course is open only to matriculated Respiratory Care Students or those with permission of the Program Director. A letter grade of "C+" or better is required for graduation.

Pre-requisites: BIO 101, 137, 138; CHM 3 or CHM 3X or CHM 4 or CHM 4X; MTH 15 or 16 or 30 or 40; PHY 20 or PHY 27 or PHY 31

Co-requisites: RC 109

RC 200 Cardiopulmonary Pathology

Credits: 3

This is the study of pathophysiology as compared to the normal physiology of the cardiopulmonary system. Special emphasis is placed on respiratory function in obstructive airway diseases, near drowning, pulmonary edema, diseases of the pleura, atelectasis, thoracic cavity diseases, infectious diseases, interstitial lung diseases, and neuromuscular disorders. Case studies, pulmonary function evaluation, radiologic evaluation and lung scans are used to elucidate the pathophysiology. This course is open only to matriculated Respiratory Care Students or those with permission of the Program Director. A letter grade of "C+" or better is required for graduation.

Pre-requisites: RC 101, RC 105, RC 109, and RC 112

Co-requisites: None

RC 204 Methods of Community Health Education

Credits: 3

Students will learn to effectively communicate health education information and strategies that have positive and lasting effects on the health behaviors of individuals and communities sensitive to the culturally diverse aspects of each individual and/or community. Students will initiate and conduct patient and family education on safety and infection control, home care and equipment, smoking cessation, pulmonary rehabilitation, and the disease management of asthma, COPD, and sleep disorders. Students will create an electronic portfolio which will include all assignments created this semester. This course is open only to matriculated Respiratory Care students or those with permission of the Program Director. A letter grade of "C+" or better is required for graduation. Offered online.

Pre-Requisites: RC 101, RC 105, RC 109, RC 112

Co-Requisites: RC 200 and RC 210

RC 208 Research Design and Methodology

Credits: 3

This course will provide an opportunity for participants to establish or advance their understanding of research through critical exploration of research language, ethics, and approaches. The course introduces the language of research, ethical principles and challenges, and the elements of the research process within quantitative, qualitative, and mixed methods approaches. Participants will use these theoretical underpinnings to begin to critically review literature relevant to respiratory care and determine how research findings are useful in forming their understanding of their work, social, local and global environment. This course fulfills the writing intensive graduation requirement. As such, writing assignments are a major component of the course grade. This course is open only to matriculated Respiratory Care students or those with permission of the Program Director. A letter grade of "C+" or better is required for graduation. Offered online.

Pre-requisite: MTH 15/16, ENG 16, and RC 200

Co-Requisite: None

RC 210 Clinical Experience II

Credits: 3

This course focuses on patient assessment and the evaluation of data in the patient record, gathering clinical information to recommend diagnostic procedures, and prepares the student to continue their practice in the clinical setting. Students receive a supervised experience in a metropolitan respiratory care department, where they have the opportunity to apply their newly acquired skills in actual patient-care setting. This course is open only to matriculated Respiratory Care students or those with permission of the Program Director. A letter grade of "C+" or better is required for graduation.

Additional fees apply and are not part of the student paid tuition.

Pre-requisites: RC 109 and 112

Co-requisites: RC 200, 205 and 213

RC 212 Case Management in Clinical Practice

Credits: 3

This course focuses on essential functions, roles and practice settings of case management utilizing case studies as a learning tool. Students will flow through the case management process from facilitation, integration, coordination of care, and transition of the patient through the continuum of care for conditions including bariatric surgery, geriatric and psychiatric care, drug overdose, and lung cancer. An interdisciplinary structure of care is applied during the assessment, collaborative consultation, and referral to optimize the patient-hospital outcome while maintaining client privacy and confidentiality, health, and safety through advocacy and adherence to ethical, legal, and regulatory guidelines. The student will identify issues pertinent to documentation and evaluate overall patient outcomes. This course is open only to matriculated Respiratory Care students or those with permission of the Program Director. A letter grade of "C+" or better is required for graduation. Offered online.

Pre-requisites: RC 105, RC 112, RC 200, RC 204, RC 213, and RC 214

RC 213 Theory and Practice of Respiratory Care II

Credits: 4

The theory and practice of artificial airway management, positive pressure volume expansion therapies, mechanical ventilators, and interpretation of ventilator waveforms are discussed. Integration of oxygen and specialty gases mixtures and pharmacology is covered. Students assemble, use and troubleshoot equipment used in such therapies. This course is open only to matriculated Respiratory Care Students or those with permission of the Program Director. A letter grade of "C+" or better is required for graduation.

Pre-requisites: RC 109 and 112

Co-requisites: RC 210

RC 214 Cardiorespiratory Pharmacology

Credits: 3

This is a study of the use of medicines for the treatment of cardiovascular and respiratory tract diseases. Discussions of particular interest are drugs that affect the central nervous system and sympathetic and parasympathetic nervous systems. Also discussed are pharmacological support for cardiovascular, respiratory and renal dysfunction/disease and moderate sedation anesthesia. For each drug, students learn the indications, contraindications, adverse reactions, doses, mechanisms of action, and routes of administration. This course is open only to matriculated Respiratory Care Students or those with permission of the Program Director. A letter grade of "C+" or better is required for graduation.

Pre-requisites: Student must be enrolled in the professional phase of the Respiratory Care program.

Co-requisites: None

RC 225 Neonatal and Pediatric Respiratory Care

Credits: 3

This course will cover the development of the fetus and the transition from fetal to neonatal life, which forms the basis for understanding the problems that may arise in the newborn period. Assessment and monitoring of the neonatal and pediatric patient and therapeutic procedures for treatment of congenital and cardiovascular disorders are discussed. Presentation, diagnosis and treatment of neonatal and pediatric disorders are examined and adaptation of therapeutic strategies for each developmental stage and the concept of family-centered care are studied. This course is open only to matriculated Respiratory Care Students or those with permission of the Program Director. A letter grade of "C+" or better is required for graduation.

Pre-requisites: RC 101, RC 105, RC 210 and RC 213

Co-requisites: RC 229

RC 229 Clinical Experience III

Credits: 6

In this course, classroom/laboratory instruction is combined with student practice of respiratory care skills while rotating through critical care units such as; adult, neonatal, pediatric, and surgical care units in the New York City region. Learning focuses on respiratory monitoring in the ICU, and critical care procedures such as chest tubes, thoracentesis and bronchoscopy. A special emphasis on hemodynamic assessment and the respiratory management of near drowning and obese patients is also provided. Students continue to apply and refine their knowledge of mechanical ventilation in clinical critical care settings. This course is open only to matriculated Respiratory Care students or those with permission of the Program Director. A letter grade of "C+" or better is required for graduation.

Additional fees apply and are not part of the student paid tuition.

Pre-requisites: RC 200, 210, 213 and 214

Co-requisites: RC 225

RC 301 Independent Study

Credits: 3

The student will be challenged to thoroughly investigate an aspect of Evidenced-Based Medicine as it pertains to respiratory care. This course is open only to matriculated Respiratory Care Students or those with permission of the Program Director. A letter grade of "C+" or better is required for graduation.

Pre-requisites: Student must be enrolled in the professional phase of the Respiratory Care program.

Co-requisites: None

RC 302 Evidenced-Based Practice in Respiratory Care

Credits: 3

Course Description: The principles of evidence-based medicine provide the tools to incorporate the best evidence into everyday practice. This course examines the integration of the best available research evidence as a basis for clinical decision-making for conditions including heart failure, thoracic trauma, traumatic brain injury, neurologic injury, shock, sepsis, acute respiratory distress syndrome, sepsis, burn and inhalation injury, and lung transplant. High-level studies are presented identifying the metrics used in assessing the evidence for a therapy and applying the practice and principles of evidence-based medicine as a valuable approach to respiratory care practice. This course is open only to matriculated Respiratory Care students or those with permission of the Program Director. A letter grade of "C+" or better is required for graduation. Offered online.

Pre-Requisite: RC 101, RC 105, RC 200, 210, RC 212 and RC 213

Co-Requisite: RC 330

RC 304 Ethical and Legal Practice in Health Administration

Credits: 3

This course provides an overview of the theories of ethical decision making as it applies to: scope of practice, informed consent, confidentiality, discrimination, conflicts of interest, illegal or unethical acts, fraud, research, and end-of-life practices. Various perspectives of health policy are explored including special populations, and political action groups within the context of legal and ethical rights. This course is open only to matriculated Respiratory Care students or those with permission of the Program Director. A letter grade of "C+" or better is required for graduation. Offered online.

Pre-Requisite: RC 109, RC 210, and RC 229

Co-Requisite: RC 302 and RC 330

RC 330 Clinical Experience IV

Credits: 6

This course focuses on the students' earning of the Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS). Students also continue to receive instruction on invasive and non-invasive ventilation for neonatal and pediatric care. Students continue clinical rotations in intensive care units, neonatal critical care, and pediatric units. This course is open only to matriculated Respiratory Care Students or those with permission of the Program Director. A letter grade of "C+" or better is required for graduation. A course fee is associated with this course. Additional fees apply and are not part of the student paid tuition.

Pre-requisite: RC 225 and RC 229

Co-requisites: RC 311

RC 331 Principles to Practice in Respiratory Care

Credits: 3

This course fulfills the writing intensive graduation requirement. In this course the student is challenged to develop a comprehensive care plan with its clinical interdisciplinary, administrative, educational, and evidenced-based medicine aspects. The integration of clinical priorities, administrative exigencies must provide the patient and the healthcare system with an optimal outcome. To this endpoint, students will be required to complete clinical simulations and training to construct interdisciplinary care plans. This course is open only to matriculated Respiratory Care Students or those with permission of the Program Director. A letter grade of "C+" or better is required for graduation. Additional fees apply for all mandatory certifications and are not part of the student paid tuition.

Pre-requisites: RC 213 and 229

Co-requisites: None

1.16 COURSE MATERIALS

A course syllabus will be distributed to students, and placed on the learning management system, at the beginning of each semester for each respiratory course offered. The syllabus contains the following vital information:

1. course description and outline
2. required textbooks
3. method of instruction
4. grading policy
5. assignments and examinations
6. additional information appropriate to the course

It is the student's responsibility to become familiar with the contents of the syllabus as it will guide the student through the scheduled course material. This material includes but is not limited to assignments, projects, quizzes, and examinations. Maintaining familiarity with the syllabus will promote successful course completion.

1.17 AARC POSITION STATEMENTS

AARC Statement of Ethics and Professional Conduct

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

- Demonstrate behavior that reflects integrity, supports objectivity, and fosters trust in the profession and its professionals.
- Actively maintain and continually improve their professional competence, and represent it accurately.
- Perform only those procedures or functions in which they are individually competent and which are within the scope of accepted and responsible practice.
- Respect and protect the legal and personal rights of the patients they treat, including the right to informed consent and refusal of treatment.
- Divulge no confidential information regarding any patient or family unless disclosure is required for responsible performance of duty, or required by law.
- Provide care without discrimination on any basis, with respect for the rights and dignity of all individuals.
- Promote disease prevention and wellness.
- Refuse to participate in illegal or unethical acts, and shall refuse to conceal illegal, unethical, 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 creates a conflict of interest, and shall follow the principles of ethical business behavior.
- Promote the positive evolution of the profession, and health care in general, through improvement of the access, efficacy, and cost in patient care.
- Refrain from indiscriminate and unnecessary use of resources, both economic and natural, in their practice.

AARC: GUIDE for MEMBERS – Role Model Statement for Respiratory Care Practitioners

As health care professionals engaged in the performance of cardiopulmonary care, the practitioners of this profession must strive to maintain the highest personal and professional standards. A most important standard in the profession is for that practitioner to serve as a role model in matters concerning health.

In addition to upholding the code of ethics of this profession by continually striving to render the highest quality of patient care possible, the respiratory care practitioner shall serve as a leader and advocate of public respiratory health.

The respiratory care practitioner shall participate in activities leading to awareness of the causes and prevention of pulmonary disease and the problems associated with the cardiopulmonary system.

The respiratory care practitioner shall support the development and promotion of pulmonary disease awareness programs, to include smoking cessation programs, pulmonary function screenings, air pollution monitoring, allergy warnings, and other public education programs.

The respiratory care practitioner shall support research in all areas where efforts could promote improved health and could prevent disease.

The respiratory care practitioner shall provide leadership in determining health promotion and disease prevention activities for students, faculty, practitioners, patients and the general public.

The respiratory care practitioner shall serve as a physical example of cardiopulmonary health by abstaining from tobacco use and shall make a special personal effort to eliminate smoking and the use of other tobacco products from the home and work environment.

The respiratory care practitioner shall strive to be a model for all members of the health care team by demonstrating responsibility and cooperating with other health care professionals to meet with the health needs of the public.

1.18 GLOSSARY

AARC American Association for Respiratory Care, the national professional organization for respiratory care practitioners.

CLINICAL The hospitals and facilities where students receive their clinical education.

AFFILIATES

CoARC Commission on Accreditation for Respiratory Care: The organization that oversees and accredits respiratory care programs to certify that set standards aimed at ensuring the education received by students in those programs meet the needs and requirements of the medical community.

CRT Certified Respiratory Therapist: Respiratory therapists are required to complete either a two-year associate's degree or a four-year baccalaureate degree. Upon graduation they are eligible to take a national voluntary multiple choice examination that, upon passing, leads to the credential Certified Respiratory Therapist (CRT).

CSE Clinical Simulation Exam: The exam that follows successful completion of the TMC and earning of the CRT credential. Passing the CSE will earn the candidate the RRT credential.

NBRC	National Board for Respiratory Care: The organization whose function is to verify the competence of respiratory care practitioners through examinations.
NYDART	New York Downstate Association for Respiratory Therapists, Inc.: The regional branch of the AARC representing NYC.
NYSRC	The New York Society for Respiratory Care: The New York state branch of the AARC.
RRT	Registered Respiratory Therapist: The credential earned by those CRT practitioners who sit for the CSE and successfully pass.
TMC	The first examination for earning the RRT is the Therapist Multiple-Choice (TMC) Examination. The TMC Examination evaluates the abilities required of respiratory therapists at entry into practice and determines eligibility for the Clinical Simulation Examination (CSE).

2.0 GENERAL POLICIES

Respiratory Care Program Policies and Requirements

All students are expected to know the Policies and Procedures for LIU Students as published in the LIU Brooklyn Undergraduate Bulletin and the Student Handbook. Policies specific to the Respiratory Care Program have been developed to promote the standards required for the practice of respiratory care. Students must comply with these standards in all venues (on-campus, classroom, laboratory, clinical affiliates, and professional conferences) unless such time that these standards are superseded by the clinical site or conference attendance.

2.1 COMPLIANCE WITH FEDERAL & STATE STATUTES, RULES & REGULATIONS

The Respiratory Care program policies and procedures have been developed with the intention of being consistent with federal and state statutes, rules and regulations as indicated in the LIU Brooklyn Undergraduate Bulletin.

Non-Discrimination Policy

LIU does not discriminate on the basis of sex, sexual orientation, race, color, creed, national origin, religion, age, handicap or political belief, in any of its educational programs and activities, including employment practices and in policies relating to recruitment and admission of students.

Policy on Non-Sexual Harassment

The university officers share the universally held belief that a proper academic/employment environment cannot be maintained when members of our community are subject to sexual harassment. Thus, the officers reaffirm the university's policy that strictly and absolutely forbids the sexual harassment of any student or employee.

Student Support Services for Disabled or Academically At-Risk, Low Income, First Generation Students

Students in need of additional support may investigate the services offered through the Student Support Services Program for physically and/or learning disabled and/or academically at-risk first generation low-income students. This Federally Funded TRIO program provides students coordinated services to address individual needs related to their disabilities or academically at-risk factors that would otherwise not afford students the educational and future career opportunities available to them through a degree of higher education.

Students do need to apply for additional services and/or admission to the program. To find out about services please contact the Office of Student Support Services at 718-488-1044.

Privacy Act – FERPA

The Family Educational Rights and Privacy Act (FERPA) of 1974 specifically provides that a school may provide what they deem "directory information," without the student's consent or as provided by the law. Directory information at Long Island University includes the following: the student's name, enrollment status, class, major field of study, dates of attendance, degrees and awards received, past and present participation in officially recognized sports and non-curricular activities, physical factors (height, weight) of athletes and the most previous educational agency or institution attended. Students who wish to have their directory information withheld can make this election by filing the appropriate form at Office of Enrollment Services.

The Family Educational Rights and Privacy Act (FERPA) of 1974 affords students certain rights with respect to their education records. These rights include:

(1) The right to inspect and review the student's education records within 45 days of the day the university receives a request for access.

A student should submit to the Registrar, a written request that identifies the record(s) the student wishes to inspect. The Registrar will make arrangements for access and notify the student of the time and place where the records may be inspected. If the records are not maintained by the Registrar to whom the request was submitted, the Registrar shall advise the student of the correct official to whom the request should be addressed.

(2) The right to request the amendment of the student's education records that the student believes are inaccurate, misleading, or otherwise in violation of the student's privacy rights under FERPA.

A student who wishes to ask LIU to amend a record should write the Registrar or other designated University official who is responsible for the record, clearly identify the part of the record the student wants changed, and specify why it should be changed.

If LIU decides not to amend the record as requested, the University will notify the student in writing of the decision and the student's right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the student when notified of the right to a hearing.

(3) The right to provide written consent before LIU discloses personally identifiable information from the student's education records, except to the extent that FERPA authorizes disclosure without consent.

Unless written objection is received 30 days after the commencement of the academic year, LIU will treat name, address (permanent and mailing), telephone (land and cell), email address, date and place of birth, major field of study, dates of attendance, grade level, photograph, degrees and awards/recognitions received, the name of the undergraduate college(s) attended, post-graduation employer, job title, most recent previous secondary and post-secondary educational institution attended by the student and marital status as directory information. In addition,

information on all students offered admission to LIU may be submitted to the state police for checking against the sexual offender registry as required under the Wetterling Act. Students are not entitled to inspect and review financial records of their parents. If the student is classified as dependent for financial purposes, parental access to a student's records will be allowed without prior consent.

LIU also discloses education records without a student's prior written consent under the FERPA exception for disclosure to school officials with legitimate educational interests. A school official is a person employed by the University in an administrative, supervisory, academic or research, or support staff position (including law enforcement unit personnel and health staff); a person or company with whom LIU has contracted as its agent to provide a service instead of using University employees or officials (such as an attorney, auditor, or collection agent); a person serving on the Board of Trustees; or a student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks.

A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibilities for Long Island University. Upon request, the University also discloses education records without consent to officials of another school in which a student seeks or intends to enroll.

(4) The right to file a complaint with the U.S. Department of Education concerning alleged failures by the University to comply with the requirements of FERPA.

Students concerned about the confidentiality of records are requested to bring their concerns first to the attention of the Dean, School of Health Professions. Complaints regarding alleged violations of rights accorded students by or regulations promulgated by the Act, may be directed to: Family Policy Compliance Office, US Department of Education, 400 Maryland Avenue, SW, Washington, DC, 20202-5920.

All student records and essential reports in hard copy format are kept in fireproof cabinets. Cabinets are housed within administrative offices and kept locked when not in use to prevent unauthorized access or loss. With the computerized record keeping system, institutional safeguarding procedures include daily, automated backups and storage of backup information in fireproof containers. Additionally, strict password protocols are in place that requires one password for network log-on, another for software sign-in, and data screens are additionally limited by staff function. Network and software access are granted by the president. As per regulations, all student records must be maintained by LIU for a minimum period of five years. Student transcripts and copies of diplomas are maintained in perpetuity.

Campus Security

The Campus Security Office will provide, upon request, a hard copy of all campus statistics as reported to the United States Department of Education. This information is also available from the Director of Human Resources who can be reached at (718) 488-1078. The United States Department of Education's web site for campus crime statistics is:

<http://nces.ed.gov/surveys/peqis/publications/97402/>. LIU fully complies with Article 129-A of

New York State Education Law as it pertains to the dissemination of campus-wide information and procedures regarding the prevention of sexual assault, of bias/hate crime, and of the investigation of violent felonies.

2.2 PROFESSIONALISM

Students in the Respiratory Care Program are expected to demonstrate professional behavior at all times. This includes the classroom, laboratory, clinical setting, and any professional activity participating in. Program policies and procedures are consistent for all venues (classroom, laboratory, and clinical) and must be adhered to. Students will be assessed for appropriate attitudes, beliefs and values throughout the Program. If a student demonstrates unprofessional behavior it will be handled as a violation of Program policy. Unprofessional behavior in the clinical setting will impact the grade for the Affective Evaluation.

Attribute	Description The student will:	Assessment Faculty expect student to:
Accountability	Accept full responsibility for their actions.	<ol style="list-style-type: none"> 1. satisfactorily complete all duties and assignments by due dates specified 2. accept consequences for actions leading to negative results 3. arrive on time for class, lab, clinical
Adaptability	Adapt to changes relating to patient care, health care facility, instructors in order to optimize the quality of his/her performance in any situation.	<ol style="list-style-type: none"> 1. recognize when change in routine necessary 2. practice and develop positive solutions/approaches to new situations or challenges 3. recognize when assistance to other members of the health care team is necessary
Assertiveness	Demonstrate the ability to formulate and communicate thoughts, opinions and actions in a clear, direct and non-aggressive way.	<ol style="list-style-type: none"> 1. maximize the benefits of instruction and clinical experience by seeking appropriate opportunities to learn 2. independently prepare for the learning environment by reading ahead, following course syllabi, asking appropriate questions

Attribute	Description The student will:	Assessment Faculty expect student to:
Compassion & Empathy	Demonstrate qualities of understanding and respond to the discomfort or suffering of others.	<ol style="list-style-type: none"> 1. recognize and respond to the needs of patient's 2. insure that his/her appearance, behavior and communication contribute to patient comfort 3. treat all patients, staff, student and instructors equally without showing preference to gender, race, socioeconomic status or religion
Dependability	Demonstrate reliable and consistent performance.	<ol style="list-style-type: none"> 1. attend all classes, lab, clinical 2. demonstrate awareness of what is expected 3. complete all assigned tasks and responsibilities
Diligence	Demonstrate consistent attention to detail and strive for proficiency rather than minimal competency.	<ol style="list-style-type: none"> 1. submit assignments in a complete, comprehensive and neat condition 2. submit complete and accurate documentation of patient care and the clinical experience
Honesty & Integrity	Adhere to honest, ethical behavior within the academic and clinical settings.	<ol style="list-style-type: none"> 1. follow the AARC Statement of Ethics and Professional Conduct 2. admit when he/she has made a mistake 3. submit assignments or accept credit for only his/her own work in the academic and clinical settings

Attribute	Description The student will:	Assessment Faculty expect student to:
Leadership	Develop the ability to lead others toward accomplishing a mission or reaching a common goal.	<ol style="list-style-type: none"> 1. help classmates understand material he/she has mastered 2. engage in self-directed learning activities such as reading professional journals and articles in the media 3. serve as a role-model for future respiratory care students 4. participate in activities with the Student Respiratory Club 5. participate in volunteer activities for the profession within the college or local community
Respect others & self	Willingly show consideration or appreciation and acknowledgment of authority.	<ol style="list-style-type: none"> 1. maintain strict bounds of confidentiality especially in the clinical setting 2. refer to patients, staff, faculty by proper title, name 3. respond appropriately to correction and constructive criticism from instructors, supervisors and those of authority
Teamwork	Act in a coordinated effort while engaged in group activities.	<ol style="list-style-type: none"> 1. accurately describe his/her role as a team member in the academic and clinical setting 2. identify when others need help and volunteer assistance 3. find ways to improve the overall efficiency and effectiveness of his/her own performance while engaged in group activities

Professional Membership

All students are required to become a student member in the American Association for Respiratory Care (AARC) upon entry into the professional phase of the program. The benefits are professional advocacy, journals, and bulletins, discounts on meetings, equipment, and special publications.

2.3 SOCIAL MEDIA

Social Media Code of Student Conduct

Students and staff of Long Island University and the Respiratory Care program are responsible for ensuring the use of school related social media that follows both legal and ethical standards.

Long Island University intentionally uses social media to advance the university and build relationships within our community including prospective and current students, employers and alumni. The university is aware of the open nature of social media and regardless of account's privacy settings, all posts to a social media site should be considered public; this applies to personal accounts, as well as, institutional accounts.

Respiratory Care students and employees are required to:

- Protect confidential and proprietary information: All persons must follow the applicable federal requirements such as FERPA and HIPAA.
- Respect the organization's copyright and fair use policy.
- Maintain accountability for all activity conducted with LIU email addresses.
- Respect others' privacy: Social networks are in public realm and are not appropriate venues for the discussion or dissemination of private matters.
- Refrain from conducting or disseminating unsolicited or unauthorized advertising and/or promotional materials.
- Refrain from use of unacceptable language/content: Derogatory comments (racially or sexually motivated) and sexually explicit materials are not permitted.

The expectation for students in the Respiratory Care program is to adhere to the Social Media Code of Conduct for both personal and school hosted social media sites.

- If a posting is in breach of the Social Media Code of Conduct, the violation will be directed to the Program Director and will be considered a violation of Professional Conduct and depending on the nature of the violation discipline as harsh as dismissal from the program can be executed.

2.4 PERSONAL APPEARANCE

Students enrolled in the Respiratory Care Program are expected to present themselves as professionals. A clean, neat appearance is a key factor in the medical field and students are expected to maintain this appearance when engaged in Program activities. This includes classroom, laboratory and college campus activities. When participating in off-campus Program activities students will be informed of an appropriate dress code. The dress code for clinical will be addressed in the clinical section of this handbook. If a student demonstrates inappropriate personal appearance it will be handled as a violation of Program policy. Inappropriate personal appearance in the clinical setting will impact the grade for both Affective and Daily Evaluations.

2.5 PERFORMANCE REQUIREMENTS

The practice of respiratory care requires that the student possess a variety of cognitive, psychomotor, and behavioral skills. The respiratory care student must demonstrate the ability to perform the following standards.

Performance Standards for the Respiratory Care Program:

- The ability to practice within the ethical, legal, and professional framework of respiratory care.
- The ability to observe and participate in classroom, laboratory, and clinical demonstrations.
- Sufficient use of vision, hearing, somatic sensation, and motor movement necessary to learn and perform applicable laboratory skills and associated data management in the clinical setting.
- Sufficient cognitive skills, physical ability, and fine manual dexterity to perform respiratory care procedures and the skills necessary to administer competent patient care.
- The ability to communicate orally and in writing with faculty, other students and professional colleagues with accuracy, clarity and efficiency.
- The ability to effectively communicate in therapist/patient/family relationships in both the clinical and the community settings.
- The ability to analyze, synthesize, solve problems and reach appropriate interpretive judgments in a timely manner.

Note: Performance standards for clinical are explained in detail under the Clinical Policies section of this Handbook.

2.6 STUDENT CONDUCT AND ACADEMIC INTEGRITY

Students are expected to conduct themselves in accordance with the normally accepted standards of academic life in a US university. This means that they are to conduct themselves with due regard for the rights and opinions of others and, in particular, to make certain that their behavior does not interfere with the ability of the academic community to carry out its usual academic functions. It also implies that they will observe the usual standards of integrity (doing own work) with regard to the preparation of essays and the taking of examinations. Students are also expected to comply with those reasonable rules of procedure promulgated by a faculty member or the conduct of his or her class or by the college or school for the conduct of its business.

Specifically, students must be aware not only of the performance and intellectual standards of each course, but also of the means acceptable in achieving those goals. Students are expected to study all materials presented and to master them. Students may avail themselves of all sources that will further that mastery — textbooks, the library, student study sessions, tutoring, study aids, and so on. Ultimately, however, the instructor's judgment of a student's performance is based on the student's own intellectual achievement and honesty.

Cheating on examinations and plagiarism of any sort are unacceptable and, if proven, are cause for the most severe penalties up to and including suspension or dismissal from the University. The classroom instructor determines the rules of acceptable student conduct during examinations. Each instructor has the right to insist on procedures to ensure the integrity of those examinations: seating arrangements, no communication among students, the restriction of materials available to students during the examination, and so on.

If a student is discovered cheating in a classroom examination or written assignment, either by crib notes or by receiving information from or giving information to a fellow student or by any means not stipulated by the rules of the examination, the instructor has the right to confiscate all test materials from the person or persons involved and give the grade of zero for the examination to the person or persons knowingly involved. The instructor also has the right to fail the students for the course. Also, students who submit written or other work provably not their own or who submit work with sources inadequately acknowledged or with an inadequate system of documentation for a specific course assignment may be given the grade of zero for the work submitted and a failing grade for the course.

Any breach of discipline may result in disciplinary action, including suspension or dismissal.

The activities of a student may upon occasion result in violation of state or federal law. Respect for the presumption of innocence requires that the institution not impose academic sanctions for the sole reason that a student is or has been involved in criminal proceedings. The institution may, however, impose its own sanctions to protect the safety of other students, faculty and property, and to safeguard the academic process. If students, in breaking the law, violate institutional regulations, they will be subject to no institutional penalty greater than that which would normally be imposed.

All matters involving criminal activity will, upon approval of the Vice President and be referred to the appropriate civil authorities for action. If there is a possibility that testimony or other evidence at an institutional hearing may be subject to disclosure to civil authorities by way of subpoena, the institution's proceedings should be postponed to safeguard the student's right to a fair civil determination.

Students are also expected to adhere to the AARC Statement of Ethics and Professional Conduct while engaged in any Program and college activity, on or off campus. Clinical misconduct will also be covered in the Clinical Policies section of this Handbook.

The following acts shall be deemed misconduct under this Code, which includes but is not limited to:

- Drug or alcohol possession, distribution or under the influence of
- Hostile or disruptive behavior and/or sarcasm
- Intentionally or recklessly causing physical or psychological harm to any person
- Performance of any procedure on fellow students or instructors while in the clinical setting
- Performance of any procedure on a patient without a written physician order
- Physical violence or the threat of physical violence
- Furnishing false information to the Program including forgery, alteration or misuse of documents, records or identification
- Disrespect for instructors and/or classmates
- Chronic tardiness or absenteeism
- Abusive or demeaning conduct or obscene gestures directed toward another individual
- Unauthorized use, possession or storage of any weapon
- Unauthorized presence in or use of Program facilities or property
- Academic dishonesty, including cheating, fabrication, facilitating academic dishonesty and plagiarism (see Policy 3.2)
- Unauthorized access to, modification of, or transfer of electronic data, system software or computing facilities
- Theft of program or university property or knowing possession of such stolen property
- Destruction, damage or misuse of property of the program or university
- Failure to adhere to policies of the Respiratory Care program contained within this Handbook and the policies of the university

Professional Misconduct involving violation of program policy shall be handled in one of the following manners depending on the nature of the misconduct:

1. Violation of Program Policy: Depending on the nature of the misconduct, faculty will determine if the student should be given a warning and will proceed with the disciplinary action as follows:

1st Violation: Faculty will meet with the student, fill out Counseling/Academic Warning form

2nd Violation: Faculty will meet with the student, fill out counseling/academic warning form. Student will be placed on probation

3rd Violation: Student will be dismissed from the program.

Definition of Violation: any incident involving misconduct or breach of the Code of Student Conduct. Violation 1, 2, and 3 refer to a combination of different violations or 1, 2, and 3 of the same violation during the entire professional phase.

2. Removal from classroom, laboratory, clinical or program activity: A faculty member is authorized to have a student removed from the program setting for any of the above acts, which in any way impede the teaching and learning process. If a student refuses the faculty request to leave, the faculty member shall request assistance of security to remove the student. In order for the student to return to or participate in any other program activity or academic setting he/she must meet with faculty and/or the Program Director. Documentation of the incident and of the meeting will be placed in the student's program file.
3. Dismissal from Program: Permanent dismissal from the program may occur if a student is engaged in misconduct. Reasons for dismissal are listed below.

Any student who disrupts the operation of the program or endangers the welfare of faculty, students, visitors, patients, Program affiliates or the student him/herself is subject to immediate dismissal from the program as deemed by the Program Director and Director of Clinical Education. This also includes but is not limited to any of the acts of misconduct listed under the Code of Student Conduct above. Documentation of any and all incidents will be placed in the student's program file and sent to the Dean, School of Health Professions.

Documentation of three incidents of misconduct from the time the student enters the program until he/she graduates will result in dismissal from the program immediately following the third, and final, incident.

4. College Disciplinary Action: Depending on the nature of the misconduct, students may be subject to discipline, which includes dismissal from the University. Students will be informed of any university disciplinary action taken against them.

Academic Integrity:
Definitions and Policy Statement

Academic Integrity:

Academic integrity is the practice of honesty and openness in scholarly, creative and communal endeavors. Academic integrity is multifaceted. It involves, in addition to ethical practices, the avoidance of plagiarism, cheating, and other forms of professional and personal misrepresentation and dishonesty.

Integrity is essential to the values and discourses that characterize the academic environment; to the maintenance of the academic community itself; and to the role of the academic community within society at large. Trust and integrity are integral to any relationship, whether on campus or in later personal and professional life.

Students are expected to conduct themselves in accordance with the normally accepted standards of academic life. That implies that they will conduct themselves with due regard for the rights of others and, in particular, that their behavior will not interfere with the ability of the academic community to carry out its usual academic functions. It also implies that they will observe the usual standards of integrity with regard to the preparation of essays and the taking of examinations. Students are also expected to comply with those reasonable rules of procedure promulgated by a faculty member for the conduct of his or her class or by the college or school for the conduct of its business.

Specifically, students must be aware not only of the performance and intellectual standards of each course, but also of the means acceptable in achieving those goals. Students are expected to study all materials presented and to master them. Students may avail themselves of all sources that will further that mastery—textbooks, the library, student study sessions, tutoring, study aids, and so on. Ultimately, however, the instructor's judgment of a student's performance is based on the student's own intellectual achievement and honesty.

Plagiarism and cheating are serious violations of academic integrity that have significant consequences for the student.

Plagiarism:

Plagiarism is the use or presentation of ideas, words, or work that is not one's own and that is not common knowledge, without granting credit to the originator.

Plagiarism may take many forms.

To avoid plagiarism, always cite the source of your information whether from print, electronic/online, or other materials. The guidelines of each individual discipline must be consulted for details specific to that discipline. It is incumbent upon the student to learn and understand what plagiarism is and how to avoid it.

Cheating includes:

- falsification of statements or data
- listing of sources that have not actually been used
- having another individual write a paper or create a work in lieu of one's own; writing a paper or creating a work for another to use without attribution
- purchase of a written paper or work for the purpose of submitting it as one's own, or selling a written paper or other work for another's submission as his/her own
- using written, verbal, electronic, or other sources of aid during an examination (except when expressly permitted, such as on a stated "open-book" exam), or knowingly providing such assistance to another

It is the responsibility of each faculty member to immediately report student problems/issues to the Program Director and to maintain accurate documentation of the concerns.

Cheating on examinations and plagiarism of any sort are unacceptable and, if proven, are cause for the most severe penalties up to and including suspension or dismissal from the university.

The classroom instructor determines the rules of acceptable student conduct during examinations. Each instructor has the right to insist on procedures to ensure the integrity of those examinations: seating arrangements, no communication among students, the restriction of materials available to students during the examination, and so on.

Any breach of discipline may result in disciplinary action, including suspension or dismissal. The Faculty-Student Judicial Review Board, in accordance with its procedures, may hear all cases that may result in suspension or dismissal and will recommend an appropriate course of action to the dean.

Academic Misconduct

Any act of academic misconduct will be subject to disciplinary action, including dismissal from the program. Academic misconduct will be handled as follows:

1. Cheating during any form of examination or performance evaluation:

1st Violation: If a student is discovered cheating in a classroom examination or written assignment, either by crib notes or by receiving information from or giving information to a fellow student or by any means not stipulated by the rules of the examination, the instructor will confiscate all test materials from the person or persons involved and give the grade of zero for the examination to the person or persons knowingly involved.

2nd Violation: Student will receive an "F" for the course and may be dismissed from the program.

2. Copying another person's/student's work and submitting it as one's own (plagiarism), falsification of documentation, unauthorized collaboration, dishonest use of technology including unauthorized access, or modification and transfer of data:

1st Violation: Faculty will meet with the student to discuss the infraction. A grade of "0" for the assignment will be given and a Counseling form will be completed and placed in the student's program file. The student will be placed on academic probation for the remainder of the program.

2nd Violation: Student will be dismissed from the program. Documentation of the incident will be placed in the student's program file and a copy sent to the Dean, School of Health Professions and the Vice President of Academic Affairs.

If students have been suspended or dismissed for disciplinary or academic reasons and desire to return to LIU Brooklyn, their application for readmission is submitted to, and reviewed by, the Dean, School of Health Professions.

2.7 GRIEVANCE AND APPEALS

Students who wish to appeal a final course grade must initiate the process with the course instructor at the Department level within 30 business days of the grade being officially posted on MYLIU. The written request should include the course, course number, instructor, the final grade, the reason for the appeal, and any other pertinent information.

Brooklyn Campus Grievance Procedure

Students at the LIU Brooklyn may expect a scrupulous regard for their rights as students and individuals and should expect to be treated fairly and with courtesy by all members of the academic community. In any matter in which students feel that their rights have been violated, or in matters of serious dispute with members of the administration or faculty, students may avail themselves of the following formal grievance procedure:

1. The student will write out a clear statement of the grievance.
2. The student will submit this statement to the staff member involved. The student will be given a written response within a reasonable time.
3. If the student is not satisfied with the response, the student may submit a statement to the appropriate director or department head. The director will review the matter and provide the student with a written response within a reasonable time.
4. Student grievances are reviewed prior to the appeal going to the Dean (See item# 4 on the checklist below) by the program's Academic Progress Committee (APC), which consists of

the Program Director, Director of Clinical Education, full-time Associate Professor, and one adjunct professor. The APC is established at the beginning of each academic year.

5. If still not satisfied, the student may institute a formal complaint with the Associate Dean of the School of Health Professions. The Associate Dean will review the matter and follow the following procedure:

Dean's Office Appeal Process

School of Health Professions

The following process will be used for all appeals that students choose to bring to the Dean as part of the university appeal process. **This process will not supersede program or division procedures and will only be followed after appeals at the division level are exhausted.**

1. The student **MUST** have first followed divisional appeal processes including, but not limited to, appeal to the instructor and to the division/department/program director.
2. Appeals to the Dean must be submitted in writing and must be submitted within 10 business days of receipt of the decision letter from the Division/Program. This written appeal will be transmitted to the Appeal Board for review and will be a factor in the final decision made by the Dean. The appeal must be accompanied by a completed Appeal Checklist.
3. If deemed necessary by the Dean, the Associate Dean will serve as a hearing officer and will appoint an ad hoc Appeal Board. The Appeal Board will consist of three faculty members from the School of Health Professions, who may be tenure track, NTTA or have administrative roles. One of these faculty members will be from the program from which the appeal has originated. The Dean will be present at the hearing, but will not contribute to the discussion.
4. The hearing will be scheduled as expeditiously as possible.
5. At the hearing (with all parties present):
 - a. The hearing may be recorded for future reference.
 - b. The student will present his/her appeal including justifications, circumstances and anything else he/she wishes the Board to consider. The maximum time allowed is 30 minutes.
 - c. The course instructor, or other appropriate faculty member, will present the circumstances and evidence leading to the decision being appealed. The maximum time allowed is 30 minutes.
 - d. Student and faculty will not engage in debate of the circumstances with each other but will answer questions posed by the Board for the purpose of clarification.
 - e. Upon completion of the presentations and any questioning by the Board, the student and faculty will be excused.
 - f. The Board will discuss the facts of the appeal and reach consensus, or vote, on a recommendation to the Dean. If a vote is taken, the Associate Dean will not vote.

6. Within 48 hours of the hearing, the Associate Dean will prepare a written report that contains:

- a. A summary of the information presented by both sides at the hearing;
- b. A summary of the discussion of the Board after the parties were dismissed;
- c. A recommendation for action by the Dean.

7. The Dean will then reach a decision based upon the report from the Board, the written appeal submitted by the student and any other information relevant to the case and will notify the student by certified mail. This decision will normally be made within 48 hours unless further investigation is necessary or the Dean is unavailable within that time frame. If the decision will be delayed longer than 48 hours, the student will be notified by the Dean's Office of that delay.

The foregoing procedure shall be a formal grievance procedure for the resolution of all student grievances, including those alleging actions prohibited by legislation.

The Student Appeal Checklist form must be completed and submitted to the Dean's office with the written appeal.

2.8 ATTENDANCE

Academic

All students are expected to attend lectures, laboratory and clinical sessions and to participate in classroom activities. The scheduling of these events is finalized by the Program Director, independent of holiday schedule changes implemented by the university. If a student is sick or encounters circumstances beyond their control that result in an absence, documentation may be required to validate the absence (e.g. a doctor's note in the case of an illness). Instructors have the right to weigh attendance and class participation in determining grades. Consequently, excessive absences may negatively affect the evaluation of a student's performance.

Freshmen and probationary students are allowed no more than two class-hour absences per credit hour. All students enrolled in science laboratory courses may not be absent for more than 20 percent of laboratory time. For counseling purposes, instructors will record attendance in all classes.

It is the responsibility of the student to make up any work missed during an absence. Any student who is absent without cause may be permitted to make up missed lecture and laboratory sessions at the discretion of the instructor with prior arrangement.

Excused clinical absences will be made up at the discretion of the Director of Clinical Education as outlined under clinical policies.

Academic Calendar: may be found at: <https://liu.edu/enrollment-services/registration/academic-calendar>

Tardiness

Punctuality is expected at all lectures, laboratory and clinical sessions. Tardiness is disruptive to both the instructor and to other students. Three unexcused tardy incidences will be considered equivalent to one unexcused absence. If a delay is anticipated, the student should inform the Doctor Umanova, at 718-496-5436. On a clinical day, both the preceptor at the clinical site and the Director of Clinical Education must be notified, as described under clinical policies.

Leave of Absence

Any student wishing to request a leave of absence (LOA) must submit a written request, including rationale for the request, to the Program Director. The Program Director will review the student's case and make a written recommendation to the Dean. If approved, the LOA lasts for a maximum of one year. Upon the student's return, he/she must comply with the regulations that apply to the year currently in progress. Failure to return to the program at the termination of the LOA shall result in the student's termination from the program.

Off-Campus Meetings

Students will be required to attend scheduled program and clinical meetings, outside of the regularly scheduled class time. Additionally, the program may require attendance at professional conferences held throughout the academic year. At least two weeks advance notice will be given for these meetings and conferences. Students will be responsible for any associated registration fees, transportation and lodging expenses.

Snow Days & Cancellations

Official university snow days apply to both didactic and clinical courses. The program will follow class delays or cancellations according to university procedure. Delayed openings or cancellations are announced on local television and radio as well as the university's home page on the internet. Program faculty will also post a message on the learning management system if classes are delayed or cancelled. Clinical cancellations are addressed in the clinical policy section of this handbook.

Chronic tardiness and/or absenteeism is considered a violation of the Code of Student Conduct and will be handled as explained under "Misconduct".

2.9 BEREAVEMENT

A student experiencing the loss of an immediate family member (spouse, parent, sibling, child, legal guardian, grandparent, grandchild, in-law and step relative of immediate family), shall be permitted a maximum of three days for funeral leave.

In the event of the death of a member of the family other than those listed in the previous paragraph, such as an uncle, aunt, etc., one day may be used for the funeral leave.

The student must follow the attendance policy when reporting that time is being taken to attend funeral services. The student must also inform the Program Director of the name and relationship of the deceased and arrangements as they become available. Proof of relationship to the deceased may be requested.

Students experiencing bereavement will be required to make up clinical time and class work including examinations at the discretion and time available by the faculty.

Students not notifying program faculty in accordance to this policy will not be permitted to make up class or clinical assignments and examinations and will receive a "0" for all required work. Clinical time must be made up according to the Clinical Policies section of this Handbook.

2.10 CHANGE OF ADDRESS

It is the student's responsibility to notify the program's secretary and the Registrar's Office of all name, phone, email, and address changes. Both the university and the program regularly send students important mailings. Failure to inform the program may lead to unfortunate loss of communication for which the program and the university is not culpable.

2.11 ELECTRONIC DEVICES

All electronic devices such as, but not limited to cellular phones and beepers must be turned off during class and laboratory time. Furthermore, use of cellular phones within the hospital is restricted in certain areas. Under no circumstances should a cell phone be carried to a patient care area. Cellular phones and beepers may be kept in a designated area within the respiratory care division while in clinical. In case of an emergency, students should instruct their family/friends that they can be reached by calling the program office at 718-488-1205.

Furthermore, electronic devices including cameras, iPOD's, PDA's, and hand-held computers are prohibited in the classroom, laboratory and clinical setting. Tape recording of class/laboratory sessions will be allowed at the discretion of the instructor.

2.12 LOCKERS

Lockers and locks are provided, when available, for personal use. It is not a good idea to store valuables or expensive items in the locker. All graduating seniors must remove everything from the locker at the end of the academic year.

3.0 ACADEMIC POLICIES

3.1 ACADEMIC RESPONSIBILITY

The role of the student in the learning process is one of the most important factors for academic success. The following are suggestions to help guarantee your success in the program:

- become familiar with the contents of each course syllabus
- purchase your own text books (copying from other students is not acceptable)
- come to class prepared for note taking and/or workbook and laboratory exercises
- know what assignments are due and hand them in on time
- reading assignments should be used to support classroom lectures
- exam preparation begins by reviewing notes/text book after every class
- organize your notebook
- manage your time wisely

Academic success does not happen by simply attending class. Remember, your grade for each course is not the grade given by the instructor, it's the grade you've earned and reflects the amount of effort you've put into the learning process.

Student Conduct in the Program Laboratory

The program laboratory affords the students the opportunity to practice and demonstrate competency in simulated clinical skills using state-of-the-art equipment and supplies. For this reason, the care and use of equipment and supplies is included as a component of the lab participation grade in all laboratory courses. To maintain cleanliness and prevent damage to electrical equipment, no eating or drinking is permitted in the work area of the laboratory. Students are responsible for the proper setup and disassembly of their lab equipment. All equipment must be put away at the end of each lab session. All hazardous waste, sharps, and garbage must be disposed of in the proper receptacle. Any breakage of equipment must be reported to the laboratory instructor immediately.

3.2 ASSIGNMENTS & EXAMINATIONS

Examinations and Testing Procedures

Only writing tools will be allowed on the student's desk. The instructor will provide scrap paper if necessary. No books, notes or any other materials are allowed. No hats may be worn during testing. All electronic devices must be turned off and put away. Talking during exams will not be permitted. Seating will be random at the discretion of the instructor.

Only minimal opportunities to leave the testing area will be given and may be supervised. In the event of a fire drill or other emergency, the test may be considered void and/or may be rescheduled.

The course instructor has the right to modify the examination policy to meet the nature of an examination at his or her own discretion. Exams will be reviewed at the discretion and convenience of the course faculty. Faculty reserve the right to delay the return of exam grades until grading and review of all exams has been completed.

Absence from Tests and Midterm Examinations

If students absent themselves from any test other than the final examination, the instructor may afford or deny them an opportunity to make up the work that was missed. In such cases, the instructor is the sole judge of the validity of each student's excuse.

Absence from a Final Examination

Students who for any reason are absent from a final examination and who wish to take a deferred final examination are required to file an Application for a Deferred Final Examination in the appropriate dean's office within five days of the exam, giving the reason for the absence from the examination.

If the absence was caused by sickness or injury, the application must be accompanied by a medical certificate stating when the illness began or the injury was sustained and the number of days of confinement recommended by the physician.

If the absence was caused by death in the immediate family, the student must inform the dean of the date of the death and his or her relationship to the deceased. See the Academic Calendar for published dates of deferred finals. See Grades and Symbols for the grade assigned when a student misses a final examination.

3.3 GRADING

It is the intention of the program faculty to be as fair and objective in grading as possible. At the start of each semester, students will receive a detailed syllabus for each course, specifying the objectives and requirements for the course. The following standard grading scale will be utilized for all courses offered by the program:

A = 93-100	B+ = 86-89	C+ = 75-79	D = 65-69
A- = 90-92	B = 83-85	C+ = 75-79	F = Below 64
	B- = 80-82	C+ = 75-79	

NOTE: A minimum grade of "C+" has been established as the satisfactory level of academic and clinical performance during the professional phase of the program. If a student should fall below minimally expected criteria an Academic Warning form (Appendix) will be issued.

A grade of incomplete (INC) may be assigned if a student has failed to complete part of the required course work. An INC is given by the faculty member. It is the student's responsibility to make specific arrangements with the instructor to complete the course work and to have the grade submitted to the Office of the University Registrar within 2 semesters of the term in which the INC was earned.

INC grades will remain permanently on the record if the work is not completed within 2 semesters. If an unusual extension of time is necessary to complete the work, permission is required from the Vice President of Academic Affairs, and the grade change must be approved by the faculty member, the chairperson, and the dean. Upon completion of the INC grade, the grade date the work was completed is indicated on the transcript.

3.4 ACADEMIC ADVISEMENT AND COUNSELING

All students must attend the orientation program prior to starting the respiratory care program.

Students are responsible for knowing the requirements of the curriculum and the pre and co-requisites of the program as they appear in the LIU Brooklyn Undergraduate Bulletin. Students are required to follow the published course sequence.

The program faculty maintains office hours for academic and career counseling and provides tutorial assistance to students on a request basis. Students normally must set up appointments with the faculty for these purposes. Counseling and/or tutoring is also required by the faculty as part of a remediation plan in the event of unsatisfactory progress in the program or if a student is on academic probation. Any problems, concerns, or questions regarding the student's progress in a course should be directed to the course instructor first. If the problems with academic progress are not resolved by the course instructor the student should be referred to the Program Director.

A Counseling Form will be processed and filed to record the counseling session.

Full-time faculty advises students during both the pre-professional and professional phases of the program. Students will be assigned to a faculty advisor upon admission and are required to meet with their program advisor each semester for course planning and approval.

Students are expected to complete the respiratory care program within a five-year period.

3.5 ACADEMIC PROBATION

Academic Probation represents notice to a student demonstrating an ongoing subpar academic performance. The maximum number of semesters, term sessions of academic probation permitted is 3 during the professional phase of study.

- The 3 semesters may be either consecutive or separate.
- A student on probation for 3 consecutive semesters will be afforded a comprehensive plan to return to an acceptable academic standing.

- Any student on academic probation must meet with their academic advisor and faculty mentor a minimum of twice in a semester and will be required to attend mandatory tutoring.
- A student will be notified in writing of placement on academic probation. A student will be removed from academic probation when the student demonstrates adequate academic performance.

Extracurricular Activities during Academic Probation

- A student who has been placed on academic probation is limited from participating in extracurricular activities.
- A student on probation may hold membership in clubs, organizations or fraternal societies..
- A student on probation is barred from holding any office, chair or committee seat in such clubs, organizations, and fraternal societies, and from serving on any standing committee, and from traveling on behalf of the College or University.
- A student on probation may attend lectures or other events sponsored by such clubs, organizations, and fraternal societies and/or by the college that are deemed to be of an educational nature.

3.6 REMEDIATION, TUTORING AND STUDENT SUPPORT SERVICES

Student performance is assessed in multiple ways through exams, quizzes, homework assignments, laboratory skills, competency testing and clinical performance. Faculty inform students of their academic progress on a timely basis along with posting all grades on blackboard. This ongoing feedback provides students with the opportunity to identify deficiencies immediately and request assistance and tutoring.

All students receive mid-semester evaluation reports. Students whose performance is below a 75% at mid-term are advised of their progress and remediation is made available. Midterm advisement and remediation plans are written, signed by the faculty member and the student, and maintained in the student file. Other remediation measures, such as Independent Study, are offered to students needing additional coursework to enable progression in the program.

Tutoring for respiratory courses can be obtained, by appointment, during the office hours of program faculty. Selected computerized tutorials through C & S Solutions software is available on the computers in the Pratt building computer lab. Students are oriented to the computer lab as part of their Program Orientation.

Students may also obtain tutoring from Student Support Services for non-program courses in the campus Library. Appointments must be made in advance through the Library. The Library also offers computers on which the student can practice TMC and CSE examinations through the Lindsey Jones University website. Assistance is also available through the Writing Center for term papers, research, and program assignments.

3.7 ACADEMIC PROGRESSION

Students must maintain a GPA of 2.50 or higher to progress through the Respiratory Care program and be eligible for graduation.

Students must achieve a grade of C+ or better in all respiratory care (RC), math and science courses in order to proceed in the Respiratory Care program and to graduate with a BS degree in Respiratory Care.

Students who fail to achieve a grade of C+ in respiratory care (RC) courses, math or science courses may repeat that course once. Subsequent failures will result in dismissal from the Respiratory Care program.

Students may repeat only one Respiratory Care and one science course. Subsequent failures will result in dismissal from the program.

Students who fail Respiratory Care courses may not be able to progress in the Respiratory Care program until the next cohort reaches the point where they can rejoin the program. Students facing this possibility will not be able to complete their program in the prescribed time frame.

Clinical Respiratory Care courses have three components, cognitive, psychomotor and affective domain. Failure in any of the domain results in failure of the entire course and the student will not be able to progress to the next semester. Students who fail a clinical rotation for any reason will not be able to complete their program in the prescribed time frame.

3.8 READMISSION

Readmission to the program will be at the discretion of the Program Admissions Committee and will depend upon availability of space in the course and/or program when the course is offered again. If a student has a reported violation of program policies in their program file, they will not be considered for readmission.

Students who leave the program for academic or personal reasons may be considered for readmission to the program once. If a request for readmission is made after a change in the curriculum, the student must meet the requirements of the curriculum at the time of readmission.

Readmission to the program the following year is based on the following criteria:

- student's may be readmitted one time only.
- the student must submit a request in writing to the Program Director for readmission 60 days prior to the start of the new semester and submit an application for readmission with the Dean, School of Health Professions.
- a cumulative GPA of 2.50 is necessary for readmission.
- the student must maintain and demonstrate clinical proficiency by repeating all clinical courses regardless of previous passing grades

- the student must repeat a URINE DRUG SCREENING and CRIMINAL HISTORY BACKGROUND CHECK in order to register for clinical practice. Fees for each will be the student's responsibility.

If a student chooses to withdraw from the program or take a semester(s) leave, and is in good standing with the program (including passing all courses) he/she may return to the program. However, the student must retake and demonstrate proficiency (75%) on the final exam(s) of the preceding semester(s) and will be held accountable to the re-admission criteria above.

All readmissions are contingent on the availability of space.

4.0 CLINICAL POLICIES

4.1 CLINICAL EDUCATION ELIGIBILITY

In order to be assigned to clinical education courses and to continue in clinical courses the student must meet the following requirements:

- be a matriculated student in the Respiratory Care program
- completed all prerequisite and pre-professional courses
- **maintain at least a C+ letter grade in all classes and a minimum overall GPA of 2.75 on a 4.00 scale**

All students accepted into the program will undergo a criminal history background check, urine drug screening, obtain malpractice insurance, obtain health clearance (see below) and be certified in Basic Life Support (BLS for Healthcare Providers) by the American Heart Association (AHA), all at the student's expense, prior to attending clinical education.

4.2 SERVICE WORK STATEMENT

Students are never to be utilized as a substitute for a clinical instructor. Students attending clinical are not permitted to be working as a paid employee of the clinical affiliate whilst on a clinical rotation. All services performed whilst during a clinical rotation is not eligible for any form of remuneration. Any student who is an employee of a clinical affiliate must not complete clinical coursework while in an employee status at the clinical site.

4.3 TECHNICAL STANDARDS

The Respiratory Care Practitioner:

- Utilizes the application of scientific principles for the identification, prevention, remediation, research, and rehabilitation of acute or chronic cardiopulmonary dysfunction thereby producing optimum health and function.
- Reviews existing data, collects additional data, and recommends obtaining data to evaluate the respiratory status of patients, develop the respiratory care plan, and determines the appropriateness of the prescribed therapy.
- Initiates, conducts, and modifies prescribed therapeutic and diagnostic procedures such as: administering medical gases, resuscitation; providing support services to mechanically ventilated patients; maintaining artificial and natural airways; performing pulmonary function testing, hemodynamic monitoring and other physiologic monitoring; collecting specimens of blood and other materials.
- Documents necessary information in the patient's medical record and on other forms, and communicates that information to members of the health care team. Obtains, assembles, calibrates, and checks necessary equipment.
- Uses problem solving to identify and correct malfunctions of respiratory care equipment.

- Demonstrates appropriate interpersonal skills to work productively with patients, families, staff, and co-workers.
- Accepts directives, maintains confidentiality, does not discriminate, and upholds the ethical standards of the profession.

Essential Functions/Core Performance standards are fundamental abilities that are absolutely necessary to perform activities requisite to obtaining credit for clinical education and achieving the goals of this program. These standards include physical requirements as well as affective behavior.

The essential function standards of this program do not preclude the use of an assistant device or devices, alternative means to aide in or evaluate the performance of essential functions or time extensions necessary to accomplish the requirements of the program. Where such accommodation is necessary, it must be reasonable, appropriate and available.

LIU Respiratory Care Program Essential Functions/Core Performance Standards

Review the list of skills below. If you are unable to meet the standard(s), even with correction (example eyeglasses, hearing aids) on any of the items below, list those on the page following the descriptions.

The Respiratory Care Program complies with the American with Disabilities Act (ADA), and consistent with the ADA, the attached Essential Functions/Core Performance Standards worksheet provides the framework to relate functional ability categories and representative activities/attributes to any limitations/deficits in functional abilities. These standards shall be used by the Respiratory Care Program in combination with the professional scope of practice, job analysis, other resources and expert consultation to make decisions related to the ability of the respiratory care student to perform the essential functions of respiratory care.

If a prospective student is or becomes unable to meet the required Essential Functions/Core Performance Standards, the Respiratory Care Program, in consultation with the college ADA counselor, will determine on an individual basis, whether or not reasonable accommodations can be made that would permit the student to meet these Essential Functions/Core Performance Standards and thus, to continue in the program.

Please note “Linked skills” under each of the sections is not intended to be a complete listing of skills but rather serve as an example of a skill for which that ability is linked. Please carefully review the 16 items and complete the page following the descriptions.

1. Gross motor ability

Move within confined spaces

Sit and maintain balance

Stand and maintain balance

Reach above the shoulders

Reach 5' 1/2" above the floor to attach medical gas devices to wall outlets

Reach below the waist

Linked skills Function in an ICU environment and move about in an ICU room in order to perform procedures on the patient. Must also read patient chart, equipment settings, and/or equipment displays. Sit to record findings. Change equipment settings above head and below waist.

2. Fine motor ability

Pick up objects with both hands

Grasp small and large objects with both hands

Write clearly and neatly with pen or pencil

Type on a keyboard

Pinch/squeeze or pick up objects with fingers or both hands

Must have adequate manual dexterity as to be capable of maintaining sterility

Grasp syringes, laryngoscopes, endotracheal tubes

Manipulate knobs, dials, keypads associated with diagnostic/therapeutic devices

Linked skills Lift medication vials to eyes to read. Squeeze medication vials to empty. Squeeze Ballard suction catheter button. Grasp, hold and read small instruments such as volume measuring devices. Write in patient chart. Record patient data in record. Change settings on equipment by turning knob and observing change.

3. Physical Endurance

Stand at patient's side during procedure

Stand for prolonged periods of time (during delivery of therapy, checking equipment, or during a cardiopulmonary resuscitation)

Sustain repetitive movements (example chest compressions in CPR)

Maintain physical tolerance (continue tasks throughout a shift)

Work and complete task at a reasonable pace

Walk for extended periods of time to all areas of the hospital

Linked skills Stand and perform repetitive procedures on patient such as Chest Physical Therapy and CPR. Repeat this procedure periodically throughout a shift.

4. Physical Strength

Lift up to 50 pounds when assisting with positioning patients

Move light objects up to ten pounds
Restrain combative patients
Carry equipment/supplies
Squeeze with hands (example: use of fire extinguisher)
Able to push/roll 60 pounds (example: mechanical ventilators)
Move heavy object weighing from 10-50 pounds
Use upper body strength

Linked skills Assist patient from bed to chair. Hoist patient up in bed. Move patient from stretcher to bed and back. Carry medications, pulse oximeter, stethoscope or other equipment to patient room. Push ventilator or other heavy equipment from respiratory care department to patient room. Move other equipment such as pulse oximeter or IPPB machine. Lift equipment from bed height to shelf height above chest level.

5. Mobility

Twist

Stoop/bend to adjust equipment or locate and plug in electrical devices;

Squat/ kneel to perform cardiopulmonary resuscitation;

Move quickly

Climb ladders/stools/stairs

Walk

Linked skills Turn to change settings on monitor while standing at patient bedside. Bend to change equipment settings on floor, at knee level, waist level, chest level, eye level, above head. Gather equipment and manually resuscitate patient without delay. Make rapid adjustments if needed to ensure patient safety. Make way to patient room if an emergency is called using stairs.

6. Hearing

Hear normal speaking level sounds

Hear faint voices and verbal directions

Hear faint body sounds (example breath and heart sounds)

Hear equipment function and audible alarms

Hear telephones

Hear sounds with stethoscope

Linked skills Listen to patient breath sounds to determine if patient is breathing. Listen to heart sounds to determine if heart is beating. Determine the intensity and quality of patient breath sounds in order to help determine a diagnosis. Hear audible alarms such as a ventilator alarm. Hear overhead pages to call for emergency assistance.

7. Visual

Visually assess patients (see patient conditions such as skin color and work of breathing)

Visually assess equipment function (mist flowing through tubing, read gauges, waveforms, graphs)

See objects up to 20 inches away

See objects more than 20 feet away

Use peripheral vision

Distinguish color

Distinguish color intensity

See emergency lights/lamps

Linked skills Read patient chart to determine correct therapy. Visually assess patient color to assess for hypoxia. Read settings on monitors and other equipment. Visually assess for changes. Confirm settings visually such as with ventilator display.

8. Tactile

Feel vibrations (example pulses)

Detect temperature

Feel the difference in surface characteristics

Feel the differences in sizes, shapes (example palpate artery/vein)

Detect environmental temperature

Linked skills Assess patient by feeling for pulse, temperature, tactile fremitus, edema, subcutaneous emphysema.

9. Smell

Detect odors from patient

Detect smoke

Detect gas or noxious smells

Linked skills Assess for noxious odors originating from patient or environment (example gas leak or smoke)

10. Reading Comprehension

Read and interpret physician's orders

Read and understand written documents

Read English in very fine or small typed or computer screen print

Read English in the handwritten form

Linked skills Read and interpret physician orders, and physician, therapist and nurse's notes. Read from a computer monitor screen. Gather data accurately, and in a reasonable amount of time to ensure safe and effective patient care relative to other care givers.

11. Arithmetic

Read and understand columns of writing (example flow sheets)

Read digital displays

Read graphic printouts

Calibrate equipment

Convert numbers to metric

Read graphs (vital sign sheets)

Tell time

Measure time (duration)

Count rates (example pulses, breathing rate)

Use measuring tools (example thermometer)

Read measurement marks (scales)

Perform basic arithmetic functions add, subtract, multiply, divide

Compute fractions

Use a calculator

Record numbers (example chart observed parameters)

Linked skills Read and interpret patient graphics charts and graphic displays. Perform basic arithmetic functions in order to calculate minute ventilation, convert temperature, correctly place graduated tubing, and other functions.

12. Emotional Stability

- Establish therapeutic boundaries
- Provide patient with appropriate emotional support
- Adapt to changing environment/stress
- Deal with the unexpected (example crisis)
- Focus attention on task despite distractions
- Perform multiple responsibilities concurrently
- Handle strong emotions (example grief)
- Show appropriate compassion through communications
- Function safely, effectively, and calmly under stressful situations
- Maintain composure while managing multiple tasks simultaneously

Linked skills Provide for safe patient care despite a rapidly changing and intensely emotional environment. Perform multiple tasks concurrently, example delivery of medication or oxygen in one room while performing an arterial blood gas in another such as in an emergency room environment. Maintain enough composure to provide for safe and effective patient care despite class circumstances.

13. Analytical Thinking

- Transfer/extrapolate knowledge from one situation to another
- Process information
- Evaluate outcomes
- Problem solve
- Prioritize multiple tasks
- Use long- and short-term memory

Linked skills Evaluate different sources of diagnostic information to help arrive at a patient diagnosis. Evaluate priorities in order to provide for the most appropriate care. Appropriately evaluate data in order to notify physician and nurses when necessary.

14. Critical Thinking

- Identify cause-effect relationships
- Plan/control activities for others
- Synthesize knowledge and skills
- Sequence information

Linked skills Evaluate different sources of diagnostic information to help arrive at a patient diagnosis and treatment. Evaluate data in order to formulate an appropriate action plan.

15. Interpersonal

Negotiate interpersonal conflict appropriately

Exhibit social skills such as respect, politeness, tact, collaborations, teamwork and discretion to interact effectively with patients, families, supervisors, and co-workers of the same or different cultures Establish rapport with patients

Establish rapport with co-workers

Work effectively with physicians, staff, patients, and their families

Maintain personal hygiene consistent with close personal contact associated with patient care

Display attitudes/actions consistent with the ethical standards of the profession.

Linked skills Communicate effectively with disagreeable patients, family, doctors, nurses and other staff in order to meet therapeutic goals for the patient.

16. Communication

Teach (example patient and family)

Explain procedure

Give oral reports

Interact with others

Speak on the telephone

Direct activities of others

Convey information through writing (example progress notes)

Speak fluent English clearly and distinctly to communicate with patients, healthcare workers, physicians

Write to communicate in English pertinent information (patient evaluation data, therapy outcomes, therapeutic recommendations)

Linked skills Communicate effectively and appropriately with doctors, nurses, patients, family and other staff in order to provide for most effective and efficient patient care.

4.4 HEALTH CLEARANCE

A physical exam must be completed and all appropriate documentation and paperwork must be returned to the Project Coordinator, School of Health Professions prior to the beginning of the clinical semester. Health forms may be obtained from the university and will be submitted showing results of a physical examination, laboratory tests, and documentation of required immunizations with appropriate titers.

All immunizations must be current and up to date. All respiratory care students are required to be immunized with the COVID-19 vaccine and must provide documentation of the immunization. If the immunization requires a series of injections, all injections in the series must be completed according to the appropriate time schedule prior to entering clinical rotations. Students must provide documentation of an annual two-step Tuberculin test (Mantoux only). Individuals who test positive must provide chest x-ray documentation showing negative results. Documented immunization or diseases for: rubella, measles, mumps, polio and chicken pox must be provided. Students are also required to provide documentation of the Hepatitis B series vaccine. This series must be completed according to the appropriate time schedule prior to entering clinical rotations.

Should the NYS Department of Health mandate season flu shots for healthcare workers, all students will be expected to comply by the announced deadline.

Students are also required to have a Urine Drug Screening for clinical clearance.

Students must also carry and provide documentation of personal health insurance while enrolled in the Program.

Health Requirements

Students who are undergoing long term or specialized treatments, including medications, which can place limitations on performance and ability to learn, are required to notify the Program Director and the Director of Clinical Education at the onset of such treatment. The attending physician will need to document this in writing to the Program Director.

If a student becomes pregnant, ill or injured while enrolled in the program, a physician must certify in writing that the student is able to continue in the clinical education portion of the program.

Students returning from a medical leave of absence must submit to the Program Director a current physical exam and current medical history before they will be permitted to re-enter the program.

Pregnancy Policy

Students, program faculty, and clinical faculty follow state regulations regarding pregnancy in the workplace.

Disclosure of pregnancy to Long Island University and clinical affiliate officials is voluntary. However, students and faculty must understand and accept the health risks and possible limitations associated with participation in the Respiratory Care program during pregnancy. Involvement in laboratory and clinical coursework that includes potential exposure to radiation, anesthetic gas, and/or other potentially toxic chemicals is not recommended for pregnant students or faculty. It is also prohibited for pregnant students or faculty to participate in lab or clinical coursework that involves the delivery of therapy or drugs that alter the course of a pregnancy.

Clinical affiliates have the right to maintain site-specific policies and procedures with regards to pregnancy during clinical rotations. These specifications may prohibit pregnant students or faculty from being assigned to the respective site. Should this occur, the Director of Clinical Education would attempt to accommodate the student with a different clinical site; however, reassignment is not guaranteed.

Pregnant students may be delayed in completion of the Respiratory Care program based on clinical site availability and/or inability to complete required competency skills. Students who are pregnant maintain the right to take a leave of absence from the program due to the potential health risks associated with pregnancy and participation in the curriculum. Upon return to the program, the student must demonstrate all essential skills set forth by the Respiratory Care program coursework with a passing grade.

Urine Drug Screening

Students must be aware that many affiliate institutions/businesses require drug testing prior to the clinical rotation. For this reason, all clinical students will be sent for urine drug screening. Testing is at the expense of the student. The student will have to provide testing results to the Director of Clinical Education before entering the clinical portion of the program. If a positive result occurs, the student will not be allowed to attend clinical at any site until the student demonstrates two consecutive negative results spaced 30 days apart.

Alcohol, Smoking, and Drugs

LIU is committed to maintaining an alcohol, smoke and drug free environment. Any student associated with the unauthorized possession, use and/or abuse of the above stated substances during clinical hours, on the premises of the clinical site, will be suspended immediately from clinical.

A Clinical Incident Report will be filed by the Clinical Preceptor, and the Director of Clinical Education will be contacted immediately. The student will have to meet with the Program Director, Director of Clinical Education, and Clinical Preceptor. Any disciplinary action will be up to the discretion of the Program Director.

4.5 BLS, ACLS & PALS CERTIFICATION

All students enrolled in the Respiratory Care program must hold the CPR certification in “Basic Life Support for Healthcare Providers” from the American Heart Association (AHA) prior to the start of clinical rotations. A copy of the card must be provided to the Director of Clinical Education as proof of current BLS Certification for Health Care Professionals before entering clinical rotations. It is the student’s responsibility to keep their certification current. Certification in “Advanced Cardiac Life Support” and “Pediatric Advanced Cardiac Life Support” will be taught as part of the clinical course work and is required for graduation. Absence from either of these courses will be treated as a clinical absence (refer to Clinical Attendance Policy).

4.6 MALPRACTICE INSURANCE

Each student entering the program must apply for malpractice insurance. Information for acquiring the correct malpractice insurance policy is provided to each student prior to the start of the first clinical rotation. The student must ensure that the policy will cover them for the full term of the program. The cost of the malpractice insurance is the responsibility of the student.

4.7 CRIMINAL BACKGROUND CHECK

Criminal background checks are requested of all students at their own expense. The results are to be completed and submitted to the Director of Clinical Education or performed at the affiliate site. If the clinical site deems that the student is unfit to attend clinical at their hospital/agency and equivalent experience cannot be provided, the student will be unable to complete degree requirements for the B.S. in Respiratory Care degree and will be counseled in accordance.

4.8 HOSPITAL ORIENTATION

Prior to the start of clinical rotations, each student must attend orientation sessions at assigned clinical sites. In these sessions, the students will be educated on such topics as: Fire Safety, Universal Precautions, Patient Safety, HIPAA, OSHA, Infection Control, Electrical Safety and Hospital Code Policies. The student will be required to have a mask fit test at one of the clinical affiliates. The student will be required to use PPE (this includes gloves, N95 mask, goggles or face shields, and gowns) in patient care areas in accordance to facility policies and regulations. The student will be required to sign a disclaimer stating that they have attended these education sessions and the topics covered will be listed.

4.9 CLINICAL ATTENDANCE

Attendance

Attendance, at all clinical sessions, is mandatory. Absences from clinical should occur only under very extreme conditions and any clinical days missed must be made up. The schedule for make-up of clinical days will be at the discretion of the Director of Clinical Education.

Respiratory Care students of Long Island University are supervised at all times during clinical rotations. When a Clinical Instructor is provided the ratio of student to faculty is 6 to 1. When an instructor is not provided the student will meet with the affiliate's preceptor and be placed with a clinician for each day of the rotation. Students are never to be left alone or unsupervised at the clinical site.

The student must report to clinical fifteen minutes prior to the start of their shift. If the shift begins at 7:00 AM then the student should arrive by 6:45 AM, unless otherwise specified by the Director of Clinical Education or Program Director.

The student must check in and out with the Clinical Instructor or Preceptor when beginning and ending the clinical shift. If the student does not check in or out, the shift will be considered not worked and must be made up. All students are expected to Time In and Time Out of the DataArc system at the beginning and end of each clinical day. If there is a problem with the website the Clinical Instructor at the clinical facility must call the Director of Clinical Education to report the students' arrival and/or departure time. If the site that the student is rotating through does not have access to DataArc the Clinical Instructor/Preceptor should report the students' arrival and departure time in the Clinical Booklet. If the Clinical Preceptor is unavailable the student must contact the Director of Clinical Education to "time in" and "time out" by phone. Students are not allowed to stay longer than the scheduled clinical hours or change the clinical schedule of hours without the approval and permission of the Director of Clinical Education.

Failure to Time In or Time Out or Falsification of Hours will result in the following:

1st Violation: The student will receive a verbal warning from the Director of Clinical Education.

2nd Violation: The student will receive a Clinical Incident Form documenting the occurrence of the two missing entries.

3rd Violation: The student will make up the clinical day.

Students must not leave a clinical site or clinical rotation early for any reason without the notification and permission of the Director of Clinical Education. Any violation of this policy will be documented by the Clinical Preceptor, Director of Clinical Education, or Program Director on a Clinical Incident Form (Appendix). The student will then be placed on academic probation for the remainder of his/her clinical experience. A second violation will result in immediate dismissal from the program.

Absenteeism

Any student who is going to be absent on a scheduled clinical day, must adhere to the following procedure:

1. Call the Director of Clinical Education at 718-488-1492 (or at the cell phone provided by the DCE) to report your absence at least one hour prior to your report time.
2. Call your assigned clinical site and report to the preceptor/staff that you will be absent. Do not leave a message. The call must be made at least one hour prior to your report time.
3. Two days absence due to illness will require a physician's note to clear you to return to clinical. The note must be dated on one of the days of illness.

Tardiness

Tardiness is defined as lateness greater than 15 minutes after your report time. If you are unable to arrive at the scheduled time the student must follow the procedure below:

1. Call the Director of Clinical Education at 718-488-1492 (or at the cell phone provided by the DCE) to report your lateness.
2. Call your assigned clinical site and report to the preceptor/staff that you will be late. Do not leave a message. The call must be made as soon as the lateness is anticipated.

**** Please note ****

The Clinical Preceptor has the right to send you home if tardiness is greater than one half hour after the scheduled reporting time. Should the student be sent home, the infraction will be recorded as an absence.

Tardiness due to illness will require medical clearance. Upon your arrival to the clinical site you will report to the Clinical Preceptor who will determine if you should seek further medical attention or be sent home.

Clinical Meetings

All students are required to attend weekly scheduled clinical meetings. The meetings are viewed as clinical time and absences/tardiness will follow the clinical attendance policy.

Results of Attendance Violations

Violations are defined as an absence and/or tardiness.

1. A Clinical Incident Report (Appendix) will be filled out by the Clinical Preceptor / Director of Clinical Education or Program Director to document the absence or tardiness.
2. The Incident Report will be followed up with a student conference and a summary of the clinical incident will be completed to document the meeting.
3. Make-up time:
 - a. Absence must be made up, but a made-up day does not remove the recorded absence from your record.
 - b. Three reports of tardiness are equivalent to 1 day absent, and this day must be made-up.
4. The student will receive a written Academic Warning Form (Appendix) on the occasion of the 2nd violation and this will result in academic probation for the remainder of his/her clinical experience.
5. A 3rd violation will result in reduction of the student's clinical grade. Students that have three clinical attendance violations will be dropped one letter grade (e.g. A to B, B to C, C to F) on their final clinical grade.
6. A 4th violation will result in dismissal from the program.
7. Attendance and punctuality are included in the affective evaluation performed at mid-term and semester end.

Acute Febrile Respiratory Illness Policy

As a part of your Respiratory Care clinical experience, you may come into contact with patients having communicable diseases. To protect yourself from cross contamination, you should continue to use all standard and advanced precautions as applicable. Airborne and Contact precautions need to be taken with any patient presenting with an acute febrile respiratory illness. An acute febrile respiratory illness is defined as a recent onset of fever of 100-degree F or greater and at least one of the following symptoms of nasal congestion, sore throat or cough.

If you develop an acute febrile respiratory illness, you will be excluded from clinical for seven (7) days or until symptoms have resolved. It is strongly advised not to attend classes on campus as well. The Physician Documentation form must be completed and returned to the Director of Clinical Education. This form provides permission to return to the clinical rotation.

Physician documentation of an acute febrile respiratory illness will permit individual programs that are able, to make accommodations for missed clinical experience, and departmental only course work for the time period of this specific illness. Please note that each student's situation is unique and will be handled on an individual basis. Students who are diagnosed with an acute febrile illness and who are provided prescriptions for Tamiflu will be asked to sign a declaration that they will fully comply with the discharge plan and complete the full prescription as directed. Failure to comply with prescription requirements will result in the clinical absences being classified as unexcused which would count against the total number allowed in the rotation/semester.

Your cooperation with our efforts to promote health, welfare and safety of the community is greatly appreciated.

Sickness or Injury During Clinical

Any student that becomes sick or injured at the clinical site must notify the Director of Clinical Education, at the earliest possible opportunity. The student will be provided medical care at the clinical facility's emergency department. If the facility does not have an emergency department, the student will be notified where medical assistance can be obtained. Any medical services required to treat the student will be covered by the student's personal insurance or at their own out-of-pocket expense. A medical release note, from a physician, will be required prior to the student resuming any clinical functions.

If a student does not require emergency room services, or refuses those services, the student will be required to obtain a medical release note from their private medical physician. The physician note will be provided to the Director of Clinical Education prior to the student returning to clinical.

The determination for the student to be dismissed early because of illness or injury is left to the discretion of the Clinical Preceptor with the Director of Clinical Education. The Director of Clinical Education must be notified prior to the dismissal of the student. The Director of Clinical Education will then decide if the student should be sent home or if the student should complete the clinical day. If the student is sent home, it is at the discretion of the Director of Clinical Education as to whether the student will be required to make-up the clinical day.

4.10 PERSONAL DAY

Each student will be provided with one personal day to use during the fall and spring semesters. The request for the day must be made at least one week prior. The requested day must be approved by the Director of Clinical Education and within discretion cannot be requested on any specialty rotation.

4.11 SNOW DELAYS AND CANCELLATIONS

During the clinical portion of the Respiratory Care program the Program Director reserves the right to postpone or cancel classes due to inclement weather and her decisions are independent from those of the college. A decision will be reached prior to 5:00 AM on a clinical day and a message will be posted on the college website or the phone tree will be activated. The Director of Clinical Education will notify the clinical sites of the altered or canceled schedule.

LIU is responsible for preparing the student for employment in his/her chosen career. Hospitals expect that professional staff that provides direct, essential patient care will make every effort to attend work during inclement weather. Therefore, the student should not expect scheduled clinical days to be canceled unless there is significant snow accumulation or an ice storm during which the roads cannot be cleared and/or treated to enable safe surface travel.

4.12 PROFESSIONAL ATTIRE AND CONDUCT

Clinical Dress Code

As a respiratory care student in clinical practice, the student is a representative of both the program and the respiratory care profession. Often, a patient's and fellow healthcare professional's opinion will be based on the student's appearance. While a professional appearance does not guarantee professional competence, it will certainly enhance credibility.

As a result, the following dress code must be adhered to during all clinical functions. The following are guidelines but are not inclusive. Clinical and program faculty reserve the right to determine whether or not a student's appearance meets appropriate professional and program standards.

All students must wear **navy blue scrubs**. The scrubs must be clean, neat and pressed at all times. All undergarments, including socks, must not show through the uniform attire. All students are required to wear a white lab coat. Lab coats must be worn over the navy blue scrubs while performing patient care. Lab coats must be clean, neat and pressed at all times. Students must remain in uniform for the entire clinical shift.

For some clinical activities the student will be required to wear business casual attire with their clinical lab coat. Jeans are not allowed as business casual. If a student must go onto the clinical areas after the clinical shift (e.g. to prepare a case study, use a patient chart, etc.) business casual attire with a clinical lab coat are appropriate and expected.

All students are required to affix a program ID badge to their lab coat. The identification badge must be visible at all times during the clinical day. Students are also required to introduce themselves when in the clinical setting. When caring for patients, the student must give their name and state that they are a respiratory student with the LIU Brooklyn Respiratory Care program.

Proper footwear is required. Appropriate shoes mean either white leather sneakers, nursing shoes or a pair of walking shoes with rubber soles. If a student chooses to wear sneakers, they must be completely white and the manufacturer's logo must be discreetly displayed.

All students must be well groomed. **No perfume or cologne** can be worn to the clinical site. Hair must be clean, neat and styled in a manner consistent with a professional appearance. Long hair must be pulled back from the face, so it does not interfere with patient care. Any and all beards and/or mustaches must be clean, neat and trimmed. **Artificial nails, nail extenders and/or nail decals are prohibited while in clinical.** Fingernails must be kept short, clean and healthy. Natural nail tips must be kept less than ¼ inch in length and be well manicured. If nail polish is worn, it must be a neutral color and must not be chipped or peeled.

Gum chewing is not allowed while in uniform. Smoking is also not permissible while in clinical uniform. If an obvious smell of smoke is evident on the uniform or student, the student will be sent home and the clinical day will be documented as an absence from clinical.

All students are required to wear a watch with a second hand. The only other jewelry permitted to be worn, in addition to the watch, is a wedding ring, and/or one pair of small earrings. Absolutely no other visible body-piercing jewelry is permitted. Tattoos must be discretionary and

respectful. If a tattoo is felt to be unacceptable (patients and co-workers in the hospital environment could be offended) the student will be required to cover the tattoo during all clinical rotations and activities.

In addition to the proper dress code, *all students are required to carry a stethoscope, a pair of medical scissors, pocket calculator, clinical notebook, clinical ID badge and student college ID and either a blue or black ball point pen.* Students without the proper equipment/identification will be considered unprepared for clinical and will be given an academic warning. If the student continues to come to clinical unprepared he/she will be sent home and the clinical day will need to be made up.

Cellular phones are not permitted to be carried during clinical time. If they are being stored with the student's other personal belongings, they must be turned off. Any beepers/pagers that are carried, must only be used for emergencies and must be placed on vibrate mode.

Any student who is deemed in violation of any of the above dress code standards or is not found to be presentable at any time during clinical by the Clinical faculty and/or Program faculty **will be sent home.**

At that time **a clinical incident report** will be filled out and the student will be credited with an absence for the day. A second infraction may result in the student being dismissed from clinical and their standing in the program will be up to the discretion of the Program Director.

Clinical Conduct

Each student is expected to conduct him/herself in a professional manner at all clinical affiliates or in public whilst in uniform and/or identifying themselves as students of the Respiratory Care program at LIU Brooklyn. Students are required to introduce themselves to the patient, family and other involved health care workers as a student in the Respiratory Care program at LIU Brooklyn prior to any interaction, care given or procedure(s) performed on patients in the clinical facility.

Under no circumstance are students to perform any invasive medical procedure to anyone other than a patient with a written medical order. Medical procedures are only to be performed on patients who have a written physician's order in the chart. Students are not permitted to accept verbal or telephone orders for patients. All procedures performed at the clinical facility will adhere to the policy and procedure manual at that facility.

Each student's attitude, conduct and physical appearance reflects on the program, the student and the profession of Respiratory Care. Unethical or otherwise unprofessional conduct will not be tolerated. Violations of this policy will be handled in the following manner:

1. The Clinical Preceptor will fill out a Clinical Incident Report (Appendix) and notify the Director of Clinical Education immediately.
2. The Clinical Preceptor, Director of Clinical Education and Program Director will meet with the student and inform him/her of the specific offense.

3. Based on the outcome of this meeting the Program Director may recommend that the student be placed on disciplinary probation for the remainder of the program or that the student be dismissed from the program immediately.

All students are required to follow the program's clinical policies as well as the policies and procedures of each clinical affiliate during clinical rotations. Students failing to do so will receive a **Clinical Incident report** for each incident that occurs. Greater than three clinical incidence reports may result in dismissal from the program.

A student that demonstrates misconduct will be counseled by the Program Director and/or the Director of Clinical Education. The issuance of three counseling forms due to misconduct in the classroom or clinical settings will result in dismissal from the program.

Note: Clinical sites have the right to dismiss students from clinical if their behavior is inappropriate. Students should regard themselves as guests of the clinical sites and behave accordingly.

A counseling form will be filled out for any and all consultations between Clinical faculty, program faculty and a student relating to clinical or academic progress, attendance, tardiness, and all disciplinary problems. This report and all other clinical paperwork will be maintained in the student's clinical file. This report shall contain the names of all persons present, the date and time of the meeting, the specific problems discussed, the recommendations made, and it must be signed by all present.

Unsafe to Practice

Should it be determined by the instructional staff and/or program faculty that a student is considered "unsafe" with regard to clinical practice the following steps will be taken:

"NOT SAFE" is defined as follows: In the expert opinion of the Clinical Preceptor, Director of Clinical Education and/or Program Director, the student may put patients, other medical professionals, themselves or their fellow students at risk by use of improper or inadequate practice of medical procedures or tasks. These risks include, but are not limited to: poor aseptic technique, inadequate instrument or procedure knowledge, the unsafe execution of a procedure, or unprofessional behavior. If it is deemed that the student is "unsafe to practice":

1. The student will be notified immediately that they have been deemed "unsafe". removed from clinical and/or lab settings.
2. The student will be removed from the clinical and/or lab setting and will not be permitted to return.
3. Written notice by the Director of Clinical Education and/or Program Director will be given to the student documenting the reasons for the unsafe grade.
4. Faculty will notify the Program Director that an unsafe grade has been issued.

The grade submitted for the course for any unsafe clinical procedure will be "F". The student may appeal the unsafe clinical grade by following the Grievance Policy. While the appeal process is conducted the student will be allowed to attend lecture sessions but not clinical. If

during the grade appeal process the unsafe clinical grade is removed, the student must complete all clinical missed. If the appeal is denied, a grade of F will be listed for the clinical course. Any student who receives an "F" due to unsafe clinical practice will not be eligible for re-admittance to the program.

4.13 CLINICAL GUIDELINES FOR ARTERIAL PUNCTURES

All arterial blood gas draws must only be performed after a written order has been obtained by the physician. All clinical students will be under the direct supervision of a Clinical Preceptor while performing arterial blood gases in the clinical facility until a competency for that procedure is completed. Each student is responsible for performing ten successful radial arterial blood gas punctures. All arterial blood gas punctures must be recorded on the "ABG puncture record" by the student and signed by the clinical instructor/preceptor (even if the attempt was unsuccessful) until ten (10) successful arterial blood gas punctures have been completed. After successfully completing the ABG record, the student may perform the arterial puncture competency. If the clinical instructor/preceptor deems the student to be competent he/she will be signed off. When the competency is complete the student may perform radial arterial blood gas punctures in the clinical facility without the direct supervision of the Clinical Preceptor.

The student will assess the patient and attempt a radial arterial puncture first following the policy and procedure of the clinical facility. If it is necessary to perform a brachial arterial puncture the supervision of a clinical preceptor must be obtained for any and all brachial arterial punctures. If a student performs a brachial arterial puncture without the direct supervision of the clinical preceptor the student will be considered "unsafe to practice" and the policies provided in section 4.10 of the student handbook for "Unsafe to Practice" will be followed.

4.14 CLINICAL EDUCATION HOURS

Clinical hours are scheduled from 7:00 am to 7:30 pm and 7:00 am to 3:30 pm during the academic year. The student must report to clinical fifteen minutes prior to the start of their clinical shift. The Clinical Preceptor will give the student access to a computer to allow the student to Time In to DataArc, or will sign the student's Clinical Booklet, at the beginning each shift.

4.15 TRANSPORTATION AND FEES

LIU has agreements with area healthcare facilities for the clinical portion of the respiratory care program. The university will not provide transportation to these sites. Therefore, students are expected to arrange for transportation to their clinical sites.

Each student is responsible for his/her own meals at the clinical site. In some instances on site cafeterias are not available and a packed lunch must be supplied. At some clinical facilities, parking fees are charged. Each student will be responsible for paying these fees.

4.16 HOSPITAL RULES AND REGULATIONS

The Clinical Preceptor reserves the right to send a student home if the student breaches any hospital specific policies or procedures. At that time the Director of Clinical Education will be notified and a clinical incident report will be filled out. The program will be responsible for any and all subsequent disciplinary action.

All students borrowing reference material from any hospital library or in possession of any hospital property, at any affiliate shall assume total and final responsibility for the condition, return, and replacement of the material or property.

Documentation

Falsification of documentation will automatically result in dismissal from clinical and may result in dismissal from the program. The Director of Clinical Education will be notified and a clinical incident report will be filled out. Falsification includes, but is not limited to the following: Charting a procedure on a patient that was not performed, charting prior to performing the procedure, falsifying information or forging the Clinical Preceptor's signature on clinical paperwork.

HIPAA/PHI Guidelines

All students will comply with the policies and procedures governing the use and disclosure of individually identifiable health information under federal law 45 CFR parts 160 and 164 HIPAA. All students are required to **de-identify individually identifiable health information in the records produced and retained by them.**

Any paperwork or radiography that a student produces must not have any reference to the patient's name or the hospital. No PHI (Personal Health Information) can be put into any university or personal computers or hand-held personal devices. Students are prohibited from photographing any hospital documents or patients. Any breach of PHI or HIPAA privacy or non-disclosure requirements must be reported to the hospital or medical facility immediately.

Any student who violates PHI or HIPAA privacy or non-disclosure requirements will be dismissed from the program. The student may appeal the decision to the Dean, School of Health Professions. The decision made by the Dean, School of Health Professions will be final. The student is not eligible to reapply to the Respiratory Care program.

4.17 CLINICAL GRADING

To obtain complete grading criteria the student must refer to the Syllabus that pertains specifically to each clinical rotation.

The student's final clinical grade for the semester is dependent upon their achievement in the following areas: attendance and punctuality, documentation, clinical competencies, clinical assignments, case studies, student affective evaluations, clinical practical exams, and clinical written exams. All clinical assignments and rotations must be complete to continue on to the following clinical semester.

Grading Policy

A minimum grade of a "C+" in all categories is required in order to pass clinical. A student affective evaluation will be performed by either the Director of Clinical Education or Program Director twice a semester, once at the mid-semester mark and again at the end of the semester. A failing grade on the student's mid-semester affective evaluation will result in the student being issued an academic warning. A failing grade on the student's final affective evaluation will result in an automatic failure of the clinical course.

Students finishing a clinical course with a grade of "C+" or higher, but failing the written or practical examination will receive an incomplete grade (I). The student will be afforded the opportunity to re-take the examination **once**. A grade of no higher than "C+" will be awarded for the re-examination. Students finishing a clinical course with a failing grade and/or who have failed the written or practical examination will not be permitted to progress to the next clinical semester. These students will be required to repeat the course the following year.

Student evaluations and examination results are for the benefit of each student. As such, the student will have access to those records. Any dispute concerning an evaluation or clinical grade must be made in writing to the Director of Clinical Education. The Director of Clinical Education will then review the situation with the student and the faculty involved and take appropriate action.

Clinical Grading Criteria:

Students should refer to the clinical course syllabi for a comprehensive breakdown of clinical grading for each semester. In addition to clinical assignments each clinical course will include an Affective Evaluation, Clinical Practical Exam and a multiple-choice Clinical Exam.

Affective Evaluation

This formal evaluation of the student's clinical performance is completed by the Director of Clinical Education, Program Director, or Clinical Preceptor. The Affective Evaluation is performed at the end of each rotation to assess the student's professional qualities. Each student must receive a minimum score in each section in order to pass. If the student receives a failing grade on a mid-semester evaluation the student will be issued an Academic Warning. Students must pass the Affective Evaluation in order to pass clinical regardless of their clinical grade for assignments and exams. If the student receives a second failing grade on the Affective Evaluation (at end semester) the student automatically fails the clinical course, will not be allowed to continue to the next clinical rotation, and may be excused from the program at the discretion of the Program Director.

Definition of Terms Used and Grading Equivalents for the Affective Evaluation:

	Term	Definition	Grade Equivalent
5	Exceeds Standards:	Every time	(100%)
4	Consistently:	Constant Adherence	(80-99%)
3	Meets Standards:	Normally: Under normal conditions	(60-79%)
2	Needs Improvement:	Now and Then / From time to time	(40-59%)
1	Rarely:	Infrequent or seldom	(<40%)
0	Not Observed		

Clinical Practical Exams

A practical exam will be given at the end of each of the clinical semesters. These exams will test the student's application of theoretical knowledge in a clinical setting. The testing will take place in the program's laboratory, using equipment supplied by the program. Testing will be administered by the Director of Clinical Education, Program Director and faculty as needed. All students must pass this exam in order to pass the clinical course for the semester. (Please refer to the clinical grading policy for more specific information).

First and Second Clinical Practical:

During the final exam week, all students will be tested for competency on the procedures listed, but not limited to:

PPE

Oxygen Therapy Devices

Physical Assessment

Small volume nebulizer/MDI/DPI

IPPB

CPT/EZPAP/HFCWO (Vest)

Bedside Spirometry

Bedside Mechanics

Manual Resuscitator

Third and Fourth Semester Clinical Practical:

During the final exam week, all students will be tested for competency on the procedures listed, but not limited to:

Initiation of Mechanical Ventilation (Adult/Neonatal/Peds)

Troubleshoot mechanical ventilator (Adult/Neonatal/Peds)

Non-invasive ventilation (Adult/Neonatal/Peds)

Ventilator Assessment (Adult/Neonatal/Peds)

Airway maintenance

Suctioning

Failure to demonstrate competency on the testing date will require the student to retest. Should the second attempt be failed, a failing clinical grade will be submitted regardless of the student's current grade standing. Failure of the rotation would require the student to repeat the course, which will delay on-time graduation.

Multiple-Choice Clinical Exam

A multiple-choice exam will be given in conjunction with the final practical exam for each clinical semester. This will test the student's theoretical and applied knowledge in a format similar to the National Board for Respiratory Care's certification exam. All students must pass this exam in order to pass the clinical course for the semester. (Please refer to the clinical syllabi for more specific information).

Clinical Records

Daily Clinical Progress Report: Students are responsible for documenting their daily clinical activities on the DAILY CLINICAL PROGRESS sheet. It should include a brief description of activities performed, clinical experiences observed, equipment used and a description of all physician interactions. Each daily log must be verified by the Clinical Preceptor and also serves as the record of attendance for each clinical rotation.

Daily Performance Evaluation: Performance evaluations are completed by the Clinical Preceptor for every clinical day as part of the Daily Clinical Progress Report. Evaluation is based on direct observation of your ability to perform clinical skills as well as your work ethic and professionalism. IT IS THE STUDENT'S RESPONSIBILITY TO PROVIDE THE PRECEPTOR WITH THE CLINICAL BOOKLET AT THE END OF EACH DAY.

Physician Interaction Log: The PHYSICIAN INTERACTION FORM must be completed for any interaction with a physician or group of physicians. The description of your experience should include the setting, the name of the physician or physicians, specifics of the encounter and learning experience through this interaction. All Physician Interaction Forms must be

verified by the Clinical Preceptor. Please note that students are expected to attend and document ICU physician rounds in the spring clinical semester.

Clinical Affiliate Evaluation: At the end of each clinical rotation, the student is required to evaluate their assigned clinical site(s). The form(s) is completed anonymously and kept on file by the Director of Clinical Education. The clinical affiliates are allowed to view the evaluations at the end of each academic year.

Arterial Blood Gas Record: After completion of the Arterial Blood Gas (ABG) competency in lab the student is responsible for completing and recording ten successful arterial blood gas procedures. Each ABG attempt, whether successful or unsuccessful must be signed by the clinical preceptor observing the student's performance. Upon completion of ten successful ABG procedures the student must give the record to the Director of Clinical Education. The student is responsible for completion of the ABG record prior to graduation.

Clinical Notebook:

The student is responsible for creating and carrying with them to all clinical rotations and activities a clinical notebook. This notebook will incorporate the Clinical Booklet, all clinical competencies, signed in the lab and available for practice in the clinical setting. It will also contain clinical assignments, notes taken by the student during clinical lectures, and pertinent calculations the student may need to refer to for that clinical semester.

This notebook must be available at all times for review by the Clinical Preceptor and/or Director of Clinical Education. It is the student's responsibility to keep the notebook organized.

Competency Evaluations

Competency evaluations are specific to the clinical application of respiratory care procedures being taught in the classroom and laboratory. Each clinical competency is dedicated to an individual procedure. The student must express complete theoretical understanding as well as demonstrate each procedure successfully in lab. Once documented, the appropriate lab faculty will sign the competency and only then will the student be permitted to perform the procedure in the clinical setting.

All competencies completed and signed in lab must then be stored in the student's clinical notebook. Any clinical or program faculty can ask to see this information at any time. When the student again demonstrates successfully, theoretical and practical knowledge of the same procedure in clinical, the form is signed by the appropriate witnessing clinical faculty. All signed clinical competency forms must be submitted to the Director of Clinical Education. It is the responsibility of the respiratory care student to keep track of his/her competencies and have them completed, signed and submitted to the Director of Clinical Education before the end of each semester. If a student feels that they may not be able to complete an assigned competency it is their responsibility to inform the Director of Clinical Education three weeks before the end of the semester so that arrangements for completion can be made.

Any incomplete clinical competency in a particular semester will be carried over into the following clinical practice course. The student is expected to have those competencies completed, in addition to their current list of clinical competencies, by the end of that semester.

Finally, all the clinical practice courses are cumulative. Information and clinical competencies from earlier courses are repeated during latter clinical experiences. If a student demonstrates the inability to perform a competency in clinical, they will be asked to review and repeat the competency in the lab. Once performed adequately, the Director of Clinical Education will notify the Clinical Preceptor that the competency can be reattempted in the clinical setting.

Competencies for Clinical Experience I

- Hand Hygiene/Standard Precautions
- Bulk Medical Gas Supply Systems
- Gas Pressure and Flow Regulators
- Oxygen Blender
- Oxygen Analysis
- Oxygen Therapy
- Humidification Therapy

Competencies for Clinical Experience II

- Humidification with an Artificial Airway
- Aerosol Generators: LVN
- Aerosol Medication Delivery: Nebulizer Solution
- Aerosol Medication Delivery: Continuous Neb
- Aerosol Medication Delivery: MDI, DPI
- Sputum Induction
- Chest Physiotherapy
- Incentive Spirometry
- Intermittent Positive Pressure Breathing (IPPB)
- Breathing Exercises
- Directed Cough
- Positive Expiratory Pressure (PEP)
- Intrapulmonic Percussion Ventilation (IPV)

Competencies for Clinical Experience III

- Bedside mechanics
- Manual Ventilation
- Pharyngeal Airway Insertion
- Endotracheal Suctioning
- Nasotracheal Suctioning
- Oral Endotracheal Intubation
- Tracheostomy Care
- Tracheostomy Tube Change
- Extubation
- Artificial Airway Care
- Cuff Care
- Capnography/Capnometry
- Arterial Puncture
- Arterial Line Sampling
- Bench-Top ABG Analyzer Maintenance
- ABG Analysis
- ABG Interpretation
- Screening Spirometry
- Flow-Volume Loop (FVL)
- Maximum Voluntary Ventilation (MVV)
- Spirometry Screening Interpretation
- Electrocardiography
- ECG Interpretation
- Hemodynamic Measurements
- Shunt Studies
- Chest Drainage System Assembly
- Bronchoscopy Assisting
- Oxygen-Conserving Devices
- Discharge Planning

- Home Care Evaluation
- Home Care Ventilation
- Home Oxygen Administration
- Home Nebulizer Administration
- Home CPAP Application
- Home Apnea Monitoring

Competencies for Clinical Experience IV

- CPAP/BiPAP Initiation
- Adult Ventilator Initiation
- Ventilator Circuit Change
- Adult Patient -Ventilator System Care
- Ventilator Weaning Protocols
- Nasal CPAP Initiation
- Oxygen Hood
- Oxygen Tent
- Neonatal/Pediatric Ventilator Initiation
- Neonatal/Pediatric Patient-Ventilator System Care

Case Study and Clinical Assignments

As assigned in the clinical syllabus. Information is provided to the student at the beginning of each semester.

5.0 PROGRAM COMPLETION

5.1 GRADUATION REQUIREMENTS

Graduation from the Respiratory Care program requires that the student successfully pass each RC course with a “C+” or better. The student must apply for graduation. Once the transcript is reviewed by records and registration the student is cleared for graduation and earns a baccalaureate degree in Respiratory Care from Long Island University.

5.2 SELF-ASSESSMENT EXIT EXAMINATIONS

As a requirement for graduation, all students must complete the NBRC Therapist Multiple Choice Self-Assessment Exam (TMC SAE) and the NBRC Clinical Simulation Exam Self-Assessment Exam (CSE SAE). The SAE scores will be used for a percentage of your course grade for Clinical Experience IV (refer to course syllabus). Students who fail to pass the TMC SAE will not be allowed to graduate until the requirement is met and must retake the exam until it is passed. To be eligible to retake the NBRC TMC SAE a subsequent time, the student may be required to participate in remediation, which can include repeating coursework in the areas of identified weakness.

The cost of the NBRC exams, including all retakes, is the responsibility of the student and will be due at the beginning of the fourth semester.

5.3 CREDENTIALING

National Board for Respiratory Care (NBRC)

Credentialing Examinations

Students who successfully complete all pre- professional and professional courses and have fulfilled all baccalaureate degree requirements are eligible to take the National Board exams given by the National Board for Respiratory Care (NBRC). There are two established cut scores for the Therapist Multiple-Choice Examination. Candidates may become eligible to take the Clinical Simulation Examination by achieving the higher cut score on the Therapist Multiple-Choice Examination. The passing point associated with RRT eligibility is higher than the passing point associated with the CRT credential. Individuals who attempt and pass the Therapist Multiple-Choice Examination at the higher cut score and attempt and pass the Clinical Simulation Examination will be awarded the Registered Respiratory Therapist credential.

Eligibility Three-Year Time Limit:

Effective January 1, 2005, new graduates of accredited advanced-level education programs will have three years after graduation to earn the RRT credential. Individuals who do not earn the RRT credential within this time limit will be required to retake and pass the Therapist Multiple-

Choice Examination at the CRT cut score to regain eligibility, and any previous passing performance to earn the RRT credential shall be nullified. Following regaining eligibility by taking and passing the Therapist Multiple-Choice Examination at the CRT cut score, the candidate will have another three years to earn the RRT credential. The individual must apply as a new candidate and pay all applicable fees to take the Therapist Multiple-Choice and Clinical Simulation Examinations.

5.4 NEW YORK STATE LICENSURE

New York State Board for Respiratory Care

Licensure by the N.Y. State Board for Respiratory Care is a requirement for all practitioners to work in the state of New York. Graduates are qualified to apply for licensure upon successful completion of a respiratory care program. Application fee and license fee are the responsibility of the graduate.

The New York State Board for Respiratory Care requires a copy of your high school transcript in order to process your application for state license. Therefore, if you attended high school outside the USA, the Board requires that your transcript be evaluated by World Education Services in New York.

5.5 CoARC PROGRAM EVALUATIONS

Student-Program Resource Survey

The purpose of this survey instrument is to evaluate the program's resources. The data compiled will aid the program in an on-going process of program improvement such as personnel, facilities, laboratory equipment, learning resources, instructional and clinical resources and physician interaction.

This survey is administered annually to all currently enrolled students at the end of each academic year of the program.

Graduate Survey

The purpose of this survey is to help faculty evaluate the program's success in preparing students to function as competent respiratory therapists. Compiled data will be used to evaluate program quality. Data received will be held in strict confidence.

This survey is administered to graduates within six months to a year after graduation.

Employer Survey

The purpose of this survey is to help faculty evaluate the program's success in preparing students to function as competent respiratory therapists. Collected data will be used to evaluate program quality. Data received will be held in strict confidence. CoARC requests that this survey be completed by the graduate's immediate supervisor. Graduates are therefore required to give the program permission to survey employers by signing a release form.

This survey is administered to immediate supervisors at the graduate's place of employment after 6 months of work experience.

6.0 DOCUMENTATION & FORMS

Counseling Form

A student consultation form is to be completed, by the Program Director or the Director of Clinical Education, after any meeting with a student concerning their classroom or clinical performance, personal/social concerns of the student or career advisement. Consultations can be scheduled at the request of the student, the Program Director or the Director of Clinical Education's request.

Counseling is mandatory following the issuance of any clinical incident report or an academic warning. The document will briefly explain the nature of the meeting, allow for the student to comment and must be signed by all parties in attendance.

Academic Warning

An academic warning is issued by the Program Director or the Director of Clinical Education, to any student in danger of failing any aspect of lecture, lab, or clinical. Academic warnings are also issued for violations of Program or Clinical policy such as absenteeism and lateness. Each warning will be followed up with a student conference where a plan of action will be put in place.

Clinical Incident Report

This report is to be filed when a student commits any sort of violation of either program or hospital policy. A Clinical Incident Report can be completed by the Clinical Instructor, the Clinical Preceptor, the Director of Clinical Education, or the Program Director. All Incident Reports will be followed up with a student conference and appropriate action will be taken. The issuance of such a report will have a direct impact on the student's overall clinical grade.

**LIU BROOKLYN
RESPIRATORY CARE PROGRAM**

COUNSELING FORM

Date _____ Course _____

Student _____ Student ID # _____

Faculty _____

Reason for Counseling: _____

Summary of Counseling: _____

Results / Recommendations / Follow-up: _____

Signatures:

Faculty _____ Date _____

Student _____ Date _____

Student's Comments: _____

cc: Student's File

Dean, School of Health Professions

**LIU BROOKLYN
RESPIRATORY CARE PROGRAM**

ACADEMIC WARNING FORM

Date _____ Course _____

Student _____ Student ID # _____

Faculty _____

Reason for Warning: _____ Poor Academic Performance
 _____ Excessive Absenteeism
 _____ Excessive Tardiness
 _____ Other _____

Recommendations:

See _____ for Counseling.

Probation: Yes _____ /No _____

Signatures:

Faculty _____ Date _____

Student _____ Date _____

Student Comments _____

cc: Student's File

Dean, School of Health Professions

**LIU BROOKLYN
RESPIRATORY CARE PROGRAM**

CLINICAL INCIDENT REPORT

Student: _____ Date: _____

Clinical Faculty: _____ Course: _____

Clinical Affiliate: _____

Reason for Warning:

Summary of events and actions:

Recommendations:

Signatures:

Faculty: _____ Date: _____

Student: _____ Date: _____

cc: Student's File

Dean, School of Health Professions

LIU BROOKLYN
RESPIRATORY CARE PROGRAM

Respiratory Care Program Handbook
Acknowledgment Form

I have read completely the contents of the Respiratory Care Program Handbook. I understand its content entirely and agree to abide by all program and clinical policies as outlined herewith.

The additional costs involved in course and program requirements for the purpose of completion of the program has also been explained to me. I understand that these costs are in addition to tuition paid to the university that I attend.

I also acknowledge that violation of these policies may result in disciplinary action, including dismissal from the program. Change to any of the aforementioned policies may become necessary, as deemed appropriate by the Program Director or Director of Clinical Education.

Student Name (printed)

Student ID #

Signature

Date

LIU Brooklyn
Respiratory Care Program
Student Declaration on Essential Functions/Core Performances

Student Name (printed)

Student ID #

I have read the description of Essential Functions/Core Performances for the Respiratory Care Program at Long Island University, LIU Brooklyn. To the best of my knowledge, I am able to perform, or will be able to learn to perform, all of the functions listed.

Signature

Date