

BOROUGH OF MANHATTAN COMMUNITY COLLEGE
THE CITY UNIVERSITY OF NEW YORK
DEPARTMENT OF ALLIED HEALTH SCIENCES
RESPIRATORY CARE PRACTITIONER PROGRAM
2015-2016
STUDENT HANDBOOK
AND
PROGRAM GUIDE



The BMCC Respiratory Care student patch was designed by Jessica Pacheco and Sonia Thomas

Acknowledgement of My Responsibilities as a BMCC RTT Student

I _____, have read and agree to adhere to the policies and procedures described in the 2015-2016 Respiratory Therapy Student Handbook. I understand that the handbook is regularly updated and subject to change as policies evolve. I agree that I am responsible for knowing the current contents of the Student Handbook and adhering to its policies. When policy changes occur, I agree to follow any changed or additional policies. The most current edition of the RTT Student Handbook is available on the BMCC Allied Health Sciences Department website:

http://www.bmcc.cuny.edu/allied-health/respiratory_therapy.jsp

I understand that for learning and security purposes students will be video-taped while participating in Human Patient Simulation Laboratory exercises, during skills testing sessions, and during course examinations. Images and videos made during instruction are the property of BMCC and may be viewed and used for educational and marketing purposes. My signature indicates that I have read this handbook and agree to be photographed and videotaped.

In acknowledgement of the educational opportunities provided to me by the affiliated clinical sites, I agree to comply with all state, local, and federal medical information privacy regulations. Those privacy regulations have been explained to me and I have had training in complying with them. I agree to abide by the Health Insurance Portability and Accountability Act (HIPPA) and all other local, state, and federal medical information privacy requirements during my clinical training rotations.

I understand that I will be held accountable for maintaining the privacy of any information I obtain, see, or am given during my clinical training. I understand that I am bound to adhere to privacy rules even when I am not in a clinical rotation, this includes conversations with family, friends, and peers. I agree not to post or discuss any clinical experience or information regarding my experience with the clinical facility, its staff, or its clients/patients on any internet or social media site. I understand that social media sites are periodically checked for breaches of these privacy policies. I acknowledge that I will be prohibited from returning to the clinical site if I violate its information privacy policies in any way. Such violation may also result in a delay in completing my degree requirements or in further disciplinary action against me by BMCC.

SIGNATURE

PRINT NAME _____ DATE

If you have any questions regarding the policies in the handbook before signing this form, please contact the Respiratory Therapy Program Director, Professor Everett Flannery, at 212-220-8336.

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SECTION I: RESPIRATORY THERAPY PROGRAM OVERVIEW AND GOVERNING PRINCIPLES

BMCC Statement of Mission and Goals

As one of twenty-three colleges within The City University of New York, BMCC shares CUNY's mission to preserve academic excellence and extend higher educational opportunity to a diversified urban population. In addition, Borough of Manhattan Community College is dedicated to providing general, liberal arts, career education and continuing education programs, relevant to the needs, interests and aspirations of students of all ages.

BMCC is accredited by the Commission on Higher Education of the Middle States Association of Colleges and Schools. The Middle States Commission on Higher Education can be reached at:

www.msche.org

The College is committed to offering quality education in a pluralistic urban environment, to fostering excellence in teaching, to facilitate the enhancement of learning, and to sustaining full access to higher education for those who seek fulfillment of personal, career or socioeconomic goals. BMCC is also committed to providing collaborative programs and services responsive to the educational, cultural and recreational needs of the community.

Consistent With its Stated Mission, the College Supports the Following Goals:

- To provide higher education to a diverse urban constituency in support of CUNY's policy of open admissions.
- To provide a collegiate environment conducive to the advancement and reinforcement of teaching and learning.
- To provide all students with a level of proficiency in basic skills to assure their readiness for, and likely success in, college and the workplace.
- To enable and encourage students to make sensible and informed choices in setting their academic, career and personal goals.
- To provide for all students a general education that fosters personal development, intellectual curiosity and critical thinking to enhance informed and effective participation in society.
- To promote multicultural awareness and understanding in our college community and respect for pluralism and diversity in our society.
- To prepare liberal arts and career students for transfer to four-year colleges.

- To prepare students in career programs for employment and career mobility.
- To encourage lifelong learning independent of degree programs.
- To enhance the cultural, recreational and social life of the community.
- To maintain a governance structure that facilitates the participation of faculty, administrators, and students in the life of the College and encourages contributions and involvement by alumni and advisory groups.

Programs Offered by the Allied Health Sciences Department

The Department of Allied Health Sciences offers three professional programs. Follow the links below to learn more about the programs' requirements:

1. [Health Information Technology](#)
2. [Paramedic](#)
3. [Respiratory Therapy](#)

Upon successful completion of any of the three programs, students are awarded the Associate in Applied Science (A.A.S.) degree and are qualified to work as technicians or therapists in a variety of health care agencies.

For more information about Allied Health Sciences careers, please follow the links below:

[American Health Information Management Association \(AHIMA\)](#) for HIT
[Respiratory Therapists](#), [Explore Health Careers.org](#) for RTT
[Paramedic](#) U.S. News *Money* for EMT

Allied Health Sciences Department Statement of Mission and Goals

- To prepare all AHS students to pass the applicable certification and licensing exams.
- To prepare students for successful professional employment in their chosen field.
- To encourage students to adhere to the concept of lifelong learning.
- To encourage students to become involved in their professional organizations.
- To create a challenging and supportive learning environment for all students.
- To provide all students with high-quality clinical practice experiences.
- To encourage faculty to remain current in their disciplines and continuously improve their teaching skills.

The Role of the Respiratory Therapist

Respiratory Therapist (RTs) are licensed healthcare professionals who treat people with conditions affecting the cardiopulmonary system. RTs treat conditions such as asthma, emphysema, pneumonia, cardiovascular disorders, and trauma. The Registered Respiratory Therapist (RRT) is an advanced level practitioner who applies scientific knowledge and theory to provide practical clinical care to respiratory patients. The RRT is qualified to assume primary responsibility for all respiratory care modalities, including the supervision of Certified Respiratory Therapists (CRTs). The RRT is often required to exercise considerable independent clinical judgment, under the supervision of a physician, in the treatment of patients with respiratory dysfunction. In the acute care hospital setting, respiratory therapists provide care and life support to patients in the emergency room, intensive care units, general hospital areas, the pulmonary diagnostics laboratory and other specialty areas such as out-patient clinics and pulmonary rehabilitation units. Therapists use highly sophisticated technical equipment and perform the latest medical procedures to treat patients. There are also many opportunities for respiratory therapists outside of the acute care hospital environment. Opportunities exist in areas such as sub-acute and long-term care, as well as pulmonary rehabilitation facilities. Respiratory Therapists also find employment in education, research, and industry. Patients receiving care from a respiratory therapist range in age from premature infants to the elderly. Respiratory care professionals also perform diagnostic testing of infants, children and adults with underlying medical concerns including cardiopulmonary disease and sleep disorders. As the science of cardio-pulmonary medicine advances, the RRT's scope of practice continues to grow.

For more information on the role of the RRT, contact the main professional organization in respiratory care, the *American Association for Respiratory Care* at:

<http://www.aarc.org/careers/what-is-an-rt/>

BMCC RTT Program Accreditation

The BMCC RTT Program is fully accredited by the *Committee on Accreditation for Respiratory Care* (CoARC), the national agency that evaluates and accredits Respiratory Care education programs. CoARC accreditation allows graduates to sit for the NBRC credentialing examinations which are necessary for licensure in New York and other states.

After an intensive evaluation and on-site inspection in 2006, CoARC approved the BMCC Respiratory Care Program for a full ten year accreditation. The program is due for re-accreditation sometime in 2016. CoARC can be reached at:

CoARC
1248 Harwood Road
Bedford, Texas 76021

Phone: (817) 283-2835
Fax: (817) 354-8519
Website: www.coarc.com

Credentialing in Respiratory Care

In order to qualify for the license to practice Respiratory Care in New York State, students must complete the Associate Degree and pass the professional credentialing examinations administered by the National Board for Respiratory Care (NBRC). The NBRC establishes eligibility requirements for its credentialing examinations. Information regarding the exams may be obtained from the NBRC website: <http://www.nbrc.org>. New York state licensure requirements may be found on the New York State Education Department's Office of the Professions website: <http://www.op.nysed.gov/prof/rt/rtlic.htm>. It is the student's responsibility to meet the BMCC AAS degree, NBRC credentialing, and New York state licensure requirements. Transfer students and others with advanced placement standing must ensure that their transfer credits are adequate to meet BMCC's requirements for graduation and the NBRC's eligibility requirements.

New York State Respiratory Care Practice Act

The practice of Respiratory Care in New York State is regulated by Article 164 of the State Education Law. The law is administered by the State Board for Respiratory Therapy. The complete text of the law with the regulations issued by the State Board can be found at:

<http://www.op.nysed.gov/prof/rt/article164.htm>

Eligible students will receive detailed information on the application process for New York state licensure and NBRC credentialing examinations in the program's fourth semester, but it is the student's responsibility to be aware of the requirements.

Respiratory Therapy Licensure in New York State

Any use of the title "Respiratory Therapist" or "Respiratory Therapy Technician" within New York State requires licensure. To be licensed as a Respiratory Therapist or Respiratory Therapy Technician in New York State candidates must:

- Be of good moral character, be at least 18 years of age; and meet the education and examination requirements established by the State Board.
- Candidates must submit an application for licensure and the other forms indicated, along with the appropriate fee, to the Office of the Professions at the address specified on each form.
- It is the candidate's responsibility to supply any additional material required by the State Board.

The specific requirements for licensure are contained in Title 8, [Article 164](#), Sections 8504 and 8510 of New York's Education Law and [Part 79-4](#) of the Commissioner's Regulations.

Candidates should also read the [general licensing information](#) applicable to all professions.

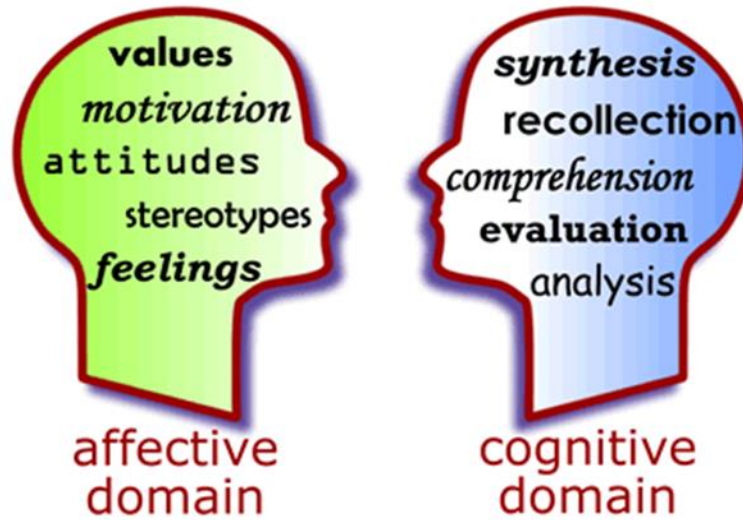
BMCC Respiratory Therapy Program Educational Philosophy

The educational philosophy of the Respiratory Therapy Program is consistent with the mission of the Borough of Manhattan Community College. Faculty respects the diversity both of our students and of the communities of interest that the RTT Program serves. The faculty believes that education is a process through which students gain knowledge, develop skills, and establish and clarify values, in order to realize their individual potential. Students are individuals with unique qualities and learning needs, and they should be appropriately challenged to stimulate inquiry, critical thinking, and synthesis of knowledge. Program faculty uses a variety of instructional strategies to facilitate critical thinking and problem solving. The teaching-learning process must be interactive with students and faculty engaging in a collaborative enterprise of learning, inquiry, teaching, and evaluation. When teaching and learning are successful, students gain the ability to grasp concepts of greater and greater complexity and use their base of knowledge to answer questions and solve problems they have not encountered before. These skills enable our graduates to make decisions and take actions that are both ethical and consistent with the standards of evidence-based clinical practice.

Domains of Learning

Academic instruction equips students with the knowledge and skills needed to practice their chosen profession. This preparation involves three *domains* of learning:

1. The *Cognitive Domain* covers knowledge acquired through class work and study. Cognitive skills are assessed by formal examinations, quizzes, assignments, and class participation.
2. The *Behavioral Domain* includes skills acquired in hands-on laboratory study and patient care practice during clinical training rotations. Each student documents his or her clinical training in the BMCC Student Clinical Manual. Behavioral progress is assessed by lab instructors and clinical preceptors.
3. The *Affective Domain* covers a set of attitudes and behaviors that is just as important to success as a Health Care Practitioner (HCP) as their cognitive and behavioral preparation.



Affect can be described as the other half of knowledge, or *the outward expression of how one feels inside*. The affect that people display is often considered a sign of their level of emotional maturity and professionalism. Affective domain attributes are just as important as academic knowledge and technical skill. Affect is assessed by observation of student's day to day reactions to other people and to situations, particularly his or her reaction to stressful situations. Students should remember that every interaction they have with faculty, staff, and other students is an opportunity to display appropriate affect.

When students ask questions or seek other assistance from a faculty or staff member or a clinical preceptor, it is sometimes necessary for the staff member to ask the student additional questions before giving an answer. These questions are necessary so the staff member can gather more information about the student's needs in order to give the best answer or advice. Students should always display appropriate affect, especially when they feel stressed. In class especially, the instructor is often trying to discover whether the student has an incorrect perception of the material. Incorrect perceptions have to be corrected immediately, or the student may develop long-term confusion about the highly technical material being covered.

People respond positively to others who are polite and respectful. Politeness and respect are the basic elements of a positive affect. Expressions of impatience, anger and hostility, use of abusive language, and disrespectful behavior toward others are not promising signs in a student seeking a career in health care. People who cannot control the outward expression of their feelings during a class, clinical experience, or an advisement session will have a very difficult time succeeding in careers that include the levels of stress found in health care.

SECTION II: RESPIRATORY THERAPY PROGRAM GOALS AND OUTCOMES

RTT Program Role and Expected Student Outcomes

The Program's primary role is to facilitate the development of Respiratory Care Practitioners (RCP's) who are competent to provide high-quality care to a diverse community of clients in a variety of health care settings.

Successful students consistently perform the following behaviors:

- Act in ways that reflects credit on themselves, their school, and the respiratory care profession.
- Demonstrate the ability to gather and evaluate appropriate clinical information.
- Use academic and scientific knowledge to solve clinical problems.
- Describe the patient's problem/s in a clear, concise, and accurate manner using scientific and medical terminology appropriate to the situation and the audience.
- Demonstrate effective communication with other health care professionals and with patients and their families.
- Recommend appropriate respiratory therapy interventions.
- Be able to assist the physician in developing and appropriately modifying the Respiratory Care Treatment Plan.
- Display good judgment and skill in implementing the Respiratory Therapy Care Plan.
- Demonstrate appropriate attitudes toward the role of the Respiratory Therapist as a member of the health care team.
- Practice within his or her legally defined scope of practice and within his or her personal scope of competence.
- Actively participate in fostering the growth of the Respiratory Care Profession.
- Develop a commitment to life-long learning in Respiratory Therapy.

Program Graduate Competencies

Upon completion of the BMCC Respiratory Therapy Associate Degree, the graduate Respiratory Therapist will be proficient in the following program outcomes:

- The graduate will demonstrate the ability to comprehend, apply and evaluate clinical information relevant to his/her role as a Respiratory Therapist.
- The graduate will demonstrate personal behaviors consistent with professional, public, and employer expectations of a Respiratory Therapist.
- The graduate will demonstrate technical proficiency in all the skills identified in the latest NBRC Job Analysis as necessary to fulfill the role of a Respiratory Therapist.

- The tasks identified in the latest NBRC Job Analysis are listed below and can be found at the NBRC website:

<http://labpcrt.nbrc.org/documents/LABPCRT%20DCO%20-%20English.pdf>

I. Patient Data Evaluation and Recommendation of Therapy:

A. Evaluate Data in the Patient Record to include:

1. Patient history
2. Physical examination relative to the cardiopulmonary system
3. Drainage and access devices
4. Laboratory results
5. Blood gas analysis results
6. Pulmonary function testing results
7. 6-minute walk test results
8. Cardiopulmonary stress testing results
9. Imaging study results
10. Maternal and perinatal/neonatal history
11. Metabolic study results
12. Sleep study results
13. Trends in monitoring results
 - (a) fluid balance
 - (b) vital signs
 - (c) intracranial pressure
 - (d) weaning parameters
 - (e) pulmonary compliance, airways resistance, work of breathing
 - (f) effect of noninvasive ventilation
14. Trends in cardiac monitoring results, including:
 - (a) ECG
 - (b) hemodynamic parameters
 - (c) cardiac catheterization
 - (d) echocardiography

B. Gather Clinical Information:

1. Perform the patient interview to access:
 - (a) level of consciousness and orientation, emotional state, and ability to cooperate with care
 - (b) level of pain
 - (c) presence of dyspnea, sputum production, exercise tolerance
 - (d) smoking history
 - (e) environmental exposures
 - (f) activities of daily living
 - (g) learning needs
2. Perform inspection to access:
 - (a) general appearance
 - (b) characteristics of the airway
 - (c) cough, sputum amount and character
 - (d) status of neonate

3. Perform palpation to assess:
 - (a) pulse rate, rhythm, and force
 - (b) accessory muscle activity
 - (c) asymmetrical chest movements, tactile fremitus, crepitus,
 - (d) pain, tenderness, secretions in the airway and tracheal deviation
4. Perform diagnostic chest percussion:
5. Perform auscultation to assess:
 - (a) breath sounds
 - (b) heart sounds and rhythm
 - (c) arterial blood pressure
6. Review the lateral neck radiograph.
7. Review chest radiographs to assess:
 - (a) quality of the image
 - (b) presence and position of tubes and catheters
 - (c) presence of foreign bodies
 - (d) heart size and position
 - (e) presence of, or changes in
 - i cardiopulmonary abnormalities
 - ii hemidiaphragms, mediastinum, or trachea

C. Perform Procedures to Gather Clinical Information, Including:

1. 12-lead ECG
2. Noninvasive monitoring
3. Peak flow rates
4. Tidal volume, minute volume, and vital capacity
5. Screening spirometry
6. Blood gas sample collection
7. Blood gas analysis/hemoximetry
8. 6 minute walk test
9. Oxygen titration with exercise
10. Cardiopulmonary calculations
11. Hemodynamic monitoring
12. Pulmonary compliance and airways resistance
13. Maximum inspiratory and expiratory pressures
14. Plateau pressure
15. Auto-PEEP determination
16. Spontaneous breathing trial
17. Apnea monitoring
18. Overnight pulse oximetry
19. CPAP/NPPV titration during sleep
20. Tracheal tube cuff pressure and/or volume
21. Sputum induction
22. Cardiopulmonary stress testing
23. Pulmonary function testing

D. Evaluate The Results of Diagnostic and Therapeutic Procedures, Including:

1. 12-lead ECG
2. Noninvasive monitoring
3. Peak flow
4. Tidal volume, minute volume, and vital capacity
5. Screening spirometry
6. Blood gas analysis/hemoximetry
7. 6-minute walk test
8. Oxygen titration with exercise
9. Cardiopulmonary calculations
10. Hemodynamic monitoring
11. Pulmonary compliance and airways resistance
12. Maximum inspiratory and expiratory pressures
13. Plateau pressure
14. Auto-PEEP determination
15. Spontaneous breathing trial
16. Apnea monitoring
17. Overnight pulse oximetry
18. CPAP/NPPV titration during sleep
19. Tracheal tube cuff pressure and /or volume
20. Sputum induction
21. Cardiopulmonary stress testing
22. Pulmonary function testing

E. Recommend Diagnostic Procedures. Including:

1. Skin testing
2. Blood tests
3. Imaging studies
4. Bronchoscopy
5. Bronchoalveolar lavage (BAL)
6. Sputum, Gram stain, culture and sensitivities
7. Pulmonary function testing
8. Noninvasive monitoring
9. Blood gas analysis
10. ECG
11. Exhaled gas analysis
12. Hemodynamic monitoring
13. Sleep studies
14. Thoracentesis

II. PERFORM TROUBLESHOOTING AND QUALITY CONTROL OF EQUIPMENT AND ENSURE INFECTION CONTROL:

A. Assemble and Troubleshoot Equipment, Including:

1. Oxygen administration devices
2. CPAP devices

3. Humidifiers
4. Nebulizers
5. Metered-dose inhalers (MDI) spacers, and valved holding chambers
6. Dry powder inhalers
7. Resuscitation devices
8. Mechanical ventilators
9. Intubation equipment
10. Artificial airways
11. Suctioning equipment
12. Gas delivery, metering and clinical analyzing devices
13. Blood gas analyzers
14. Patient breathing circuits
15. Incentive breathing devices
16. Airway clearance
17. Heliox® delivery devices
18. Nitric Oxide (NO) delivery devices
19. Spirometers – hand held and screening
20. Pleural drainage devices
21. Noninvasive monitoring devices
22. Gas analyzers
23. Bronchoscopes and light sources
24. Hemodynamic monitoring devices
 - (a) Pressure transducers
 - (b) Catheters

B. Ensure Infection Control

1. Using high-level disinfection techniques
2. Selection of appropriate agent and technique for surface disinfection
3. Monitoring effectiveness of sterilization procedures
4. Proper handling of biohazardous materials
5. Adhering to infection control policies and procedures

C. Perform Quality Control Measures

1. Gas analyzers and hemoximeters
2. Blood gas analyzers
3. Point of care analyzers
4. Pulmonary function equipment
5. Mechanical ventilators
6. Gas metering devices
7. Noninvasive monitors

III. INITIATE AND MODIFY THERAPEUTIC INTERVENTIONS

A. Maintain Patient Airway Including the Care of Artificial Airways

1. Proper positioning of patient
2. Recognition of a difficult airway
3. Establishing and managing a patient's airway

- (a) nasopharyngeal airways
 - (b) oropharyngeal airways
 - (c) laryngeal mask airways
 - (d) esophageal-tracheal tubes/supraglottic airways
 - (e) endotracheal tubes
 - (f) tracheostomy tubes
 - (g) laryngectomy tubes
 - (h) speaking valves
4. Performing tracheostomy care
 5. Exchanging artificial airways
 6. Maintaining adequate humidification
 7. Initiating protocols to prevent ventilator associated pneumonia (VAP)
 8. Performing extubation

B. Perform Airway Clearance and Lung Expansion Techniques

1. Posture drainage, percussion, or vibration
2. Suctioning
3. Mechanical devices
4. Assisted coughs
5. Hyperinflation
6. Inspiratory muscle training techniques

C. Support Oxygenation and Ventilation

1. Initiating and adjusting oxygen therapy
2. Minimizing hypoxemia
3. Initiating and adjusting mask or nasal CPAP
4. Initiating and adjusting mechanical ventilation settings
 - (a) continuous mechanical ventilation
 - (b) noninvasive ventilation
 - (c) high-frequency ventilation
 - (d) set and appropriately respond to alarms
5. Correcting patient-ventilator dyssynchrony
6. Using ventilator graphics in patient management
7. Performing lung recruitment maneuvers
8. Liberating patient from mechanical ventilation (weaning)

D. Administer Medications and Specialty Gases

1. Aerosolized preparations
2. Dry powder preparations
3. Endotracheal instillation
4. Specialty gases

E. Ensure Appropriate Modifications are Made to the Respiratory Care Plan

1. Treatment termination:
2. Recommend modifications to the treatment plan:
 - (a) starting treatment based on patient response
 - treatment of pneumothorax

- (b) adjustment of fluid balance
 - (c) adjustment of electrolyte therapy
 - (d) insertion or change artificial airway
 - (e) liberating from mechanical ventilation
 - (f) extubation
 - (g) discontinuing treatment based on patient response
3. Recommend treatment plan changes:
 - (a) patient position
 - (b) oxygen therapy
 - (c) humidification
 - (d) airway clearance
 - (e) hyperinflation
 - (f) Mechanical ventilation parameters and settings
 4. Recommend pharmacologic interventions:
 - (a) pulmonary vasodilators
 - (b) bronchodilators
 - (c) anti-inflammatory drugs
 - (d) mucolytic and proteolytics
 - (e) cardiovascular drugs
 - (f) antimicrobials
 - (g) sedatives and hypnotics
 - (h) analgesics
 - (i) neuromuscular blocking agents
 - (j) diuretics
 - (k) surfactants
 - (l) vaccines
 - (m) changes to drug dosage, or concentration

F. Utilize Evidence-Based Medicine Principles

1. Determination of patients pathophysiological state
2. Recommendations for changes in a therapeutic plan when indicated
3. Apply evidence-based therapy or clinical practice guidelines

G. Provide Respiratory Care Techniques in High-Risk Situations

1. Emergency
 - (a) cardiopulmonary emergencies
 - (b) disaster management
 - (c) medical emergency team (MET) rapid response team
2. Patient transport
 - (a) Land/air between hospitals
 - (b) Within a hospital

H. Assist a Physician/Provider in Performing Procedures

1. Endotracheal Intubation
2. Bronchoscopy

3. Thoracentesis
4. Tracheostomy
5. Chest tube insertion
6. Insertion of arterial or venous catheters
7. Moderate (conscious) sedation
8. Cardioversion
9. Cardiopulmonary exercise testing
10. Withdrawal of life support

I. Initiate and Conduct Patient and Family Education

1. Safety and infection control
2. Home care and equipment
3. Smoking cessation
4. Pulmonary rehabilitation
5. Disease management
 - (a) Asthma
 - (b) COPD
 - (c) Sleep disorders

Student Technical Performance Ability Standards

Certain abilities are essential for student success in achieving the competencies required for graduation from the program and for a successful career in the field of respiratory care. These abilities are commonly referred to as *technical performance standards* of the Health Science programs. Prospective students should carefully review the standards and expectations listed in the table below. Please thoughtfully assess your abilities and check off those you feel able to perform, complete the declaration that follows the table, and submit it to the BMCC RTT Program office (N-799-B).

Functional Ability	Core Performance Standard
Gross Motor Skills	<input type="checkbox"/> Move within a confined space <input type="checkbox"/> Sit and maintain balance <input type="checkbox"/> Stand and maintain balance <input type="checkbox"/> Reach above shoulders <input type="checkbox"/> Reach below waist

Fine Motor Skills	<input type="checkbox"/> Pick up objects with both hands <input type="checkbox"/> Grasp small objects with both hands <input type="checkbox"/> Write with pen or pencil <input type="checkbox"/> Key/type (use a computer or machine keyboard) <input type="checkbox"/> Pinch/pick or otherwise work with fingers of both hands <input type="checkbox"/> Twist (turn knobs) with both hands <input type="checkbox"/> Squeeze with fingers with both hands <input type="checkbox"/> Manipulation of precision instruments (e.g. syringes, needles, and bronchoscopes)
Physical Endurance	<input type="checkbox"/> Stand for extended periods <input type="checkbox"/> Stand for extended periods of time wearing radiation protective devices <input type="checkbox"/> Sustain repetitive movement (e.g. performing CPR) <input type="checkbox"/> Maintain physical tolerance (e.g. ability to work an entire shift)
Physical Strength	<input type="checkbox"/> Push and pull over 50 pounds (e.g. transfer, position patients, move heavy equipment) <input type="checkbox"/> Support over 50 pounds of weight (e.g. transfer/ambulate patient) <input type="checkbox"/> Lift over 50 pounds with assistance (e.g. patient transfer bed to chair) <input type="checkbox"/> Move light objects up to 10 pounds <input type="checkbox"/> Move heavy objects weighing from 10 to 50 pounds <input type="checkbox"/> Ability to defend self against combative patient <input type="checkbox"/> Carry equipment/supplies <input type="checkbox"/> Use upper body strength (e.g. perform CPR for an extended period) <input type="checkbox"/> Squeeze with both hands (e.g. operate a 20 pound fire extinguisher)
Mobility	<input type="checkbox"/> Reach full extension (arm extension, elbow flexion) at and above shoulder level <input type="checkbox"/> Twist from the waist while standing or sitting <input type="checkbox"/> Turn while standing <input type="checkbox"/> Bend from the waist and at the knees <input type="checkbox"/> Kneel (e.g. assisting in patient movement and CPR) <input type="checkbox"/> Stoop/squat <input type="checkbox"/> Move quickly (e.g. responding to emergencies) <input type="checkbox"/> Climb (stairs and climb onto stools) <input type="checkbox"/> Walk 1300 feet (approximately 1/4 mile)

Visual Ability	<input type="checkbox"/> See objects up to 20 inches away (e.g. alarms, medication labels, measurement devices) <input type="checkbox"/> See objects more than 20 feet away (e.g. alarms, indicators, patient and family assessment) <input type="checkbox"/> Distinguish scalar markings on instruments calibrated in increments of 0.1 mm (e.g. syringes and graphical displays) <input type="checkbox"/> Ability to use depth perception <input type="checkbox"/> Ability to use peripheral vision <input type="checkbox"/> Ability to distinguish colors (e.g. in clinical instrument displays and alarms) <input type="checkbox"/> Distinguish color intensity (as in clinical instrument displays and alarms) <input type="checkbox"/> Ability to identify the positions of controls and digital displays on medical equipment including in low light conditions <input type="checkbox"/> Ability to recognize and respond to safety issues and hazards
Tactile Ability	<input type="checkbox"/> Ability to feel vibrations (e.g. arterial pulses, tactile fremitus) <input type="checkbox"/> Ability to detect surface temperature <input type="checkbox"/> Ability to detect environmental temperature <input type="checkbox"/> Ability to feel differences in surface characteristics (e.g. skin turgor) <input type="checkbox"/> Ability to feel differences in sizes and shapes (e.g. palpate artery and vein)
Verbal Ability	<input type="checkbox"/> Ability to communicate in a clear and concise manner during daily duties and emergency situations. (Daily duties include patient and family teaching, collaboration with physicians and other health care professionals, presenting case information at interdisciplinary or family meetings. Emergency situations include conveying important patient information to response team).
Auditory Ability	<input type="checkbox"/> Ability to hear normal speaking level sound <input type="checkbox"/> Ability to hear faint voices <input type="checkbox"/> Ability to hear faint body sounds (e.g. blood pressure, breath sounds) <input type="checkbox"/> Ability to hear when unable to see lips (e.g. using protective masks) <input type="checkbox"/> Ability to identify and distinguish between audible signals emitted by medical devices <input type="checkbox"/> Ability to hear and understand verbal instructions/cues from physicians or other health care professional and respond appropriately
Emotional Stability	<input type="checkbox"/> Ability to establish therapeutic boundaries <input type="checkbox"/> Ability to provide patient/family with emotional support <input type="checkbox"/> Ability to deal with changing environment and stress levels <input type="checkbox"/> Ability to deal with unexpected situations (e.g. emergencies/crises) <input type="checkbox"/> Ability to focus attention on the task despite distractions <input type="checkbox"/> Ability to monitor own emotional state <input type="checkbox"/> Ability to perform multiple tasks concurrently <input type="checkbox"/> Ability to deal with strong emotions (e.g. trauma, grief) <input type="checkbox"/> Ability to perform all RCP tasks with coordinated control under stress <input type="checkbox"/> Ability to respond positively to correction and modify behavior as required

Analytical Thinking Skills	<input type="checkbox"/> Ability to transfer knowledge from one situation to another <input type="checkbox"/> Ability to process new information <input type="checkbox"/> Ability to evaluate outcomes <input type="checkbox"/> Ability to solve practical and theoretical problems <input type="checkbox"/> Ability to prioritize tasks <input type="checkbox"/> Ability to use long term memory to solve problems <input type="checkbox"/> Ability to use short term memory to deal with daily/shift tasks
Critical Thinking Skills	<input type="checkbox"/> Ability to identify cause and effect relationships <input type="checkbox"/> Ability to plan and direct the activities of others <input type="checkbox"/> Ability to synthesize knowledge and skills <input type="checkbox"/> Ability to sequence information
Interpersonal Skills	<input type="checkbox"/> Ability to negotiate interpersonal conflict <input type="checkbox"/> Ability to respect different attitudes and lifestyles <input type="checkbox"/> Ability to establish rapport with patients and their families <input type="checkbox"/> Ability to establish rapport with co-workers

Student Declaration of Technical Abilities

1. I, _____ acknowledge that I am able to perform the above core functions and activities without accommodation.

Signature: _____ Date: _____

OR

2. I, _____ will be submitting a plan for reasonable accommodation/s to the BMCC Office of Accessibility.

Signature: _____ Date: _____

In the event that a student currently in the RTT Program becomes unable to perform the core functions, the student will follow the procedure in item 2 above.

Respiratory Therapy Technology Program Outline

The BMCC Respiratory Care Program is an intensive, two year, full-time, day program. The program is sequential, starting in the fall semester, and covers four semesters plus one intensive summer clinical semester.

RTT Didactic, Laboratory, and Clinical Requirements

The program includes *didactic*, *clinical*, and *laboratory* courses over four semesters plus one summer semester. Each *didactic* course has an associated *laboratory* course and every *didactic*

course except RTT 100, 310, 320, and 410 has an associated *clinical* course. All RTT didactic courses must be passed with a grade of “C” (73-76%) or better. All Clinical and Laboratory courses must be passed with a grade of “S.”

The didactic, clinical and laboratory courses are:

RTT 100 – Fundamentals of Respiratory Therapy, *didactic*, fall semester, FOUR DAYS PER WEEK, Monday through Thursday.

Students are given the knowledge, skills, and attitudes basic to all patient care, with special emphasis on the basic science principles applicable to medical gases, pressure breathing devices, gas exchange, artificial ventilation, and respiration. This course also involves the study and operation of basic respiratory therapy equipment such as cannulae, masks and tents, nebulizers, flowmeters and regulators, oxygen analyzers, and oxygen supply systems.

Prerequisite: Matriculation in the RTT Program, Corequisites: RTT 101, MAT 109

Course Credit: 4

RTT 101- Introduction to Respiratory Care Equipment, *didactic and laboratory*, fall\ semester, ONE DAY PER WEEK, Friday.

This laboratory course gives the student the opportunity for hands-on learning of equipment found in Respiratory Therapy departments of affiliated hospitals. The student observes, operates, disassembles and reassembles equipment until fully competent at setting up, operating, and trouble shooting. Students become familiar with equipment used in respiratory care prior to use in direct patient contact.

Corequisites: RTT 100, MAT 109

Course Credit: 1

RTT 201 – Respiratory Therapy I *didactic*, spring semester TWO DAYS PER WEEK, Wednesday and Thursday.

RTT 201 is a continued introduction to applied science principles fundamental to Respiratory Therapy. Special emphasis is placed on the theory of airway management, respiratory diseases, introductory pharmacology, ventilators used in positive pressure therapy, acid-base chemistry, and a knowledge of emergency care.

Prerequisites: RTT 100, RTT 101, CHE 118/121, Corequisites: RTT 202, BIO 426

Course Credit: 4

RTT 202 – Respiratory Therapy Clinical Practicum I, *clinical and laboratory*, Spring Semester, ONE DAY PER WEEK (see below):

This is a supervised clinical experience in Respiratory Therapy conducted at hospital affiliations. Students work with patients utilizing equipment such as oxygen catheters and cannulae, masks, tents, nebulizers, flowmeters and regulators, oxygen

analyzers, and oxygen supply systems.

Prerequisites: RTT 100, RTT 101, CHE 118/121, Corequisites: RTT 201, BIO 426

- RTT 202 Section 001 has Clinical (at hospital sites) on Monday and Lab (at BMCC) on Tuesday.
- RTT 202 Section 002 has Clinical (at hospital sites) on Tuesday and Lab (at BMCC) on Monday.
- RTT 202 Section 003 has Clinical (at hospital sites) on Monday and Lab (at BMCC) on Tuesday.
- RTT 202 Section 004 has Clinical (at hospital sites) on Tuesday and Lab (at BMCC) on Monday.

Course Credit: 3

RTT 210 – Respiratory Summer Clinical Practicum, contains both *didactic, clinical and laboratory* components. RTT 210 is held during a 10 week summer semester. Classes meet FIVE DAYS PER WEEK (Monday through Friday) FOR 10 CONSECUTIVE WEEKS.

This course is a 10-week, 40-hour-per-week practicum required of students registered in the Respiratory Therapy curriculum. The Respiratory Therapy Summer Clinical Practicum is a continuation of the clinical training and experience introduced during the second semester of the program (RTT 201 and RTT 202). The schedule is structured to rotate groups in the class through various participating clinical facilities where students will have patient bedside instruction and practice in oxygen therapy, aerosol treatments, mechanical ventilation, and bedside intensive care for adults and pediatric patients.

Prerequisites: RTT 201, RTT 202

- Students attend clinical at assigned hospital sites and attend class and labs at BMCC.

Course Credit: 6

RTT 210, the 10 week summer clinical practicum, does not follow the BMCC calendar. RTT 210 starts in the last week of May and ends in the first week of August.

The actual starting and ending dates will be announced during RTT 201.

RTT 301 – Respiratory Therapy II, *didactic*, fall semester, TWO DAYS PER WEEK, Wednesday and Friday.

Skills in patient care are further developed and emphasis is placed on continuous ventilation and acid-base chemistry. The physiology of the cardio-pulmonary system, the ethical and legal implications, and responsibilities relating to Respiratory

Therapy services are discussed.

Prerequisites: RTT 210, BIO 426, Corequisites: RTT 302, RTT 310, RTT 320

Course Credit: 3

RTT 302 – Respiratory Therapy Clinical Practicum II, *clinical & lab*, fall semester, TWO DAYS PER WEEK (see below):

This is a continuation of the supervised hospital Respiratory Therapy clinical experiences dealing with complex patient equipment such as ventilators, resuscitators, mechanical ventilators, use of blood gas analyzers, and aerosol apparatus.

Prerequisites: RTT 210, BIO 426, Corequisites: RTT 301, RTT 310, RTT 320

- Section 001 has Clinical (at hospital sites) on Mondays and Thursdays, Lab (at BMCC) on Tuesdays.
- Section 002 has Clinical (at hospital sites) on Tuesdays and Thursdays, Lab (at BMCC) on Mondays.

Course Credit: 4

RTT 310 – Cardio-Respiratory Physiology *didactic*, fall semester ONE DAY PER WEEK, Friday.

This course exceeds the scope of Anatomy and Physiology I & II, and stresses physiological properties of the heart, blood vessels and lungs, particularly as they are interrelated and as they contribute to preserving the integrity of the human nervous system. The material is taught in a clinically-oriented manner to reinforce those aspects of cardio-pulmonary physiology most relevant to the care of patients.

Prerequisites: RTT 201, 202, 210.

Course Credit: 2

RTT 320 – Pulmonary Function Testing is a *didactic and laboratory* course offered in the fall semester TWO DAYS PER WEEK, Monday and Wednesday *or* Tuesday and Wednesday.

This course introduces students to the most common tests of pulmonary function in adults and children. Students will be required to perform these tests and interpret their significance.

Prerequisites: RTT 202, BIO 426, MAT 109 or departmental approval,

Corequisites: RTT 301, RTT 302, RTT 310

Course Credit: 2

RTT 401 - Respiratory Therapy III is a *didactic* course offered in the spring semester, TWO DAYS PER WEEK, Wednesday and Friday.

This course provides students with a knowledge of the various methods of sterilization, diseases and problems resulting in respiratory failure, cardio-pulmonary function testing and diagnosis, pediatric respiratory care, percussive

therapy and postural drainage, and administrative responsibilities of the therapist. Preparation is included for the Credentialing Examinations.

Prerequisites: RTT 301, RTT 302, RTT 310, RTT 320, Corequisites: RTT 403, RTT 410

Course Credit: 3

RTT 403 - Respiratory Therapy Clinical Practicum III is a clinical and laboratory course offered in the spring semester, TWO DAYS PER WEEK (see below):

This last course of supervised hospital Respiratory Therapy clinical experience continues emphasis on administration of respiratory therapy care to patients with additional work in hospital departmental operation, including patient record-keeping, reporting, and charting. Interdisciplinary team relationships are also stressed.

Prerequisites: RTT 301, RTT 302, RTT 310, RTT 320, Corequisites: RTT 401, RTT 410

Course Credit: 4

- The Clinical and Lab days are the same as for RTT 302.
- Students attend Clinical at hospital sites and Labs at BMCC.

Note: Whatever section of RTT 302 is taken (Section 001 or 002), the OPPOSITE section must be taken for RTT 403.

- **If you take RTT 302-001 you must take RTT 403-002.**
- **If you take RTT 302-002 you must take RTT 403-001.**

RTT 410 - Fundamentals of Clinical Medicine, didactic, spring semester ONE DAY PER WEEK, Friday.

This course is an assimilation of the basic and clinical sciences from several areas of medicine, to help students develop a deeper understanding of the pathophysiological consequences of such diseases as asthma, atelectasis, pneumonia, pulmonary embolism, infant respiratory distress syndrome, and others. Independent study and student participation in teaching are encouraged.

Prerequisites: RTT 301, RTT 302, RTT 310, RTT 320, Corequisites: RTT 401, RTT 403 or departmental approval

Course Credit: 2

RTT Program Final Comprehensive Examinations

Before the Certificate of Completion can be awarded by the program, CoARC requires students to demonstrate competency. To meet this requirement, the program requires students to pass a series of final

COMPREHENSIVE PROGRAM EXAMINATIONS.

These examinations are given in the final semester of the program and are

- A final Comprehensive Clinical Proficiency Skills Examination conducted by clinical faculty at the college.

THERE ARE ALSO TWO SELF-ASSESSMENT EXAMINATIONS GIVEN BY THE NBRC. STUDENTS TAKE THESE EXAMS ON COMPUTERS AT BMCC:

1. A final Comprehensive Therapist Level Self-Assessment Examination.
2. A final Comprehensive Therapist Clinical Simulation Self-Assessment Examination.

THE NBRC **CHARGES A FEE** FOR EACH OF THESE EXAMINATIONS.

RTT Course Grading System

Final Grades are given at the end of the semester for each course. Grades assigned at the completion of an RTT didactic course are listed in the table below:

Letter grades are assigned according to the following percentages:

Grade	Description	Points
A	93-100%	4.0
A-	90-92%	3.7
B+	87-89%	3.3
B	83-86%	3.0
B-	80-82%	2.7
C+	77-70%	2.3
C	73-76%	2.0
F	Any average below 73% is a Failure	0.0
INC	The term's work is incomplete. The "INC" grade reverts to an F from Incomplete (FIN) if a change is not made by the following deadlines: Spring and Summer terms- November 1; Fall term- March 15.	

Current Grading System for RTT Clinical Courses

Grade	Description	Points
S	Satisfactory	
U	Unsatisfactory (counts as a failure)	0.0

Course grades are calculated by adding the scores on all work and dividing by the total number of examinations/assignments. All RTT Didactic courses **must** be passed with a grade no lower than the academic range of "C" (73 to 76%). Students should consult the course syllabus for the instructor's specific grading criteria. Course instructors may add plus or minus (+ or -) suffixes to course letter grades at their discretion. Note that a grade of less than C (as in C-) counts as failure (F) in any RTT didactic course.

At the beginning of each course the instructor will identify methods of evaluating student performance. These methods may include:

- Computer assisted instruction.
- Simulated clinical experiences.
- Objective quizzes and tests.
- Online proctored and non-proctored exams.
- Written assignments as stated in the course syllabus or discussed at the beginning of the course.
- Self-evaluations of clinical performance based on competencies for the course.
- Written and verbal feedback in student/instructor conferences.
- Student presentations/collaborative learning assignments.

Posting of Course Grades and Requests for Extra Credit

The faculty will post RTT exam grades on Blackboard within one week after an examination. Course grades are based on assessment of course work. Students may not request extra credit or *make-up* assignments to prevent a failing grade.

Failure of Any RTT Course

If any RTT course is failed, it may only be repeated one time in the following year. A second failure of the same RTT course will result in the student being dropped from the RTT Program.

Appeal of Earned Grades

Only the instructor who assigned an earned grade can change it. Grades “A” through “U” are earned grades. If a student believes that an earned grade was assigned in error, the student may request the instructor to review the earned grade. If the student still believes that the grade was assigned in error, the student may request further review by:

- The chairperson of the department
- The Dean of Academic Affairs

NOTE: The deadline for appealing an earned grade is one year after the end of the semester in which the grades were issued.

RTT Program faculty will not approve appeal forms to change an earned grade of “F” to “W.”

Standards for Written Work

Style and Format

The BMCC RTT Program requires all written work to follow the American Psychological Association (APA) 6th edition format work. For assistance with APA style see the APA website: www.apastyle.org.

Late Work

Assigned written work is due no later than the dates specified by the instructor. The work must be submitted before the class or clinical session begins. If written work is submitted

after the deadline, the instructor may assign either a zero or no credit. If events occur which prevent the student from handing work in on time, special permission for submitting an assignment late must be requested before the assigned submission date. This request must be submitted in writing to the instructor before the due date. The request must state the reason for the extension and the amount of additional time requested to complete the assignment. The instructor will decide if the request is approved or denied.

If a student is unable to come to class on the day work is due, it is the student's responsibility to contact the instructor according to that instructor's designated manner of communication and make arrangements for submission of the work.

Examination Makeup

Students are required to attend all course examinations on the day and time scheduled. Instructors are not required to provide make-up tests or to provide instructional materials from missed classes. If a student does not attend a class or an examination, and fails to notify the instructor of the absence, the student will receive a grade of zero on that exam. If the student can show extenuating circumstances, the instructor may allow an examination to be made up on a day and time scheduled by the instructor.

Personal Integrity

Health care practitioners (HCPs) occupy a position of trust that requires them to demonstrate a high level of personal integrity at all times. What are considered minor infractions for ordinary workers may cause an HCP to lose his or her license to practice and therefore become unemployable. Such acts as driving while impaired, shoplifting, and failure to pay child support have all caused HCPs to have their professional licenses suspended or revoked.

Academic Fraud

BMCC Policy on Plagiarism

Plagiarism is defined as *the presentation of someone else's ideas, words, or artistic, scientific, or technical work as one's own creation. A student who copies or paraphrases published or on-line material, or another person's research, without properly identifying the source(s) is committing plagiarism.*

Plagiarism violates the ethical and academic standards of The City University of New York. Students will be held responsible for such violations, even when they are unintentional. To avoid unintended plagiarism, students should consult with their instructors about when and how to document their sources. The BMCC Library also has print and digital guides designed to help students cite sources correctly.

Plagiarism carries a range of penalties commensurate with the severity of the infraction. The instructor may, for example, require the work to be redone, reduce the course grade, fail the student in the course, or refer the case to the Faculty-Student Disciplinary Committee (see Article 15.4 of the Bylaws of the Board of Trustees). Cases referred to that committee could result in suspension or expulsion from the college.

BMCC Policy on Cheating

As stated in the BMCC Campus Behavior Code: *Any form of cheating is prohibited.*

Cheating is defined as *either intentionally or unintentionally giving or receiving unauthorized assistance during an examination, quiz, or other assignment. This includes obtaining or distributing unauthorized or unallowable sources of information during an examination, quiz, or assignment. Copying any test or quiz question or problem, whether in writing, by photography or other means, and/or removing any test or quiz paper from a classroom or office is also cheating.*

Any instance of cheating will result in a grade of zero for the assignment and may result in further disciplinary action. The course instructor or exam proctor shall be the one to determine if cheating has occurred.

Falsification of Data is defined as the *fabrication or alteration of data with the intention to deliberately mislead.* Examples include but are not limited to: falsifying times and dates of clinical rotation attendance in the Student Clinical Manual, placing false entries in the medical record, including results of ventilator checks, treatment administration, and patient condition. Any falsification of data will result in immediate dismissal from the Respiratory Therapy Technology Program.

Intentional Deception is defined as the *submission of false documentation such as an absence excuse, proof of attendance, etc. or falsifying any official college or clinical record.* Intentional deception will also result in immediate dismissal from the Respiratory Therapy Technology Program.

Note on Use of Social Networking Sites

Use of social networking websites has become almost a way of life for many people. Students should be aware that employers routinely review these sites when considering potential candidates for employment or promotion. Social network site privacy protection measures are easy to overcome and information, once posted, can remain accessible even after the person posting it has removed or deleted the post from the original website. Inappropriate social network postings that can permanently damage a person's professional reputation include:

- Display of language or images that imply disrespect for any individual or group based on age, race, gender, ethnicity, disability, or sexual orientation.

- Presentation of information that may be interpreted as condoning irresponsible behavior, particularly including excessive use of alcohol, any form of substance abuse, or sexual promiscuity.
- Presentation of information harmful to the reputation of BMCC, the RTT Program, any clinical facility, faculty, staff, students, or patients reflects poorly on the presenter's maturity and professionalism.

Professional Organizations in Respiratory Care

The American Association for Respiratory Care (AARC), is the leading national and international professional association for Respiratory Care. The AARC encourages and promotes professional excellence, advances the science and practice of respiratory care, and serves as an advocate for patients, their families, the public, the profession and the respiratory therapist. The AARC publishes ***Respiratory Care***, a monthly peer-reviewed medical journal. The journal is abstracted and indexed in *Index Medicus*, *PubMed*, and the *Science Citation Index*. The AARC also publishes a second monthly journal, the *AARC Times Magazine*. The AARC may be contacted at its website: <https://www.aarc.org/>

The New York Downstate Association for Respiratory Therapists, Inc. (NYDART). In 2009 the Board of Directors of the former Southeastern Chapter Inc. (SEC) seceded from the New York State Society for Respiratory Care (NYSSRC) and formed a new corporate entity called the New York Downstate Association for Respiratory Therapists Inc. (NYDART Inc.). NYDART will continue to provide for the educational needs of RTs as it has done for nearly 45 years under the SEC name. All Respiratory Therapists are eligible to join NYDART. Membership is free, the membership application form is available from the NYDART website:

http://www.nydart.org/docs/NYDART_MEMBERSHIP_APP_2010.pdf

NYDART is a Non-Profit 501C6 Association directed by dedicated volunteer Respiratory Therapists with a mission to provide all RTs working or living in the New York Downstate vicinity with superior quality educational programs, conferences and symposiums to fulfill the continuing education requirements for licensure and a vision to improve patient care while promoting and advancing the Profession of Respiratory Therapy.

The New York State Society for Respiratory Care (NYSSRC), is an affiliate of the American Association for Respiratory Care. NYSSRC is one of the professional associations of respiratory therapists practicing Respiratory Care in New York State. The NYSSRC promotes excellence in patient care, encourages professionalism, and advocates for patients, their families, the public, the profession and the respiratory therapist.

*New York State Society for Respiratory Care, Inc.
PO Box 6214*

Syracuse, NY 13217-6214
<http://www.nyssrc.org/>

The BMCC Respiratory Therapy Club meets during Club Hours on Wednesdays 2pm-4pm in N-777. The club Facebook page can be found at:

<https://www.facebook.com/pages/BMCC-Respiratory-Therapy-Society/258863416682>

SECTION III: BMCC ADMISSION, CAMPUS and CLASSROOM POLICIES

Admission Policies

BMCC Admission Process

Anyone who has a high school diploma is eligible to attend BMCC. The following may be substituted for a high school diploma:

- A New York State High School Equivalency Diploma
- Foreign Secondary Education Credentials equivalent to a U.S. high school diploma.
- Students must present proof of high school graduation (official transcript/diploma).
- BMCC will not accept copies of documents. Original documents must be presented.
- Official educational documents (high school and college transcripts) presented to BMCC must come in a sealed envelope or be mailed directly to the BMCC Office of Admissions.
- All documents presented to BMCC Admissions should include the student's social security or student ID number.
- Documents submitted for processing will not be returned or copied. Students should never submit one-of-a-kind original documents. Students should make additional copies of their tax returns, high school and college transcripts since other departments may request them.
- All students must satisfy immunization requirements (see Immunization Requirements below).
- All students must ensure that they have been tested or are exempt from the CUNY Assessment Examinations. The Testing Office website: <http://www.bmcc.cuny.edu/testing/>

RTT Program Admission Policies

Starting in the fall 2009 semester, in order to be admitted into the Program, students must provide documentation that they fall into one of the following categories:

- U.S. citizenship.
- Permanent Residency.
- International Student with F1 status.
- Granted Asylum, Refugee Status, Temporary Protected Status, Withholding of Removal, Deferred Enforced Departure, or Deferred Action Status by the U.S. Government.

Students applying for admission to the BMCC Respiratory Therapy Technology Program must have completed all Developmental Education courses prior to admission. In addition, applicants must have at least a 2.0 Grade Point Average (GPA) to be accepted. The program currently has a waiting list. Students applying for admission to the program must contact the Allied Health Science Department Administrative Assistant to have their names placed on the waiting list. The Administrative Assistant's contact is: dlane@bmcc.cuny.edu

In order to maintain eligibility in the program, students must attain an average of "C" (73-76%) or higher in all RTT courses. Students who fail any Respiratory Therapy course may repeat such course only once. Students who have been academically dismissed must attain a Grade Point Average (GPA) of 2.0 or above in order to re-enter the Respiratory Therapy program. BMCC students wishing to transfer into Respiratory Therapy must also have attained a GPA of 2.0 or above.

Please note that the BMCC RTT program does not accept transfer credit from other respiratory care education programs.

BMCC Non-Discrimination Policy

It is the policy of The City University of New York, applicable to all colleges and units, to admit and provide services for students without regard to race, color, creed, national origin, ethnicity, ancestry, religion, age, sex, sexual orientation, gender, gender identity, marital status, partnership status, disability, genetic information, alienage, citizenship, military or veteran status, pregnancy, or status as a victim of domestic violence/stalking/sex offenses, unemployment status, or any other legally prohibited basis in accordance with federal, state and city laws. This policy is set forth more fully in CUNY's Policy on Equal Opportunity and Nondiscrimination. The BMCC Chief Diversity Officer is Ms. Odelia Levy can be reached at 212-220-1236.

Drug-Free Campus Policy and Standards of Conduct

Borough of Manhattan Community College of The City University of New York affirms its continuing commitment to drug, tobacco, and alcohol education on campus. It is committed to the development of educational and support programs directed toward the use and abuse of drugs, tobacco, and alcohol, whether legal or illegal.

The inappropriate use of alcohol and other drugs threatens the health and safety of students, employees, their families, fellow students, the general public, as well as adversely impairs performance. Towards promoting health, safety, and a positive learning and working environment, Borough of Manhattan Community College of The City University of New York is committed to preventing alcohol and other drug related problems among all members of the College community.

The unlawful possession, use or distribution of alcohol or other drugs by anyone, either on College property or at College-sponsored activities, is prohibited. Any person who is determined to have violated this policy will be subject to intervention by College officials.

This policy and its requirements are consistent with the College's desire to promote health and safety and are in accordance with the requirements of the Drug-Free Workplace Act of 1988 and the Drug-Free School and Communities Act Amendments of 1989.

Students are expected to comply with the Rules of Conduct printed in the College Bulletin and/or the Student Handbook. A student who is experiencing difficulty with alcohol or chemical dependency may be referred to the Dean of Students or the Substance Abuse Counselor located in the Counseling Center. Students may also be referred by members of the instructional staff or may seek assistance directly. The Dean of Students may take disciplinary action or recommend that the student meet with a counselor for appropriate referral or assistance through self-help organizations or other outside intervention agencies.

City University Immunization Requirements

University and college policy requires that ALL students meet the NYS health requirements that apply to them. These requirements can be met in various ways. Please read carefully and see which of the following law[s] apply to you and how best you can meet and complete the necessary requirements before registration:

FOR STUDENTS BORN AFTER 1956, both NYS Health Law 2165 and NYS Health Law 2167 requirements must be met completely. Follow the links below for New York State Department of Health immunization forms:

- [Immunization form NYS Health Law 2165\[measles, mumps, rubella\]](#)
- [Information and Response form NYS Health Law 2167\[meningitis\]](#)

* Free immunizations for measles, mumps and rubella are provided by the BMCC Health Services Office throughout the year. Please contact the office at 221-220-8255 for dates and times.

* Note that meningitis vaccines are **NOT** offered by the BMCC Health Services Office.

FOR STUDENTS BORN BEFORE 1957, only NYS Health Law 2167 requirements must be met completely. Follow the link below for a meningococcal meningitis fact sheet.

- [Meningococcal Meningitis Fact Sheet](#)

Please note that meningitis vaccines are not offered by this office.

- Please return your completed forms to Room N-303 or fax to (212) 220-2367.
 - If faxing, call (212) 220 8256 to check your status.

Protocol on Infectious Disease Notification

From time to time, CUNY students or employees may contract an infectious disease that can be spread through casual contact. In such circumstances, which could impact the health and safety of the CUNY community, students and employees should follow this protocol. If a student or an employee is in doubt whether an infectious disease is covered, he/she should contact the campus Health Services office.

When students contract an infectious disease that can be spread through casual contact, they should immediately report it to the campus Health Services Director. If the campus Health Services Director is unavailable, they should report it to the campus Chief Student Affairs Administrator. If the Student Affairs office is closed, they should report it to the campus Public Safety office.

BMCC Services for Students with Disabilities

The Office of Accessibility offers a range of reasonable accommodations and academic adjustments to qualified students with disabilities.

The Office of Accessibility fosters independence and self-advocacy. In addition, the office serves as a liaison and resource to members of the BMCC community regarding disability issues. The Office of Accessibility may be reached at: <http://www.bmcc.cuny.edu/accessibility/index.jsp>

BMCC Policy on Military Member Mobilization/Activation/Deployment

CUNY supports military member students who are called to active duty during their college career. The Chancellor has communicated his desire that deployed students be given as wide a latitude as possible to enable them to seamlessly resume their studies as soon as they are able to do so. Each college's registrar is the initial point of contact for a military-related interruption of attendance. Students may also seek the help of the Veteran's Student Services Coordinator Room: S115C. Phone: 212 -220-8000 ext. 5363. Or visit:

<http://www.bmcc.cuny.edu/veteranstudents/wcotto@bmcc.cuny.edu>.

For information from the VA regarding transitioning back, visit the VA Seamless Transition page at: <http://www.oefoif.va.gov/>

BMCC Policy on Pregnancy

BMCC does not discriminate against any student on the basis of pregnancy or related conditions. Absences due to medical conditions relating to pregnancy will be excused for as long as deemed medically necessary by a student's doctor and students will be given the opportunity to make up missed work. Students needing assistance can seek accommodations from the Office of Accessibility, Director Marcos A. Gonzalez at 212 220-8180 or the Chief Diversity Officer at 212 220-1236.

BMCC Policy on Children in Classes

The college has an obligation to its students, faculty, staff, and visitors to conduct its operations and maintain its facilities in a manner consistent with its mission as an institution of higher education. For this reason, young children who are not registered in the BMCC Child Care Center should not be brought to the campus, and, of course, **may not attend classes with their parent or guardian.**

There may be occasions when brief visits by children of students may be necessary. Children may visit college offices and facilities, **other than classrooms**, for limited periods of time when their parent or guardian is conducting routine business at the college.

Regular repeated visits by children are not permitted.

In no case are children permitted in labs, shops, construction/repair sites, or other areas where potential hazards exist.

Children brought on campus must be directly supervised at all times by their parent or guardian.

BMCC Policy on Class Attendance

1. The maximum number of absence hours is limited to one more **class hour** than the number of contact hours as indicated in the BMCC college catalog. For example, a student enrolled in a four hour class that meets four times a week is allowed **five hours** of absence (**not** five class days). In the case of excessive absence, the instructor has the option to lower the grade or assign an "F" or "WU" grade.
2. Classes begin promptly at the times indicated in the Schedule of Classes.
 - Arrival in classes after the scheduled start time constitutes lateness.
 - Lateness may, at the discretion of the instructor, be counted as an official absence.
3. If a student does not attend class at least once in the first weeks of the semester, the instructor is required to assign a grade of "WN."

CUNY Disciplinary Policy

Any student violating the code of behavior or any law or regulation established by the College, and by the city, state or federal government (including the use of drugs) shall be subject to formal disciplinary procedures as outlined in Articles 15.3 to 15.5 of the Board of Higher Education Bylaws and sanctions as listed in the Board of Higher Education Bylaws and Article 129A of the Education Law. The initiation of disciplinary procedures requires a pre-disciplinary hearing before a counselor from the Office of the Dean of Students as set up in line with the requirements of the Bylaws of the Board of Trustees immediately following

an incident which is judged to be an infraction of law or Behavior Code to determine whether or not the case should be referred to the Student-Faculty Disciplinary Committee. As a result of emergency or extraordinary circumstances, a student may be suspended for a period not to exceed seven (7) school days. A hearing must be held within that same time period unless the student agrees or consents to an extension of the time.

If the charges are of sufficient nature and have not been settled at the pre-disciplinary hearing, a formal hearing will be scheduled before the Student-Faculty Disciplinary Committee as specifically outlined in Article 15.3 of the Bylaws of the Board of Trustees.

Students, as a result of this hearing or failure to appear at the hearing, may be subject to immediate and permanent suspension which may apply to all units of The City University of New York. All students involved will be advised of the various levels of appeal under the Bylaws of the Board of Higher Education.

Student Requirements to Attend Clinical

Pre-Clinical Health and Clearance Forms

All pre-clinical health and clearance forms must be submitted to the Allied Health Sciences Department Office (N-799-B) no later than the designated date set by the Director of Clinical Education. Students will be notified of the due dates via student e-mail and Blackboard announcement. Failure to submit any required pre-clinical forms on time during any semester of the program will result in the student being given a grade of “W” (Withdrawal) from the clinical course. Such withdrawal will result in a delay in meeting degree requirements.

Although students may be given submission deadline reminders as a courtesy, it is the student’s responsibility to remain current with all requirements and return necessary documents to the RTT Program Office by the stated submission dates.

Physical Examination

The New York State Health Code requires that all students in a clinical training placement must have a current physical examination form on file with the program. The BMCC RTT Health Examination Form will be distributed before the end of RTT 100 and the submission date will be announced. All of the tests listed on the form are required and must be supported by an attached laboratory report. The original of the completed health form with all attached laboratory reports must be returned to the Allied Health Sciences Department Administrative Assistant in room N-799-B no later than the date specified. Note that the physical examination is valid for one year, therefore students will need to have a new exam with lab studies for the second year of the program.

Standard Precautions and HIPAA Training Requirements

Each student must complete the HIPAA Content Review and Quiz and the Standard and Transmission-based Precautions computer Self-Learning Modules yearly by the date specified by the RTT Program. Students will be instructed in how to access the modules.

<http://www.prohipaa.com/en/training>
<http://www.cdc.gov/handhygiene/training/interactiveEducation/>
<http://www.health.gov/hcq/trainings/partnering-to-heal/index.html>

For the Standard Precautions and Transmission-Based Precautions Self-Learning Modules, students must pass the quizzes for each module administered by the Director of Clinical Education. A score of 100% must be documented to meet this requirement. These modules can be accessed in the Health Sciences Computer lab. See the course syllabus for specific details regarding due dates.

CPR Certification

American Heart Association (AHA) Basic Life Support (BLS) for Health Care Providers training will be given during RTT 202 lab in the second semester of the program. AHA BLS certification is required for students to take the AHA Advanced Cardiac Life Support (ACLS) course offered at the end of the program. Also, hospitals usually require new hires to have AHA BLS certification as a minimum. Students who already have a current AHA BLS certification must submit a copy of their CPR card to the program office (N-799-B). Student who are repeating RTT 201 and who are not taking the RTT 202 lab are responsible for maintaining their AHA BLS certification. The AHA charges a nominal fee for the BLS Certification Card. The amount of the AHA fee will be announced at the start of the RTT 202 lab.

Malpractice Insurance

BMCC provides RTT students with professional malpractice insurance coverage during the term of the RTT program. This insurance is provided at no cost to the student. Note that the insurance only covers students while practicing during scheduled clinical rotations at an assigned facility.

Clinical Site Drug testing

Students should be aware that affiliated clinical sites perform random, unannounced drug screening tests on their employees. By contract, affiliated hospitals may perform drug tests on students attending clinical training. BMCC has no control over the clinical sites' drug screening policies. In the event that a student fails a drug screening test, the hospital will not allow him or her to continue in the placement. The BMCC RTT Program will not be able to find the student another clinical site during the current semester.

Emergency Contact Number

All students must provide emergency contact information, including a working phone number, to the RTT Program office and must keep this number up to date.

Any change in personal contact information must be e-mailed to the Allied Health Sciences Department Administrative Assistant at dlane@bmcc.cuny.edu.

Computer Resources for BMCC Students

CUNYfirst and DegreeWorks

CUNYfirst is the student information system used by students, faculty and staff to view and process academic information. Students can register for classes, view their grades, view their financial aid, and pay their bills through their CUNYfirst *Student Center*.

New users must create an account. When you are ready to begin, click this

link: <https://home.cunyfirst.cuny.edu/> to claim your CUNYfirst account.

You can also watch the *How to Claim your Account video* at the following link:

www.bmcc.cuny.edu/cunyfirst/claim.html

Once you are logged in, these are the most frequently used menu options for students:

1. Begin with *HR/Campus Solutions* followed by *Self Service*.
2. Student Center – view your To-Do list, holds, grades, registration appointments, and much more.
3. Enrollment – add, drop, swap classes and view your schedule.
4. Campus Finances – see your bill, make a payment, and view your financial aid.

Degree Works is a road map which provides you with details about the courses and requirements you have already taken and those which are still required for graduation. When you log onto <http://www.bmcc.cuny.edu/degreeworks/> you will find an extensive, interactive help file to help you understand your audit information

Student E-mail Accounts

All communications to students from the RTT Program will be conducted by BMCC student e-mail, CUNYfirst, and announcements on Blackboard. Students who use commercial e-mail accounts (Hotmail, Yahoo, Gmail, etc.) may not receive communications from the RTT Program.

Every BMCC student is assigned an email account when he or she successfully completes course registration. The following steps will let you find your BMCC email address:

1. Log onto **CUNYfirst**,
2. Click *Self-Service*,

3. Select *Student Center*,
4. Scroll to the bottom of the page and look under *Campus Email*.

The first time you log into your student email account, set up your password by logging onto the <https://repass.bmcc.cuny.edu/EmpowerIdv5#aw/PasswordResetCenter> site through the BMCC Portal. If you need to reset your password or are not sure what your password is, you can also go to the site via the BMCC Portal.

Students log onto the various college web services by using their BMCC email address and password. The same password is used to access the BMCC Portal, BMCC Wi Fi and to log onto all campus computers.

If you previously attended another unit of CUNY, please contact the BMCC Helpdesk directly via Phone (212) 220-8379 or Email Helpdesk@bmcc.cuny.edu to ensure that your BMCC e-mail address is properly set up. Failure to set up a BMCC Student E-mail Account will result in you not receiving important RTT Program communications.

Regular Registration

Students must be officially registered for the required RTT courses by the designated date set by the RTT Program Office. Students will not be allowed in the clinical area if they are not officially registered and do not have current health and clearance forms, as well as verification of the required HIPAA and Standard Precautions passing scores. These requirements are mandated by BMCC's Clinical Affiliation Contracts.

Pre-registration

- Students eligible to pre-register **must** do so during their assigned pre-registration period.
- Students **must** carefully consider their program choices since Department Staff are not permitted to change pre-registration schedules once completed.
- If circumstances prevent you from pre-registering on time you must notify the Program Director in writing or my e-mail to eflannery@bmcc.cuny.edu.

Clinical and Campus Laboratory Attendance and Conduct

Dress Code for Class, Clinical, & Laboratory

Maintaining a professional personal appearance is mandatory.

Students must wear neat business attire during class, clinicals, and while using the Human Patient Simulator (HPS) Lab, Respiratory Procedures Lab, and the Health Science Computer Lab.

The following General Dress Code Guidelines are in effect during class, HPS Lab, clinical and while in the Respiratory Procedures and Health Science Computer Labs:

- Hair: Must be neat in appearance. Long hair is to be worn up off the shoulders or tied back with an inconspicuous holder. Hair must not come in contact with the front of the clinical uniform or with patients or lab equipment.
- Perfume, cologne, and other scented products may not be worn during clinical rotations.
- Jewelry: One set of simple, inconspicuous stud or post earrings are acceptable.
 - Dangling earrings or hoops may not be worn.
 - Ornate rings, multiple chain necklaces or bracelets may not be worn.
 - Jewelry in any other visible body part, including tongue, nose, cheek, chin, or lip is not acceptable and must be removed during clinical assignments.
- Watches with a second hand or digital second indicator are required.
- Tattoos: Tattoos may not be visible while performing clinical assignments.
- Shoes: must be clean, low-top, low heel, closed toe and heel and preferably rubber-soled.
- Nails: Nail extenders, gels, nail polish and/or artificial nails may not be worn while performing patient care during clinical assignments.
- Name Badge: The official BMCC student picture identification badge must be worn at all times while on campus.

Note that clinical sites may impose their own specific dress code rules. Student dress must be consistent with the dress code of the hospital where the student is assigned. Modifications of the Dress Code may be made for certain clinical rotations based on the dress policy of the facility assigned. The clinical instructor will discuss any such changes. Students questioning the appropriateness of clinical attire should consult with their clinical instructor prior to purchase or wearing of any article. Students will be sent home and incur a clinical absence if infractions of the dress code occur.

Cell Phone and Pager Use and Recording in BMCC Classes and Laboratories

Cell phones and pagers must be set to “Vibrate” mode. If you are expecting an emergency message, please discuss the issue with the instructor prior to class.

Tape-recording or video recording of any lecture, laboratory or clinical activity is prohibited. If special accommodations are required please see the instructor before the second week of class. As a general rule use of laptops, iPad, smartphones, or other electronic equipment in the classroom is prohibited. Instructors may grant permission for specific time periods. Please see the instructor if you have any questions or wish to obtain permission for the use of electronics.

Under no circumstances will electronic devices be permitted during examinations. If an electronic device is visibly in a student’s possession during an exam, even if the device is shut off, the student may be given a zero for the exam and face other penalties. The instructor or exam proctor will determine violations of this rule.

Eating and Drinking in Classes and Laboratories

Eating and drinking in class is distracting and unprofessional. In laboratories it also has the potential to damage sensitive and expensive equipment.

The College's "Student Code of Conduct" will be observed at all times. Please see the College Catalog for additional information and consequences for failure to adhere to the "Student Code of Conduct".

Clinical Attendance

Students must arrive at class and clinical on time and they must attend all clinical rotation sessions and all campus laboratory sessions. A student who is evaluated as being unprepared in any way for the day's clinical assignment may be sent home by the instructor and the student will be marked as *absent* for that clinical day.

For patient and staff safety, students should not come to clinical when they are ill. The clinical instructor has an obligation to send an ill student home and the student will be marked as *absent* for that clinical day.

Note that while missed clinical days may be made up, it will be virtually impossible to make up a missed lab day. If a clinical absence is unavoidable, the student must take the following actions:

1. Contact the clinical site and the BMCC RTT Program Director of Clinical Education (DCE) before the beginning of the shift.
2. As soon as possible, arrange a make-up clinical day with the Director of Clinical Education.
 - Note that students may not arrange clinical make-up days directly with the clinical site until first approved by the Director of Clinical Education.
 - The instructor and DCE will evaluate any clinical absence beyond one.
 - The decision to grant make-up days will be based on the student's ability to meet the objectives of the course.
 - If a clinical make-up is approved, it must be completed by the date stipulated by the DCE.
 - Excessive clinical absences will cause the student to fail the RTT course.

Student Identification Requirements During Clinical

New York State law requires that any clinician or student in a patient care area must wear a picture identification that displays their name and title. Students must wear their BMCC Picture Identification Badge whenever they are in a patient care area. Any student who fails to bring their ID badge to clinical will be sent home and will be given an unexcused absence.

BMCC RTT Program Student Lab Coat Patch

The BMCC RTT Program Student lab coat patch will be distributed to students at the beginning of RTT 201. The patch must be sewn, not pinned, to the left sleeve of the lab coat just below the seam between the sleeve and the shoulder of the lab coat. The patch must be attached before the start of RTT 202.

Hospital Issued ID Cards and Computer Access Codes

Some clinical sites may issue hospital identification cards to students. If the clinical site issues a hospital ID, it must be worn instead of the BMCC photo ID. Some sites also give students medical record computer access codes. Computer codes issued to students by the facility are confidential. Misuse of computer access codes by a student will result in dismissal from the RTT Program. Any student who fails to return a hospital issued ID at the end of a clinical rotation will receive a failing grade for that clinical rotation and may be dismissed from the RTT Program.

Use of Electronic Devices in the Clinical Setting

All BMCC RTT students must follow each clinical facility's policies on electronic device use. Electronic devices include but are not limited to; cell phones, film and digital cameras, IPOD's, IPADS, and PDA's. Some facilities have a more stringent electronic device policy than others. If a facility allows use of cell phones, students may use them in staff break areas (including cafeterias) or outside the building only. Whatever the particular facility policy may be, BMCC students' cell phones must not be visible or used in any patient care area in the clinical facility, including hallways and elevators. If a student must be accessible by phone during the day, alternate arrangements should be discussed with the clinical instructor/preceptor. Any student who violates this policy will be dismissed from the clinical site and may be dropped from the BMCC RTT Program.

Work Schedules and Child Care

The RTT Program requires a major commitment of time and energy from the student. If it is absolutely necessary for the student to work during the program, the student is expected to arrange a work schedule that does not interfere with his or her responsibility to perform all components of the RTT Program. Public school closings often occur unexpectedly and a child's illnesses can't be predicted. Therefore, students should make appropriate arrangements for child care under all circumstances before the semester begins. BMCC Policy does not allow children in classes.

Note for Students Employed at Clinical Training Sites

Students are not permitted to attend clinical at any site where they are employed. If you are employed, in any capacity, at one of the BMCC Clinical Training Affiliated Hospitals you must notify the Director of Clinical Education before the beginning of RTT 202.

Transportation to Class, Lab, and Clinical

It is very difficult if not impossible to find parking near the BMCC campus and at most of the affiliated clinical sites. Therefore, use of public transportation is essential. Due to the vagaries of the New York City Transit System, students must allow sufficient time to reach class, lab, and especially clinical. Note that clinical schedules cannot be arranged to accommodate students' transportation, work, and child care needs.

Level of Pre-Clinical Academic Preparedness

Students are only expected to perform patient care skills for which they have been prepared in the classroom and laboratory. If assigned to perform an unfamiliar procedure or activity, it is the student's responsibility to bring the instructor or preceptor's attention to the areas of care and skill for which the student does not feel adequately prepared. In such cases the instructor or preceptor should provide additional instruction and supervision. Additionally, if a student is required to perform a skill they are not familiar with, they should first review the procedural steps as described in the BMCC Clinical Procedure Manual before performing the procedure.

The BMCC Student Clinical Procedure Manual

Each student is issued a copy of the BMCC Student Clinical Procedure Manual at no cost. Each manual covers two clinical semesters; the first covers RTT 202 and RTT 210, and the second manual covers RTT 302 and RTT 403. BMCC faculty monitor student progress by reviewing the manual each week. Students will be given a presentation on how to use the manual at the beginning of RTT 202. The faculty member who is primarily responsible for reviewing the manuals is Ms. Mary Irukulapati, RRT. Ms. Irukulapati can be reached at:

mirukulapati@bmcc.cuny.edu

The Daily Clinical Log Form

Faculty document and evaluate clinical performance by reviewing the Daily Clinical Log Form in the student's BMCC Clinical Procedure Manual. The manual contains sufficient log sheets to cover all lab and clinical days in a semester. Students will complete a Log Form for each day of lab or clinical. The Daily Clinical Log Form also serves as the student's time sheet for the lab or clinical session. The student should complete the log form by filling in the appropriate rows with clear, concise lists and narratives. The log sheet must be signed by the instructor/preceptor at the end of each lab or clinical session.

The Student Clinical Procedure Evaluation Form

The BMCC Student Clinical Procedure Manual contains a Procedure Evaluation Form for each of the procedures the student is responsible to learn and practice during the semester. Students should carefully review the Procedural Steps listed for each procedure before performing the procedure.

The Clinical Rotation Final Evaluation Form

At the end of each clinical rotation, the instructor/preceptor will complete the Clinical Rotation Final Evaluation Form. The form is used to summarize the student's performance during the

clinical rotation. The form assesses 20 essential elements of student knowledge and behavior during the rotation.

Tutoring

Tutoring with the course instructor may be arranged for any student who desires additional help with the course material. Full-time instructors are available during office hours for group tutoring and by appointment for individual tutoring. Students must contact the instructor in writing to request tutoring. Peer tutors are available during Club Hours on Wednesdays and by appointment. Also see posted tutoring schedules in the RTT course syllabi. Tutoring, including E-Tutoring, is also available from the Learning Resource Center at

<http://www.bmcc.cuny.edu/onlinetutoring/>

Remediation Policies

Voluntary Remediation Process

The BMCC RTT Program faculty believe that students are able to assume responsibility for assessing their own learning needs and should request appropriate assistance if and when it is needed. If a student is not progressing satisfactorily resources are available to assist the student to overcome identified deficiencies. The following is a list of possible referrals that the instructor may utilize for remediation:

- a. RTT Peer Tutors
- b. RTT Open Lab
- c. English Department
- d. Language Lab
- e. Math Department
- f. Counseling Department
- g. Veteran's Services Office
- h. Office of Accessibility
- i. Financial Aid Office
- j. Learning Resource Center
- k. Health Science Computer Lab

Mandatory Academic Remediation

In addition to student or faculty initiated voluntary remediation, the BMCC RTT Program has initiated a Mandatory Remediation Process. The process offers support for students in both didactic and clinical courses:

A student identified as at risk of failing for academic or behavioral reasons will meet with the course instructor. A student identified as at risk in the clinical area will meet with the Director of Clinical Education. The purpose of these meetings is to agree on a formal, written remediation action plan and contract. The remediation plan will be time limited and the forms will be kept in the student's file.

SECTION IV: Advisory Committee and Clinical Affiliates

BMCC RTT Program Advisory Committee

The Advisory Committee serves as a forum for discussion of community, educational and institutional concerns that impact the profession and specifically the RTT Program. Meetings are held annually.

The Advisory Committee consists of affiliated hospital representatives, community members, student representatives, employers of respiratory therapists, program alumni, RTT faculty, and BMCC administrators.

BMCC Clinical Training Affiliated Hospitals

Albert Einstein Hospital 1825 Eastchester Road Bronx, NY 10461 Respiratory Care Department 718-904-3214	Coney Island Hospital 2601 Ocean Parkway Brooklyn, NY Respiratory Care Department 718-616-4427
Bronx Lebanon Hospital Center 1650 Grand Concourse Bronx, NY 10457 Respiratory Care Department 718 466-8172	Elmhurst Hospital Center 79 - 01 Broadway Elmhurst, NY 11373 Respiratory Care Department 718-334-2235
Flushing Hospital Medical Center Parsons Blvd. & 45th Avenue Flushing, NY 11355 Respiratory Care Department 718-670-5398	Goldwater Memorial Hospital FD Roosevelt Island New York, NY 10013 Respiratory Care Department 212-318-4160/4957
Jacobi Medical Center 1400 Pelham Parkway So. Bronx, NY 10461 Respiratory Care Department 718-918-6857	Jamaica Hospital 8900 Van Wyck Expressway Jamaica, NY 11418 Respiratory Care Department 718-206-6091
James J. Peters VA Medical Center (Bronx VA Hospital) 130 West Kingsbridge Road, Room 8A-19	Kings County Hospital Center 451 Clarkson Avenue Brooklyn, NY 11234 Respiratory Care Department

Bronx, NY 10468 718-584-9000 ext. 6708	718-245-3675/6
Kings Highway Hospital Kings Highway Hospital 3201 Kings Highway Brooklyn, NY 11234 Respiratory Care Department 718-951-3049	Lenox Hill Hospital 100 East 77th Street New York, NY 10021 Respiratory Care Department 212-434-3485
Lenox Hill Hospital Pulmonary Function Lab 100 East 77th Street New York, NY 10021 212-434-3490	Long Island Jewish Medical Center 270-05 76th Avenue New Hyde Park, NY 11042 Respiratory Care Department 718-470-7680
Methodist Hospital 506 6 th Street Brooklyn, NY 11215 Respiratory Care Department 718-780-3223	Montefiore Medical Center 111 East 210th Street Bronx, NY 10467 Respiratory Care Department 718-920-5110
Mt Sinai Hospital of Queens 25-10 30th Avenue Long Island City, NY 11102 Respiratory Care Department 718-267-4388	New York Harbor Health Care System Brooklyn Campus (Formerly Brooklyn VA) 800 Poly Place Brooklyn, New York 11209 Respiratory Care Department 718-836-6600 EXT. 6956
New York Harbor Healthcare System Manhattan Campus (Formerly Manhattan VA) 423 East 23rd Street New York, NY 10010 Respiratory Care Department 212-951-3322 New York Hospital Medical Center of Queens 56-45 Main Street Flushing, NY 11355 Respiratory Care Department 718-670-1181/2085	New York Hospital (NY Presbyterian/Weill Cornell Medical Center) 525 East 68th Street New York, NY 10021 Respiratory Care Department 212-746-0941 New York Presbyterian Lower Manhattan Hospital (formerly NY Downtown Hospital) 170 Williams Street New York, NY 10038 Respiratory Care Department 212-312-5005

Our Lady of Mercy Medical Center 600 East 233 rd Street Bronx, NY 10466 Respiratory Care Department 718-920-9266	Queens Hospital Center 82-68 164th Street Jamaica, NY 11432 Respiratory Care Department 718-883-3905
St. Luke's Roosevelt Hospital Center St. Luke's Hospital 114 th Street & Amsterdam Avenue New York, NY 10025 Respiratory Care Department 212-523-5300	St. Luke's Roosevelt Hospital Center Roosevelt Hospital 428 West 59 th Street New York, NY 10019 Respiratory Care Department 212-523-6090
Harlem Hospital 506 Lenox Avenue New York, NY 10037 Respiratory Care Department 212-939-4740	

General Clinical Scheduling Policies & Procedures

On the first clinical day, all students will report to their assigned clinical hospital at 9:00 a.m. Students will wear neat business attire and must bring the following documentation:

- Your BMCC student identification card, plus
- Two (2) additional forms of **official government issued** identification.
 - Acceptable additional identification includes state driver's license, military identification card, Social Security card (the actual card, not just the number), passport, student visa, etc.

Note: Employer issued identification cards are not government issued, so they are not acceptable.
- A copy, not the original, of your completed medical form with all laboratory reports attached.
 - Your original medical form must be submitted and on file in the RTT Program office (N-799-B).
 - You should make several copies of the health form as you will need them in the following semesters.
- On your first day the clinical site director will provide specific information on reporting times and dress code for the clinical site.

A number of BMCC's clinical affiliated hospitals have special orientation and pre-screening requirements for clinical students. A pre-clinical announcement will be posted on Blackboard for students assigned to any of these sites. The memo will explain the specific steps you must take to prepare for clinical at these sites.