

CENTRAL NEW MEXICO COMMUNITY COLLEGE

Respiratory Therapy Program

STUDENT HANDBOOK

In the event of a conflict between information contained in the student handbook and the CNM catalog, the catalog takes precedence. Students are responsible to know the information contained in the CNM Catalog and Student Handbook.

The faculty has the right to make additions or deletions to the student handbook. The students will be informed of these changes by oral announcements in class and written announcements posted on the designated bulletin boards.

Program Officials

Amy Tixier, MAED, BSM, RRT-NPS, Program Director

Valerie Koller, BSRT, RRT-NPS, Clinical Coordinator

Program Full-Time Faculty

Amy Tixier, MAED, BSM, RRT-NPS, Program Director

Valerie Koller, BSRT, RRT-NPS, Clinical Coordinator

Program Part-Time Faculty

Denise Geoffrion, RRT

Caitlin Martinez, RRT

Leissa Noel, RRT

Jose Ortiz, RRT

Sheri Sanchez, RRT

Jeff Vallentine, RRT

Manual Barreras RRT

Ashley McBee, RRT

Leah McBurney, RRT

Jared Day, RRT

Miriam Morgan-Smith, RRT

Eric Sanchez, RRT

Kyle Pierre, RRT

Adam Armijo, RRT

Brooke Cuevas, RRT

Connie Gilliland, RRT

Joshua Nava, RRT

Monica Lane, RRT

Erika Benton, RRT

Melissa Maberry, RRT

Samantha Butler, RRT

Connie Gilliland, RRT

Stephanie Vargas, RRT

Medical Director

Eric Magana, M.D.

Accreditation

[Commission on Accreditation for Respiratory Care](#) (CoARC)

1248 Harwood Road
Bedford, TX 76021-4244
817-283-2835

Programmatic outcomes are performance indicators that reflect the extent to which the goals of the program are achieved and by which program effectiveness is documented. Programmatic outcomes data reported on the CoARC website include: 3-year time period being reported; CRT credentialing success; RRT credentialing success; Achievement of the high cut score on the TMC Exam (beginning 2020); Retention; Job placement; Overall Graduate Satisfaction; Overall Employer Satisfaction; Total number of program enrollees; Total number of program graduates; Maximum Annual Enrollment.

[Program Description](#) (link to catalog)

[Program Curriculum and course descriptions](#) (link to catalog)

Program Vision, Mission, Goal, Objectives & Competencies

Vision: The CNM Respiratory Therapy Program will be the premier training center for Respiratory Care Practitioners in New Mexico with recognition for excellence by national, state and local organizations.

Mission: A: Fulfill the need for respiratory therapists in local and regional communities

B: Provide an educational environment which fosters self-awareness, self-confidence and promotes professional growth in each student.

Goal: To prepare graduates with demonstrated competence in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains of respiratory care practice as performed by registered respiratory therapists (RRTs).

Objectives:

1. Graduates will demonstrate *knowledge* at the Advanced Practice Level
2. Graduates will demonstrate *skills* at the Advanced Practice Level
3. Graduates will demonstrate *behaviors* at the Advanced Practice Level

Competencies: Upon completion of the CNM RT Program, graduates will be able to demonstrate the ability to:

1. Comprehend, apply and evaluate clinical information related to patient information systems, therapeutic rationale and equipment application relevant for data collection, equipment management and clinical practice of cardiopulmonary care.
2. Perform technical skills with proficiency in all health care settings to include initiating, conducting, evaluating and modifying therapy based on patient response and performing diagnostic testing, therapeutic treatments and maintaining life support systems for patients with cardiopulmonary diseases.
3. Exhibit behaviors consistent with professional and employer expectations to include characteristics of personal behavior, interests and attitudes, communication skills, and teamwork necessary to be successful in securing and maintaining a career in the health care industry.
4. Gather appropriate clinical information, analyze data and use critical thinking skills to solve problems and make decisions relevant to their role as respiratory care practitioners.
5. Continue learning through growth and development as a health care professional by participation in professional organizations and educational activities within the local, state, national and international communities that offer continuing education and professional services to respiratory care practitioners.

Program Objectives

The curriculum for the **Respiratory Therapist Program** is designed to assist students in accomplishing the following objectives:

- I. To demonstrate knowledge of patient information systems.
 1. Recognize clinical data concerning cardiopulmonary status of patients.
 2. Collect and evaluate laboratory data and diagnostic procedures.
 3. Identify information gathered via history and physical examination.
 4. Assess a therapeutic plan for respiratory care.
- II. To demonstrate knowledge of therapeutic rationale for respiratory therapy.
 1. Recognize indications, contraindications, hazards and complications of respiratory therapy procedures.
 2. Identify therapeutic objectives of respiratory therapy modalities.
 3. Evaluate therapeutic effectiveness of respiratory therapy modalities.
 4. Assure proper maintenance, cleaning and sterilization of equipment.
- III. To demonstrate knowledge and application of respiratory therapy equipment.
 1. Select correct equipment for respiratory therapy modalities
 2. Assemble equipment properly for patient application.
 3. Correct malfunctions in equipment used for respiratory therapy.
 4. Assure proper maintenance, cleaning, and sterilization of equipment.
- IV. To perform clinical skills within health care settings.
 1. Follow recommended procedures in performance of the following tasks:
 - a. set-up and application of oxygen and other medical gases.

- b. application of humidity and aerosol therapy.
 - c. administration of pharmacologic agents used in pulmonary care.
 - d. application of intermittent positive pressure breathing devices.
 - e. administration incentive breathing exercises.
 - f. instruction on coughing and deep breathing exercises.
 - g. instruction on breathing retraining, pulmonary rehabilitation/home care.
 - h. administration of chest physiotherapy and bronchopulmonary hygiene.
 - i. initiate emergency cardiopulmonary resuscitation.
 - j. maintain natural and artificial airway care.
 - k. set-up and maintain continuous mechanical ventilation devices.
 - l. administer cardiopulmonary diagnostic testing.
 - m. draw and analyze arterial blood for acid/base and blood gas status.
 - n. set-up and maintain cardiopulmonary physiologic monitoring systems.
- V. To develop clinical skills, interests, attitudes and behaviors.
- 1. Prioritize clinical assignments and use time wisely.
 - 2. Document and report clinical assignments neatly and accurately.
 - 3. React quickly and safely under emergency situations.
 - 4. Exhibit a desire to participate in new learning experiences.
 - 5. Function independently and investigates on own initiative.
 - 6. Complete clinical assignments efficiently and effectively.
 - 7. Demonstrate appropriate clinical judgment and decision-making skills.
 - 8. Exhibit positive patient relations, effective communication skills and appropriate bedside manner.
 - 9. Work compatibly with other students and health care personnel.
 - 10. Demonstrate ability to adapt to new situations and experiences.
 - 11. Recognize medical ethical/legal principles applied to patient care.
 - 12. Observe and apply all rules and regulations defined within healthcare environments.
- VI. To develop interests, attitudes and behaviors related to respiratory care.
- 1. Recognize the implications of health care financing regulations applied to the practice of respiratory care.
 - 2. Demonstrate the ability to perform as a member of the Health Care Team.
 - 3. Demonstrate knowledge of legislative processes involving respiratory therapy personnel in the health care systems.
 - 4. Identify and practice cost-containment strategies involved in respiratory care.
 - 5. Recognize the role of respiratory therapy personnel in the areas of education, supervision, and management of pulmonary services division.
 - 6. Demonstrate knowledge of advanced training mechanisms available for respiratory therapy personnel.
- VII. To demonstrate knowledge in advanced areas of patient care systems.
- 1. Possess knowledge of Advanced Cardiac Life Support techniques.
 - 2. Applies knowledge of computer base systems in lab/clinical settings.
 - 3. Interprets quality management procedures pertaining to Respiratory Care.
- VIII. Demonstrates ability to perform advanced respiratory therapy skills.
- 1. Demonstrates proficiency in bedside hemodynamic monitoring skills.
 - 2. Applies mechanical ventilation techniques unique to pediatric and neonatal patients.

3. Interprets findings of chest x-rays, pulmonary function studies and results of blood gas analysis.
- IX. Exhibits professional characteristics in communication skills and behaviors.
1. Participates as team member providing pertinent input during physician rounds.
 2. Provides Respiratory Care in the home care setting in a professional and ethical manner.
 3. Communicates pulmonary rehabilitation instructions in a manner that is compatible with assigned patients.
 4. Applies basic principles of teaching methods to instruct patients, respiratory care practitioners and other health disciplines.
 5. Recognizes leadership rules of supervision and management duties assigned to Respiratory Care management personnel.
 6. Demonstrates awareness of current issues affecting Respiratory Care profession.

[AARC Code of Ethics \(link to AARC website\)](#)

Work Recommendation

Many students are employed while they are in the respiratory therapy program. It is advised that students not work more than 20 hours in a week and that they are careful to not let their work interfere with their progress in the program.

Information on transfer of credit

General education courses are automatically assessed upon receipt of transcriptions to the CNM records office from other educational institutions. For evaluation of career-technical courses (like respiratory therapy courses) students need to request those be evaluated after transcripts have been sent to the CNM records.

Supplemental Laboratories

Provides Respiratory Therapy students the opportunity for additional learning and practice of respiratory therapy skills in the campus laboratory. These courses are not required but are highly recommended. They may not be eligible for financial aid.

[Functional Abilities for Program Students \(Technical Requirements\) Link to O*net info \(link\)](#)

Advisory Board

The CNM respiratory therapy program has an advisory board made up of members of the community and the program including clinical affiliates' department directors, clinical preceptors, student representatives from each cohort within the program, program director, program clinical coordinator, HWPS dean and associate deans, and other support CNM employees as required. The board meets annually at minimum to get input and feedback from the community.

Retention and Remediation Advisement

In order to improve Student Retention, the Respiratory Therapy Program conducts frequent evaluations of each student's progress towards competency in the program's curriculum. Results of each student's progress can be reviewed at any time by the student utilizing multiple methods. These methods include:

- A. Student access to web-based grade book. (Brightspace)
- B. Clinical Competencies documented on clinical web page. (ClinicalTrac)
- C. Faculty driven notifications of deficiencies in student progress.
- D. All students are expected to monitor their progress and utilize the resources available to them.

Students identified as retention risks will be informed of the different available procedures and resources that focus on improvement strategies. These include:

- A. Open lab hours with paid faculty available to review student work.
- B. Access to posted office hours with senior faculty
- C. Scheduling student meetings with faculty
- D. Referrals to Achievement Coaches and Counselors available at Health Wellness and Public Safety.

Program Completion

The program has a completion ceremony for each graduating class in addition to the CNM commencement ceremony. All graduating respiratory therapy students are strongly encouraged to participate in both.

Upon being awarded the Associate of Applied Science Degree in Respiratory Therapy students, are then eligible to sit for the national board credentialing exams. Upon passing the entry level ("certified level") exam students are eligible for full licensure as respiratory therapy practitioners in the state of New Mexico. For more information on the credentialing exams, visit the [National Board for Respiratory Care \(NBRC\)](#). For more information on licensure, visit the [New Mexico Regulation and Licensing Division](#).

Exam Information:

Therapist Multiple-Choice Examination (TMC)

The TMC Examination offers two cut scores that determine whether or not you will receive credentials as a CRT or as a Registered Respiratory Therapist (RRT). If you achieve the low cut score, you earn the CRT credential. If you achieve the high cut score, you earn the CRT credential and become eligible for the Clinical Simulation Examination (provided you are eligible to earn the RRT credential).

The TMC Examination consists of 160 multiple-choice questions (140 scored items and 20 pretest items). You will be given three hours to complete the TMC Examination.

TMC Fee - \$190

Clinical Simulation Examination (CSE)

The RRT credential is nationally recognized as the “standard of excellence” for respiratory care professionals.

The examinations for the RRT credential objectively and uniformly measure essential knowledge, skills and abilities required of advanced respiratory therapists. The NBRC evaluates the competency of respiratory therapists and ensures that graduates of accredited respiratory care education programs have every opportunity to earn the RRT credential. It is in high demand nationwide, and we work diligently to help to fill the shortage of qualified respiratory therapists in the field.

The first examination for earning the RRT is the Therapist Multiple-Choice (TMC) Examination (prior to January 2015, it was known as the Written Registry Examination). The TMC Examination evaluates the abilities required of respiratory therapists at entry into practice and determines eligibility for the Clinical Simulation Examination (CSE). The CRT and/or RRT credentials are used as the basis for the licensure in all 49 states that regulate the practice of respiratory care.

CSE Fee - \$200

Background Checks/Vaccine Information

Each student must have a current CPR certification (American Heart Association Health Care Provider or American Red Cross CPR for the Professional Rescuer) prior to entering their first clinical experience. During orientation, we will review the following clinical compliance requirements. You are not required to complete these prior to your orientation. We will provide paperwork and due dates during your orientation session.

Fingerprinting for Caregivers Background Check: Fingerprinting is required to complete the NMDOH Criminal Caregivers background check. Fees for this service are paid through your student program fees.

Immunizations: Verification of several vaccinations will be required.

Required Immunizations

- MMR or MMR titer results
- Hepatitis B series (must show that you have at least started it)
- PPD must be good through the term (they are good for 1 year), if positive a chest x-ray result must be provided
- Chicken Pox (varicella) vaccine or titer results
- Tetanus within the last 10 years
- Pertussis either DPT within the last 12 years or TDaP
- Flu Vaccine

Drug Screening: Students are required to undergo a routine drug screening prior to starting the program or prior to beginning their clinical experience. Students with a positive drug screen will be removed from the course for that term. For specific information please see the HWPS policies.

Healthcare Provider CPR Card: Copies of all the cards you received in the Health 1001 course will need to be turned into the Office of Verification & Compliance.

Hospital Specific Requirements: Many students will attend clinicals at multiple locations. As a result there will be computer based training and in-class computer trainings that you will be required to complete.

NOTE: IT IS THE STUDENT’S RESPONSIBILITY TO MAINTAIN UP-TO-DATE CERTIFICATIONS AND REMAIN IN COMPLIANCE THROUGHOUT THE ENTIRE PROGRAM.

Although students are not required to have health insurance, it is highly encouraged. Students should be aware that some clinical education sites require students to have health insurance.

Medical Conditions

In the event that a student has surgery or experiences a significant change in medical status, the student must notify the RT Program Director immediately. The director may request that the student have permission from a physician to participate in class, laboratory, or clinical experiences. Some clinical sites may not allow students on the floor with crutches, casts, etc. The Program Director or Clinical Coordinator will reach out to the clinical site depending on the situation.

Pregnancy Policy

Disclosure is strictly voluntary. If no disclosure is made, the student will continue to be subject to the same risks and radiation dose limits that apply to non-pregnant students. If disclosure is made, the student will receive an additional radiation badge to monitor exposure to the fetus.

Clinical Policies

[Student Removal from an Off-Campus Instructional Site, or On-Campus Laboratory, Serving Clients/Patients Policy \(link\)](#)

[Suspected Impairment Policy \(link\)](#)

[CNM/HWPS Policies and Information \(link\)](#)

Uniforms: Policy and Uses

a. Students are expected to be neat and clean in appearance and appear professional at all times in the clinical setting. Uniforms should adhere to CNM Respiratory Therapy which are royal blue scrub top and bottoms with a CNM Respiratory Therapy patch on the left shoulder. Uniform scrubs are worn in clinical and in all RT courses and labs. "Uniform" includes: CNM student ID worn at the collar level, RT shoulder patch, radiation monitoring badge worn at the collar level, and stethoscope when needed.

b. Closed-toe/closed-back shoes and socks in good repair are to be worn by all RT students in the clinical setting. Clogs and open-toed sandals are not permitted, unless specifically ordered for an orthopedic problem.

c. Jewelry to be worn with the uniform is limited to a conservative band on the watch, wedding ring or a single ring on one finger. Earrings should be no longer than the ear lobe and should be limited to no more than 2 adornments per ear.

d. NO Facial Piercings. Nose rings, eyebrow rings, tongue rings, cheek rings, dermal implants/piercing, etc will not be worn– LEAVE AT HOME. Other body piercing with ornamentation cannot be visible. If student is unable to remove piercing(s), they must be covered.

e. Gages must be filled with a solid plug. No patterned design; must be a solid, conservative color.

f. All visible tattoos from the neck to the wrist must be covered with black, white, or flesh colored material. If visible tattoos on the head or the hands are deemed offensive by program faculty or clients/members of the clinical institutions, those tattoos may be requested to be covered or the student may be removed from said clinical setting.

g. Students will not wear artificial nails of any type including tips, acrylic and gel overlay; nails will be cut short (not longer than ¼” in length). No nail polish allowed.

h. Extremes in make-up, hair styles, hair ornaments are not permitted. Non naturally-occurring hair color is not permitted. Hair must be pulled back at/or above the line of the collar. Perfume/cologne, aftershave lotion or scented lotions may be offensive to patients and should not be used. Hair, to include facial hair and long sideburns, must be neatly trimmed at all times.

i. For colder weather, only a blue lab coat with the RT patch on the left shoulder may be worn over the scrub shirt. A long sleeve shirt worn under the uniform scrub top is also permitted. Undershirt hem may not be visible by hanging lower than the scrub top.

j. NO smoking while in uniform. Students are allowed to change clothes (including scrub top and scrub bottom) and smoke in designated smoking areas while on CNM campus.

Professional Behavior

[CNM Student Code of Conduct \(link\)](#)

Clinical Code of Conduct

We are pleased that you have chosen the field of Respiratory Therapy as your profession. We look forward to accepting you as a member of this chosen profession upon completion of your training. As professional members of the health care team, you are expected to uphold the professional responsibilities inherent in this field. As trainees of this profession, you have accepted the same professional responsibilities as a respiratory therapist. Your ability to fulfill these responsibilities will be observed and evaluated throughout your training to aid in your professional development. The Code of Ethics of the American Association of Respiratory Care (AARC) reflects the rules and standards that govern the conduct of the professional therapists. Student therapists should strive to appreciate and value these standards. To this end, program faculty have outlined the standards of conduct required for all RT students. Violations of published standards will result in a failing grade. As is the case with all health-related areas, patient care, comfort and safety are the primary concerns. The primary responsibilities of health care workers, whether registered therapists or students, lie in assuring at all time that these patient concerns are fulfilled. In order to enhance your entrance into the patient oriented clinical settings, the following considerations inherent in basic professional conduct and good patient care are hereby offered:

1. Be on time; report to the clinical setting 10 minutes prior to the scheduled time so that you are ready to begin your clinical experience at the assigned time.
2. Report to the clinical preceptor or designated supervisor upon arrival, and then proceed to your assigned work area.
3. Any departure from the assigned work area should be cleared with the clinical instructor.
4. Of utmost importance are patient comfort and safety. Basic steps for good patient care are strictly enforced to include checking patient identifiers, following hospital

protocols, and respecting privacy and HIPAA regulations at all times. Do not discuss or diagnose any patient's illness or condition with the patient or with others.

5. Any accident or incident involving a patient in the clinical setting must be reported immediately to the clinical instructor. Written accident and/or incident reports must be filed at once by persons witnessing the event.

6. No unnecessary conversation should be held within the hearing of a patient. This includes conversations about patient conditions, coffee breaks, lunch plans, dates, etc.

7. Always exhibit friendliness – “Be friendly but not familiar.”

8. Obtain a complete medical history on each patient BEFORE proceeding with any examination.

9. Follow all recommended infection control policies to ensure the safety of the patient and to protect yourself. Report any variations of the policy to your clinical instructor.

10. Students must adhere to their assigned clinical site's policies regarding smoking, dress code, and parking. NO smoking is allowed by students while at the clinical facilities and/or while in CNM uniform.

11. Perform only skills and procedures in accordance with your scope of practice and experience.

Clinical Course Compensation

Students must not complete clinical coursework while in an employee status at a clinical affiliate. Students shall not receive any form of remuneration in exchange for work they perform incident to their clinical education coursework and experience.

Clinical Grade Scale

The final clinical grade for each term will be described in each clinical course syllabus. The grading scale for all clinical courses is as follows:

90-100	= A
83-89.99	= B
75-82.99	= C
60-74.99	= D
Below 60	= F

There is no rounding in any RT Program course. A 74.9% is considered a D.

Attendance Policy

Clinical: All Clinical Courses have graded attendance policies. Students missing 2 clinical days or late 3 days will receive a grade deduction resulting in an “F”. The following procedures will apply to clinical attendance:

Students must call the assigned clinical instructor (if available) at the beginning of the scheduled shift if they will be late or absent. Students must call the Clinical Coordinator one hour prior to the start of the shift. Text messages and/or emails are not acceptable. No call/no show will result in a grade of an “F” for the course.

If a student has been asked to leave a clinical site due to unprofessional behavior, the student will meet with the PD and CC to discuss the details of the incident. If the incident is considered to be in violation of Student Code of Conduct or RT Professional Standards, it will be deemed as a Serious Incident and the student will receive a letter grade of “F”. If the violation is to a lesser

extent and the behavior/act is corrected by student, the student will receive an absence for the day (see attendance policy above). A success plan will be recommended.

Examples of a student being asked to leave a clinical site for behavioral issues include but are not limited to: uniform not complete, late more than 30 minutes, unprofessional comments, and/or inappropriate bedside manner. Please refer to Student Code of Conduct for additional examples.

In classroom/lab: Students missing 2 days or late (more than 30 minutes) 3 days will receive a grade deduction of an "F". Attendance will be taken daily.

1. A student who is more than 30 minutes late for clinical experience may be sent home and counted absent for that day at the discretion of the assigned clinical instructor.
2. Clinical attendance will be reflected in the clinical grade at approximately 30% (see each grading syllabus).

Clinical Scheduling

Clinical site schedules drastically vary. Students are expected to be available, in any given semester for a day, evening, night, or weekend shift Sunday through Saturday. The majority of clinical shifts will occur Monday through Friday during the day. Examples of shifts include, but are not limited to: 7:00 AM to 3:00 PM, 2:30 PM to 10:30 PM, 11:30 PM to 6:30 AM. Schedules are determined well in advance to give the students ample time to make necessary arrangements to attend their assigned clinical times. Students are responsible for their own travel arrangements to and from their assigned clinic sites. **The farthest clinical site from CNM Main Campus is 28 miles away.**

Students will be scheduled a specific number of clinical hours based on the term they are in.

Semester 2 (spring): 180 hours/term

Semester 3 (summer): 180 hours/term

Semester 4 (fall): 240 hours/term

Semester 5 (spring): 240 hours/term

Electronic Device Policy

Students have the right to uninterrupted classroom and clinical experiences. Phone calls and text messages can disrupt the learning environment for the person sending/receiving the messages and the student peers in proximity.

Classroom and On Campus Labs: When making or receiving personal calls, students should step out of the classroom/lab. Cellphones or other electronic devices can be on the student's person, but must be in "silent" or "off" mode. Any disturbance, including the sound of a vibrating alert, by a student's cellular phone/electronic device is considered rude and disrespectful. The person with the obtrusive cellular phone/electronic device will be asked to leave the classroom.

- Students will not have cellphones/electronic devices on their person at all during exams or exam reviews. They must be stowed in a purse or backpack (or left with the proctor until the activity is completed).

- Clinical Areas: Cell phone and electrical device use will be at the discretion of the clinical instructor and in compliance with the facility's policy. **Clinical and field sites may prohibit any cell phone usage.** Cell phone usage in the clinical area can be perceived as unprofessional and is highly discouraged.
- Family emergencies: Students may use the RT Program office number as an emergency contact number (224-4000). Students will not be called out of class or clinical experiences unless the nature of the emergency is explained by the calling person. If a student feels that the family situation warrants greater availability than a message relay, the student should consider attending to those issues instead of attending class or clinical (see Classroom Attendance and Clinical Attendance). Divergence from these policies may lead to initiation of a success plan.

Social Media

Social media in all forms presents ethical and legal vulnerabilities to students and professionals in medicine. Under no circumstances shall students share any Protected Health Information (PHI) in accordance with HIPPA regulations. Although the social media account may be owned by the student individually, PHI, HIPPA and FERPA violations places the student at liability of academic action and civil action (see your compliance guidelines for details on HIPPA and PHI). In addition, while enrolled in any CNM RT Program course, the following activities are specifically prohibited:

- Posting photos, videos, or images of any kind which could potentially identify patients, addresses, vehicle license plate numbers, or any other PHI
- Sharing confidential or proprietary information about CNM confidential information, including course materials and exams not approved by the lead instructor
- Posting or other online activities which are inconsistent with or would negatively impact the CNM RT Program reputation, its clinical and community partners, or organizational staff
- Engaging in vulgar or abusive language, personal attacks of any kind, or offensive terms targeting individuals or groups
- Posting statements which may be perceived as derogatory, inflammatory, or disrespectful toward or regarding the CNM RT Program, its reputation, its clinical and community partners, and or organizational staff

“Social media” is a term that includes a wide variety of applications, software, and internet based coded formats using technology for social interaction and content creation. Social media use many technologies and forms, such as blogs, wikis, photo and video sharing, podcasts, social networking, mashups, and virtual worlds. This includes current and future technological interfaces.

Students engaging in prohibited activities while participating in the CNM RT Program and its courses, including breaks between cohorted classes, will be removed from the clinical site/classroom and receive an “absence” for the day. If the program is on break between terms, student will meet with PD and CC to discuss details. See “Attendance Policy” above. The use of personal disclaimers outlining that the social media expresses views of the students alone do not protect the student from violation of the policy or laws overseeing the use of PHI. By attending the program, student agrees that he/she will not engage in prohibited activities as outlined above.

Disciplinary Process

[Disciplinary Process Policy](#)

Respectively, if you are summoned by the CNM RT Program Director in regards to a discipline related matter for either the student code of conduct or the RT professional standards, you are expected to respond to that summons within 24 hours. Failure to do so will result in violation of the RT Professional Standards and a letter grade of “F” will be given for that course.

Offsite Code of Conduct and Behavior Policy

Students will be exposed to clinical and internship rotations during the course of their RT studies. Students are bound by the School of Health, Wellness and Public Safety Offsite Code of Conduct and Behavior Policy approved April 7, 2015.

Definitions

Offsite: clinical, preceptorship, externship, internship, cooperative, or other scheduled educational activity that occurs outside of CNM property.

Policy

A. Students enrolled in HWPS programs shall maintain the highest standards of professional ethics as they attend offsite experiences on behalf of the School of Health, Wellness, and Public Safety (HWPS).

B. Students enrolled in HWPS programs shall perform their duties in a manner that would not give rise to the appearance of conflict of interest.

C. Students enrolled in HWPS programs shall not engage in any dating, romantic or sexual relationships with individuals who teach, coach, evaluate, precept, guide or otherwise have influence over the student educational experience at an offsite location;

D. Students enrolled in HWPS programs shall not fraternize with any person who has an ability to evaluate or influence the students’ educational progress outside of regularly scheduled offsite hours.

E. It is the policy of HWPS that certain rules and regulations regarding student behavior are necessary for efficient offsite operations and for the benefit and safety of all students. Conduct that interferes with clinical operations, discredits the College, is in violation of College policy, is unsatisfactory or is offensive will not be tolerated. Students are expected at all times to conduct themselves in a positive manner to promote the best interests of the College. Examples of behavior that may result in disciplinary action, including a grade reduction to an “F”, are:

1. treating others in a discourteous manner;
2. accepting gifts from individuals who teach, coach, evaluate, precept, guide or otherwise have influence over the student educational experience;
3. wearing clothing inappropriate for the activities being performed;
4. failing to report to clinical assignments punctually at the assigned times, or failing to be at the clinical site as scheduled;
5. failing to maintain cleanliness and order in clinical assignment areas;
6. fighting with or assaulting others;
7. threatening or intimidating others;
8. falsifying or altering any educational record or report, such as a clinical document, a statement to the Security department, a statement regarding academic progress or removal from a clinical site;
9. stealing, destroying, defacing or misusing clinical site property or another’s property;
10. engaging in acts of insubordination including, but not limited to, refusing to follow program administration instructions concerning an education-related matter;
11. using profanity or abusive language;
12. sleeping at a clinical site;
13. gambling on clinical site property; and

14. playing malicious or dangerous pranks or practical jokes, or engaging in horseplay.
15. alcohol and substance abuse;
16. dishonesty;
17. sexual or any other form of illegal harassment;
18. possession of deadly weapons on clinical site property;
19. poor clinical site performance;
20. violation of CNM policies or directives.

This list is not intended to be and should not be considered an exclusive listing of inappropriate behavior. Indeed, it would be impossible to list all the circumstances under which discipline may be imposed. CNM retains complete discretion to administer discipline for behavior it deems inappropriate, whether listed above or not.

F. Any student who knows of any act prohibited by law or by College policy or the code of conduct shall report it promptly to the Program Director.

G. No student shall threaten, coerce, manipulate, or mislead faculty, administrators or clinical site representatives engaged in an investigation of a concern regarding the Offsite Code of Conduct and Behavior.

Reporting Observed, Suspected, or Apparent Misconduct

Effective Date: 09/01/2020

General

School of Health, Wellness, and Public Safety (HWPS) students, and other individuals associated with CNM, acting in good faith, should report any observed misconduct, whether suspected or apparent. Misconduct is any activity performed by a CNM student or other individuals associated with CNM (i.e. clinical preceptor) that violates state and/or federal laws or regulations, local ordinances, or CNM policies. HWPS students are to maintain the highest standards of personal and professional ethics as they participate in clinical education programs on behalf of the College.

CNM is committed to conducting an initial review and continuing with a thorough investigation into allegations of misconduct where warranted, while protecting the rights of all involved. Misconduct should be reported as soon as reasonably possible, preferably within one (1) week from the time the person becomes aware of the observed, suspected, or apparent misconduct.

Retaliation is not tolerated by CNM and will be promptly investigated. Retaliation is any adverse action taken against a student because that student reported suspected misconduct. Any student who interferes with, tries to interfere with, or retaliates against the rights of another student for reporting suspected misconduct or cooperating in an investigation is subject to disciplinary action, including a grade reduction to an "F". CNM is committed to protecting students who report suspected misconduct in accordance with the Whistleblower Protection Act (Whistleblower Protection Act - § 10- 16C-1. - N.M. Stat. Ann. § 10-16C-1 et seq (2012)). Where possible, confidentiality will be maintained, however, identity may have to be disclosed to conduct a thorough investigation, to comply with the law, and to provide accused individuals their legal rights of defense.

False or Inaccurate Accusations

It is important to protect individuals from false, unsubstantiated, or inaccurate accusations. A student who knowingly provides false information or knowingly makes a false report of suspected misconduct or a subsequent false report of retaliation, or who knowingly provides false answers or information in response to an ongoing investigation will be subject to disciplinary action, including a grade reduction to an "F".

Safe and Professional Environment

In addition to the College and School student conduct policies and procedures, if a student makes another student, student employee, staff member or any faculty member fear for their own safety by virtue of their actions while in the CNM RT Program, they will be referred to the Dean of Students and will not be permitted to re-enter the program until all expectations from the Dean of Students office have been met. Upon return, if the student cannot maintain academic success in the program coursework, the student will meet with the instructor and or program director to determine if they should continue in the current course, or withdraw and begin coursework in the following term.

Consensual Off-Site Relationships

Effective Date: 04/07/2015

The provisions of this policy do not supersede Offsite Code of Conduct and Behavior policy.

A pre-existing (prior to offsite assignment) consensual sexual or romantic relationship between a student and those who teach, coach, evaluate, precept or guide their educational experience at an offsite location can sometimes lead to an actual or perceived conflict of interest, charges of sexual harassment, and retaliation. These situations directly affect CNM's institutional values and potentially expose CNM to liability. For these reasons, students must disclose any pre-existing consensual romantic or sexual relationships that may be a conflict of interest to the Associate Dean or Academic Affairs Director (EMS and Nursing). Disclosure under this policy for retaliatory or coercive purposes is strictly prohibited. Failure to comply with the disclosure requirement of this policy may result in disciplinary action, including possible removal from the program.

Administrators must document all steps taken in response to a disclosure under this policy. Administrators should seek guidance from the Dean of Students regarding other individuals associated with CNM (i.e. clinical preceptor, offsite educator, etc.), but who are not CNM employees or vendors.

Cohort Program Progression/Re-entry to include all levels of RT Instruction

Definitions

Cohort: a group of students taking the same set of courses at the same time and progressing through more than one semester of coursework together

Course withdrawal: the student chooses to drop enrollment in a required program course. **Course**

failure: the student achieves a grade of less passing as defined by the course syllabus.

Program failure: the student fails and/or withdraws from one or more required program courses during a single semester. This would not include any supplemental lab courses or other coursework not required for degree or certificate completion.

Program re-entry: the student is allowed to re-enter to continue program progression in the semester following the last set of semester courses successfully completed.

- Example: the student last successfully completed all term 2 courses, then had a program failure during term 3. The student would be allowed program re-entry for term 3.

Cohort program progression requirements

Students are expected to complete all courses within a given term successfully. This satisfies the pre-requisites of the subsequent term and allows students to progress within a cohort towards the goals of graduating, taking registry boards, and entering the workforce. Students who fail and/or withdraw from one or more courses during a single semester do not demonstrate program progression and thus constitute a program failure.

Cohort program reentry

Students who experience a program failure may re-enter a program provided they satisfy one of the following conditions:

- Reregister for courses (first term failure of a cohort program): students who experience a program failure during the first term of a cohort program must reregister for courses. This involves following the current processes in place for CPE programs, if applicable. NOTE: RT Program is a CPE program.
- Request for Re-entry (first program failure after the first term): students who experience a program failure after the first term may complete the Request for Re-entry Form. Request for re-entry forms must be submitted to the Program Director and will only be considered if the student submits it prior to the end of the term in which the program failure occurred. Re-entry to the program is on a space available basis. Request for Re-entry students have priority over Re-entry Appeals (see below). Request for Re-entry students are ranked by:
 - a) The number of courses successfully completed during the term that the program failure occurred.
 - b) Behavioral Rubric scores while in the program
 - c) Tiebreaker 1: Calculated GPA of courses successfully completed during the term of the program failure.
 - d) Tiebreaker 2: Cumulative CNM GPA
- Re-entry Appeal (second program failure): appeal to re-enter a program after a second program failure requires the following procedures:
 1. Students are encouraged to request the assistance of an Achievement Coach for guidance in drafting the letter of appeal. Students are also encouraged to meet with a School Advisor explore other careers that may be a good fit for their perceived strengths.
 2. The letter of appeal must include:
 - a) Student's full name, mailing address, email address and telephone number.
 - b) Description of student strengths they will leverage to be successful in the program
 - c) Description of the challenges and/or circumstances that contributed to a second program failure
 - d) A plan for success which should include:
 - Positive changes that occurred since the most recent program failure that the student now believes will allow them to be successful going forward.
 - Strategies they will use to overcome the barriers to success they have experienced in the program.
 - A list of outcomes/measures that would demonstrate future success
 3. Students may request Re-entry Appeal before an Administrative Review Committee (ARC). The ARC for a Re-entry Appeal is composed of:
 - a) one (1) program director from a different cohort discipline than the student requesting the appeal, and
 - b) the program director and/or their designees within the discipline.
 - c) the Dean or Associate Dean
 4. The written request for Re-entry Appeal must be made to the Program Director within 90 days of the second program failure. A program failure is officially recorded at the time of course withdrawal or entry of a failing grade, whichever occurs first.
 5. The ARC will meet and render a decision within ten (10) working days of receipt of the request for appeal. The ARC meeting may be delayed if the CNM campus is closed (snow days, etc.) or during the semester break.
 6. The ARC reviews all written requests for Re-entry Appeal and either grants or denies the request for re-entry. The decision of the ARC is final.

7. A written decision will be given to the student and Program Director via e-mail.

8. Successful appeals will be granted re-entry on a first come, first serve basis and placement is based on space available. Request for Re-entry students have priority over Re-entry Appeals. Students must accept the seat when it comes available or the appeal will be null and void. If there has been a break in enrollment within the cohort, students requesting a re-entry appeal will be drug tested. Also, if there has been a break in enrollment at CNM, the student will also have to pay for fingerprinting and an additional background check.

9. Students who have their appeal denied are restricted from re-enrolling in the program for a period of up to three (3) years from the date of the appeal decision. Should the student choose to continue this program after the waiting period, the student must restart the program following the current entry process in place at that time. The faculty will convene with the program director and make decisions that reflect the above policy.

Inclement Weather Policy for Off-site HWPS Courses

Effective Date: 4/07/2015

Students and faculty should adhere to policies and procedures for college-wide closure or delay due to weather: <https://www.cnm.edu/depts/marketing/weather>. This HWPS policy is intended to supplement the college-wide policy.

Offsite Courses (CNM faculty on-site / Direct Clinical)

- In the case of a closure, students may be assigned an out-of-class assignment or a make-up day at the discretion of the clinical coordinator or instructor.
- In the case of a delay due to weather, it is at the discretion of the program to determine whether to report to for instruction at 10:00 am, in accordance with college-wide policies.

o In some cases, programs may treat a two-hour delay as a closure (so as to not disrupt the operations of our off-site partners). In those cases, students may be assigned an out-of-class assignment or a make-up day at the discretion of the clinical coordinator or instructor.

- For start times after 10:00 am, attend the course as scheduled.

Offsite Courses (CNM faculty not on-site / Precepted Clinical)

- If a student is not in route to or already at the offsite location, then they should adhere to the policies and procedures for college-wide closure or delay due to weather.
- If a student is already at the offsite location at the time of a CNM cancellation or delay, they may complete their assignment as scheduled (at the discretion of the program). The student should communicate with the clinical coordinator or instructor for further information.
- If a student is in route to an offsite location at the time of a CNM cancellation or delay, the student must determine whether or not it is personally safe to continue travel to the assigned offsite location. The student should communicate with the clinical coordinator or instructor for further information as soon as it is safe to do so.
- In the case of a delay due to weather, it is at the discretion of the program to

determine whether to report to the offsite location at 10:00 am, in accordance with college-wide policies.

o In some cases, programs may treat a two-hour delay as a closure (so as to not disrupt the operations of our offsite partners). In those cases, students may be assigned an out-of-class assignment or a make-up day at the discretion of the clinical coordinator or instructor.

- For clinical start times after 10:00 am, attend the course as scheduled. **Offsite Communications**
- The clinical coordinator or instructor is responsible for ensuring communication occurs with our offsite partners in the event of a college-wide closure or delay due to weather.

Faculty Assignments (offsite courses cancelled due to two-hour delay)

- For Offsite Courses (CNM faculty on-site / Direct Clinical) that are cancelled due to delay, faculty should report to their Program Director, Associate Dean, or Dean for assignment at 10:00 a.m. in accordance with the policies and procedures for college-wide delay due to weather.
- For Offsite Courses (CNM faculty not on-site / Precepted Clinical) that are cancelled due to delay and for which no assigned students are in attendance, faculty should communicate with their Program Director, Associate Dean, or Dean. Hours may be flexed at the discretion of the supervisor.

Procedures for Assessing Clinical Task Verifications

Assessing clinical task verifications will be done by objective structured clinical examinations (OSCE). These will measure the students' clinical proficiency and "skills" ability. This can only be accomplished by a demonstrative examination or competency, which looks at how efficiently and correctly the student can *do* something. The evaluation sections are designed to measure behavioral activity and applied knowledge.

Clinical Trac 3.0

Clinical Trac is a comprehensive clinical management tool. Students will enter information about their clinical experience, sign in and out of clinical rotations, and track clinical competencies. Students will perform clinical instructor evaluations and site evaluations per rotation.

Clinical instructors will also perform student evaluations per rotation. Advisement, counseling, assessment, and critique serve the purpose of promoting, facilitating, and maintaining optimal student performance. The main purpose is to provide feedback to the student relative to his/her performance and progress as a radiologic technology student. Each term, the clinical and college faculty evaluate areas of achievement and specific needs that each student demonstrates. An as-needed advisement session is scheduled with each student to discuss the pertinent elements of these evaluations so that student academic needs may be addressed at a suitable time.

Confidentiality

HIPPA

During the course of your educational experience you will experience interactions with patients and gain intimate knowledge of health and social aspects of their lives. This information is always to be treated with confidentiality.

Student Records (FERPA)

<https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

CNM faculty and staff treat your educational records with privacy as dictated by federal law. The Family Educational Rights and Privacy Act (FERPA - also known as the Buckley Amendment) is legislation that was originally passed in 1974 and is federal law designed...

- to protect the privacy of student's education records,
- to establish the right of students to inspect and review their education records,
- And to provide guidelines for the correction of inaccurate or misleading data through informal

and formal hearings. (Definition established by the *American Association of Collegiate Registrars and Admissions Officers* 1980)

Due to FERPA and with respect to your privacy, we cannot share your educational information with parties including your parents, spouse, classmates or legal authorities. For more information on FERPA, please contact Enrollment Services at (505) 224-3224.

Conflict Resolution and Disciplinary Process

Student Complaint Process

Occasionally a student will encounter a problem on campus that he or she does not know how to resolve. When this happens, students should always try to work out the problem by first discussing it with those most involved with the issue.

Dealing with concerns in the most direct and honest fashion should always be the first step toward resolution. Most issues are settled and problems resolved when a student makes an appointment with a faculty or staff member and calmly and honestly communicates their frustrations or concerns.

If, however, an issue or problem is not resolved, there is a formal complaint process at CNM that students may initiate. All formal complaints must be put in writing using the official CNM Student Complaint Form. These forms are available online and in the Dean of Students Office.

When initiating a formal complaint, the following steps should be followed:

1. Be sure you have first attempted to resolve the issue by speaking directly with the individual(s) or office(s) involved.
2. Complete and submit a CNM Student Complaint Form (these should be submitted online or to the Dean of Students Office).
3. When the complaint is received it will be forwarded to the appropriate individual to review and address the issue.
4. After your concern has been addressed, you will receive a letter documenting the receipt and review of your complaint.

Email communication and Professionalism

CNM email and Brightspace are the mechanisms by which the students and faculty in the RT program communicate outside of class. Faculty and staff will respond to email in 48 to 72 hours after receiving it. Faculty are not expected to respond on the weekends, unless the said faculty member has requested communication from the cohort at that specific time. Email communication will be professional in tone and language, will be non-threatening, non-inflammatory and free of vulgar language between faculty and students. Should a student send an inappropriate or threatening email, it will be forwarded to the program director and student will fall under the student code of conduct procedures.

Clinical Research Project

(See Appendix IV)

For each term, the student will be assigned the following research project to be completed during the term. Each Student should choose a separate patient. The components of this project will include.

1. A case study of a patient with whom the student has worked with.

2. An article report from a current (within the past five years) professional journal related to the case study.
3. Possible oral presentation to professionals, faculty and classmates. (Terms 2-5)

Information on each case study requirements can be found in the clinical syllabus.

Your written reports and your CS evaluation will be returned to you upon completion of the term. A copy of the evaluation form for the clinical research project is in Appendix II.

APPENDIX I
CNM Health Wellness & Public Safety
Clinical Professional Behavior Assessment Rubric

Student Name: _____ Evaluator Name: _____ Score: ____/ 36 = ____%

Directions to the Evaluator:

Professional behavior assessment is a means of ensuring that members contribute time and effort to group work. Contributions to the team include individual preparation for teamwork, reliable class attendance, responsiveness to team needs outside of class, positive contributions to team discussions, valuing and encouraging input from fellow team members, etc. Please use the rating scales below to describe your evaluation of the CNM student today. There is space provided on the back for additional comments.

Part A: Affective Domain

1. **Preparedness:** the student consistently arrived on time with required materials and was ready to learn.

0	1	2	3	4
Frequently more than 15 min. late &/or not prepared	Occasionally 10 – 15 min. late &/or not prepared	Infrequently 5 – 10 min. late &/or not prepared	Tends to arrive at the last minute; almost always prepared	On time, not rushed, and prepared to learn

2. **Professional appearance:** the student is dressed appropriately and is neat in appearance. No hygiene issues.

0	1	2	3	4
Not dressed appropriately, poor hygiene,	Clothes are dirty, wrinkled or have holes in them. Poor judgement in jewelry &/or make up	Dress acceptable, could improve by improving grooming, etc.	Dress and overall hygiene acceptable	Clean & neat. Student well groomed

3. **Initiative:** student demonstrates interest in profession/program through actions and interactions with evaluator.

0	1	2	3	4
No questions asked, minimal participation when requested	Asks few questions, minimal participation & initiative	Asks questions or studies, good participation if asked, but little initiative	Asks questions, studies in down time, active participation	Asks questions, curious, takes initiative and follows through

4. **Conduct:** Student interacts with others in a respectful and empathetic manner. Demonstrates respectability and professional ethics.

0	1	2	3	4
Violates the rights of others; cannot be trusted with the property of others. Violates privacy and confidentiality. Is rude or disrespectful	Shows little interest or ability in interacting with others.	Interacts with others, but lacks in empathy &/or professionalism.	Overall conduct adequate. Needs self-confidence and assertiveness.	Initiates communications with others. Puts the needs of others above own self-interest. Demonstrates an attitude of professional collegiality.

5. **Careful Delivery of Service:** Student follows policies, procedures & protocols. Uses appropriate safeguards in the performance of duties.

0	1	2	3	4
No regard for the safety of self, patients/clients or staff. Disregard for policies, procedures, protocols.	Minimal regard for safety, policies, and procedures	Inconsistent in use of safeguards and following policies / procedures.	Needs minimal supervision to perform safely and adhere to policies and procedures	Exercises due caution in the performance of duties & follows policies, procedures & protocols

Part B: Psychomotor Domain

6. Student demonstrates proficiency in skills performed.

0	1	2	3	4
Does not know what skill/assessment is indicated for & if prompted cannot perform it	May know what skill/assessment is indicated but cannot perform it	Knows what skill/assessment is indicated but performs poorly without instruction	Knows skill/assessment is indicated, performs correctly but needs to increase speed	Knows skill/assessment is indicated. Organizes the task efficiently, performs accurately and without hesitation

Part C: Cognitive Domain

7. **Knowledge:** The student can recall common terms, facts, principles and basic concepts of the profession/program.

0	1	2	3	4
Significant deficits in knowledge; e.g. cannot use basic professional terminology	Somewhat limited recall of facts and principles	Average recall of facts and concepts, given the current point in the in the program	Good recall of most facts & concepts, given the current point in the in the program	Outstanding recall of principles and theories

8. **Problem Solving:** The student uses knowledge to solve a previously unencountered situation.

0	1	2	3	4

Unable to recognize problems	Recognizes the problem, cannot solve it	Inconsistent recognition of problem or ability to solve it.	Identifies the problem and takes some steps toward solving it, but needs guidance	Identifies problems and can independently devise a plan to solve the problem
------------------------------	---	---	---	--

9. **Evaluation:** The student can judge the appropriateness of actions and can defend his/her decisions.

0	1	2	3	4
Student cannot give a rationale or explanation for actions or decisions	Between 0 and 2.	Attempts to defend his or her decisions or actions, but does not provide a defensible argument	Between 2 and 4	Student provides a sound rationale for decisions and actions

Please use the space below to write any additional comments and suggestions for further development of the student's potential. Comments are highly encouraged and recommended.

MUST include comments for any score of 0, 1, or 2.

APPENDEIX IV
Central New Mexico Community College
RESPIRATORY THERAPY PROGRAM
STUDENT CLINICAL CASE STUDY
EVALUATION FORM

Name: _____ **Points (out of 80)** _____
Hospital: _____ **Grade** _____

II. Written Report:

- | | | |
|----|---|-------------|
| A. | Case Study | |
| 1. | Provided information to establish patient profile and admission status. | 0 1 2 3 4 |
| 2. | Established history of chief complaints concerning present illness. | 0 1 2 3 4 |
| 3. | Established past history of illness, genetic and occupational factors. | 0 1 2 3 4 |
| 4. | Provided complete and accurate patient assessment information throughout the case study. | 0 1 2 3 4 5 |
| 5. | Established course of medical management implemented. | 0 1 2 3 4 |
| 6. | Covered diagnostic testing results correctly to establish diagnosis of illness (ABG analysis, X-ray interpretation, blood work, etc). | 0 1 2 3 4 5 |
| 7. | Identified therapeutic objectives that were established for care plan (therapies, medications, mode of ventilation). | 0 1 2 3 4 5 |
| 8. | Presented respiratory care given and relevance to care plan. | 0 1 2 3 4 5 |
| 9. | Provided a summary which included recommendations for changes. | 0 1 2 3 4 |
| B. | Article Report | |
| 1. | Article was current (<5yrs old) and relevant to case study. | 0 1 2 3 4 |
| 2. | Identified important points of article relevant to case study. | 0 1 2 3 4 |
| 3. | Comprehended data and facts of article. | 0 1 2 3 4 |
| 4. | Interpreted information and showed application to case study. | 0 1 2 3 4 |
| 5. | Summarized article findings in a clear manner. | 0 1 2 3 4 |
| C. | Quality of Written work | |
| 1. | Neat and organized presentation of information. | 0 1 2 3 4 |
| 2. | Proper grammar used i.e., punctuation, spelling, and sentence structure. APA FORMAT WITH 2 CITED REFERENCES | 0 1 2 3 4 |
| 3. | Accurate uses of medical and respiratory care terminology. | 0 1 2 3 4 |
| 4. | Logical sequencing of information presented. | 0 1 2 3 4 |
| 5. | Complete information given. | 0 1 2 3 4 |

Comments: _____

