

**Stony Brook University
School of Health Technology and Management**

**Polysomnographic Technology
Program**

**2017 Student Manual
Class of 2019**



**Stony Brook
University**

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STUDENT WELCOME

This student manual is designed to provide you with useful information about the program you have been accepted into. You can conveniently access this manual on the program's website (<https://healthtechnology.stonybrookmedicine.edu/programs/ptcp/studentonly/SchedulesManuals>) where you can also view the current class schedule and the School of Health Technology and Management Student Orientation Handbook at: <https://healthtechnology.stonybrookmedicine.edu/students/current>. The School of Health Technology and Management (SHTM) Student Orientation Handbook lists information important to all students within the SHTM such as: academic policies and procedures, rules and regulations, and miscellaneous information that you need to know. Please review all of these materials and utilize them as a reference source. Feel free to contact me if you have any additional questions. I look forward to helping you complete your education and enabling you to provide outstanding health care for your patients.

Sincerely,

Russell Rozensky, MS, RRT-SDS, RPSGT, CPFT
Program Director
Polysomnographic Technology Program

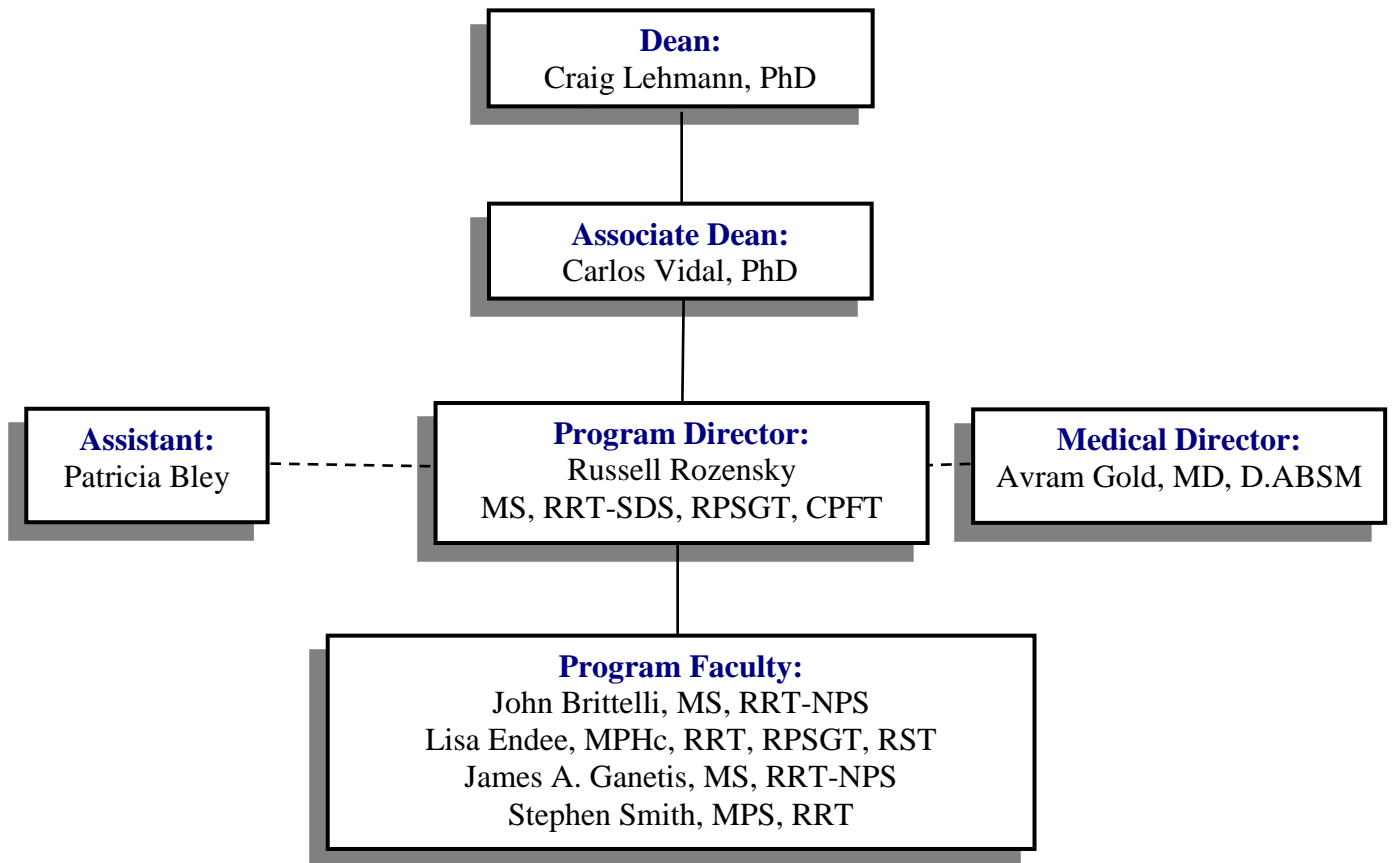
POLYSOMNOGRAPHIC TECHNOLOGY PROGRAM FACULTY AND STAFF

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**STONY BROOK UNIVERSITY
SCHOOL OF HEALTH TECHNOLOGY
AND MANAGEMENT**

Polysomnographic Technology Program

Organization Chart



MISSION STATEMENT:

The mission of the Stony Brook University Polysomnographic Technology Program is to offer the highest quality education and clinical skills in a learning environment that fosters critical thinking, encourages professional leadership, inspires research, and instills a strong appreciation of ethical values and human diversity.

This multifaceted program emphasizes the American Academy of Sleep Medicine (AASM) staging and scoring criteria, artifact recognition, Positive airway Pressure (PAP) therapy, pharmacology, sleep instrumentation, and clinical experience. Utilizing the standards established by the Committee on Accreditation for Polysomnography (Co APSG), the established curriculum provides students with the opportunity to develop the knowledge, skills, and attitudes necessary to be outstanding patient care providers and to improve overall sleep health throughout their surrounding communities.

PROGRAM GOALS:

The goals of the Stony Brook University Polysomnographic Technology Program are to offer the highest quality education in sleep diagnostics and therapeutics in a learning environment that fosters critical thinking, encourages professional leadership, inspires research, and instills a strong appreciation of ethical values and human diversity. The Polysomnographic Technology Program emphasizes excellence in clinical care by encouraging students to develop the knowledge, skills, and attitudes necessary to become outstanding Polysomnographic Technologists and advocates to improve sleep health throughout their surrounding communities. Successful graduates will have demonstrated that they are competent entry-level polysomnographic technologists in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.

THE POLYSOMNOGRAPHIC TECHNOLOGY PROGRAM

The Polysomnographic Technology Program is located within the School of Health Technology and Management at Stony Brook University Health Sciences Center.

Graduates are eligible to take the Board of Registered Polysomnographic Technologists examinations to become a Certified Polysomnographic Technologists (CPSGT) and a Registered Polysomnographic Technologists (RPSGT). Please visit www.brpt.org for further information, exam eligibility, and requirements. Graduates will also need to apply to the New York State Department of Education to obtain a license to practice as a Polysomnographic Technologist in New York State. Please visit: <http://www.op.nysed.gov/prof/polysom/> for further information.

POLYSOMNOGRAPHIC TECHNOLOGY PROGRAM

Policies and procedures

Course Grades

It is the policy of the Polysomnographic Technology Program that students must pass all professional, basic science, core, and elective courses in order to be cleared for graduation. All students take a specific sequence of courses during their junior and senior years. The University's Graded/Pass/No Credit Option (GPNC) is ***not permitted*** for program courses. Unless otherwise stated in program course syllabi, the final percent grade is assigned a letter grade as follows:

94.5 - 100%	A	72.5 - 76.4%	C
89.5 - 94.4%	A	69.5 - 72.4%	C-
86.5 - 89.4%	B+	65.5 - 69.4%	D+
82.5 - 86.4%	B	59.5 - 65.4%	D
79.5 - 82.4%	B	0 - 59.4%	F
76.5 - 79.4%	C+		

For the purpose of determining grade point average, letter grades are assigned point values as follows:

	<u>Grade</u>	<u>Quality Points</u>
Superior	A	4.00
	A-	3.67
	B+	3.33
Good	B	3.00
	B-	2.67
	C+	2.33
Satisfactory	C	2.00
	C-	1.67
	D+	1.33
Poor	D	1.00
	F	0.00

Please Note:

1. Students should check with the course instructor and with their advisors if they are not doing satisfactory work in a course.
2. While most faculty have an open-door policy for any student concerns, more extensive appointments for further clarification of course material can be made with each course instructor.
3. Students having grading issues with faculty are welcome to make an appointment with the Program Director to review any concerns. The student also has the option to make an appointment with the Assistant Dean for Academic and Student Affairs.

Grade Point Average

Students in the School of Health Technology and Management are required to maintain a cumulative average as follows:

1. Professional Courses (**HHO & HAT**) – 2.50 cumulative average
2. Overall average (all HSC courses) – 2.00 cumulative average

It is the responsibility of the students to check their own grades and averages, and to notify their specific course instructor or faculty advisor when they are having difficulty with courses, they receive a grade that is less than satisfactory in a given course, or when their overall or professional average approaches unsatisfactory levels. Faculty will also check cumulative averages at appropriate intervals to ensure that minimum program requirements have been met. Students who fall below the minimum may be placed on probation or terminated from the program. Students should also be aware of the fact that some courses are prerequisites for other courses and if a required course is not successfully passed with a “D” or better, then continuation in the program is based on a complete academic review and recommendations sent to the Dean. Recommendations may include placing the student on academic probation or to terminate the student from the program.

Failing Grades

Students receiving a grade of “F” in any course, may be subject to termination from the program. Please refer to the SHTM academic policies and procedures concerning academic standing, termination, and appeal listed in the first section of your student orientation handbook. <https://healthtechnology.stonybrookmedicine.edu/sites/default/files/2017%20SHTM%20Student%20Handbook%20for%20Professional%20Programs.pdf#overlay-context=students/incoming/orientation>

Communication with students and program faculty/staff

All students will be assigned a Stony Brook email account. Email correspondence between faculty/staff and students will occur using the student’s Stony Brook email account. It is the student’s responsibility to ensure that this account is working and monitored frequently (we suggest checking your email daily). Missing emails will not be an excuse for missing classes, exams, clinicals, or other program correspondence.

ATTENDANCE

Courses: Attendance and punctuality for all courses is mandatory

All instructors are encouraged to take attendance and keep track of lateness. Each instructor has the prerogative to decrease a student’s final grade for repeated lateness or unexcused absences. Excessive unexcused lateness or absences (3 or more occurrences) are grounds for a grade of “F” in the course (please see the “Failing Grades” section above). The requirement is that the student leave a message for the instructor concerning the circumstances of the lateness or absence. It is the instructor’s prerogative to require written documentation to excuse lateness or absences. Failure to provide requested written documentation will classify the event as unexcused.

Clinical: Attendance and punctuality for all clinical rotations is mandatory.

The clinical site, the Program Director, and the supervising program faculty must be advised of any lateness or absences prior to the start of your clinical for that day. Any unexcused absence or lateness is reason for lowering of the final clinical grade. Excessive unexcused lateness or absences (3 or more occurrences) are grounds for a grade of “F” in the clinical rotation (please see the “Failing Grades” section above). Written documentation to excuse lateness or absences will be required. Failure to provide requested written documentation will classify the event as unexcused.

Note: Planned early dismissals or absences must be arranged in advance with the director of clinical education. Once permission is given, the student **must** notify *both the supervising program faculty and clinical instructor at the assigned clinical site*. Failure to follow the above steps is reason for lowering of the clinical grade. Excessive unexcused early dismissals (3 or more occurrences) are grounds for a grade of “F” in the clinical rotation (please see the “Failing Grades” section above).

Please note: If the clinical faculty dismisses you early from your assigned clinical, you **must** notify the Program Director **and** supervising program faculty within a reasonably timely fashion.

Course Waivers

The Polysomnographic Technology Program has a policy of encouraging course waivers, and challenges (subject to the rules and regulations of the School) at:

<https://healthtechnology.stonybrookmedicine.edu/sites/default/files/2016%20Complete%20Handbook%20for%20Professional%20Programs.pdf>

This option is provided to our students so that course work completed at other institutions will not necessarily have to be repeated. Students should plan on applying for course waivers or challenge credit two months prior to the beginning of the course involved. Please check with your advisor for more information concerning this policy. You will need to provide transcripts and catalog descriptions of prior work which you would like to have considered for use as challenge or waiver material.

Academic Integrity

Each student must pursue his or her academic goals honestly and be personally accountable for all submitted work. Representing another person's work as your own is always wrong. Faculty are required to report any suspected instances of academic dishonesty to the Academic Judiciary. Faculty in the Health Sciences Center (School of Health Technology & Management, Nursing, Social Welfare, Dental Medicine) and School of Medicine are required to follow their school-specific procedures. For more comprehensive information on academic integrity, including categories of academic dishonesty, please refer to the academic judiciary website at http://www.stonybrook.edu/commcms/academic_integrity/index.html

The Polysomnographic Technology Program considers any unauthorized possession of its previous exams, papers etc. to be a violation of the School's policy. The faculty **does not** allow past exams to circulate, and therefore any student possessing or circulating them is subject to disciplinary action and/or dismissal. The student should refer to the SHTM's guidelines

regarding the policy as it applies to the core courses (ethics, research design and management concepts), and the basic sciences (anatomy, physiology, pathology, pharmacology). For example, several of the basic science faculty place old exams on reserve in the library or return them to past students upon course completion. These materials may be appropriate to have, providing the course instructor has indeed granted permission, either verbally to the whole class, in writing in their course syllabus, or are specifically identified as such in the SHTM's guidelines.

No programmable calculators or other study aids are allowed in any exam, except where the instructor has specifically designated such items as permissible. If in doubt, ask your instructor prior to the start of any examination!!

Critical Incident Management

Stony Brook University expects students to respect the rights, privileges, and property of other people. Faculty are required to report to the Office of University Community Standards any disruptive behavior that interrupts their ability to teach, compromises the safety of the learning environment, or inhibits students' ability to learn. Faculty in the HSC Schools and the School of Medicine are required to follow their school-specific procedures. Further information about most academic matters can be found in the Undergraduate Bulletin, the Undergraduate Class Schedule, and the Faculty-Employee Handbook.

Disability Support Services (DSS) Statement

If you have a physical, psychological, medical or learning disability that may impact your course work, please contact Disability Support Services, ECC (Educational Communications Center) Building Room 128 (631) 632-6748. They will determine with you what accommodations, if any, are necessary and appropriate. All information and documentation is confidential.

<https://web.stonybrook.edu/newfaculty/StudentResources/Pages/DisabilitySupportServices.aspx>

Students who require assistance during emergency evacuation are encouraged to discuss their needs with their professors and Disability Support Services. For procedures and information go to the following web site: <http://www.stonybrook.edu/ehs/fire/disabilities> and search Fire Safety and Evacuation and Disabilities.

Our program will work with disabled students in an effort to address their need for reasonable accommodations, but the program must follow national and state professional scope of practice guidelines. All students are expected to complete the necessary educational requirements as outlined by the program. Students should also refer to the "Technical Standards" in this manual.

Professional Appearance

Students are expected to dress in a professional manor, which includes wearing clean, appropriately fitting clothing. It is advised that students limit the use of jewelry to minimize safety concerns, especially during laboratory courses and clinicals. A separate policy governing the dress code for clinical rotations is explained in the *Clinical Policies* section of this manual. Appropriate professional appearance is also expected of all students. This includes maintaining appropriate personal hygiene. Students are expected to come to all courses (both didactic and clinical) appropriately showered and groomed, and to not use strong colognes or perfumes.

Professional Behavior on Campus

Students are expected to accept responsibilities for their own actions and to interact with others in a professional and respectful manner. Specifically, students will:

1. Respect the belongings and personal space of faculty, staff, and classmates;
 - a. Video recordings, audio recordings, or photographs are not permitted without permission;
2. Follow the policies and procedures of the school and the program;
3. Follow the guidelines stated in all course syllabi;
4. Listen attentively in all courses and avoid activities that may be a distraction to others;
5. Stay current and up to date with course work;
6. Communicate with others in a respectful and timely manner and not spread false rumors;
7. Follow the approximate chain of command to solve problems (see table of organization);
8. Use computers in a responsible, respectful manner:
 - a. Abide by all copyright laws and regulations;
 1. Course materials provided by a course instructor or accessed from Blackboard or a Stony Brook course website are for the exclusive use of students who are currently enrolled in the course. Content from these sources cannot be duplicated, reused, or distributed;
 - b. Do not send obscene, slanderous, libelous and/or harassing messages or materials (i.e: e-mail, social networks, texting, etc.)
 - c. Do not access unauthorized computers, networks, or files;
 - d. Do not use department computers and projectors for non-academic purposes (movies, games, music, etc.);
 - e. Do not install any software on department or school computers.

Laboratory Access

Access to the Respiratory Care or Polysomnographic Technology labs is available to all students during normal business hours of 8 am – 5 pm Monday thru Friday. Access to the labs after hours or on weekends will be at the discretion of the Respiratory Care or Polysomnographic Technology Program Director. Eating and drinking is permitted in laboratories, providing all refuse is appropriately disposed of and the laboratories are kept clean. There is no eating or drinking permitted at **any** computer stations in the laboratories (including MILC classroom).

Use of equipment (including but not limited to: ventilators, SimMan ®, respiratory supplies, A/V equipment, PFT equipment, etc) will be at the discretion and prior approval of program faculty.

Students should not leave items such as books, computers, wallets, and purses unattended. The university, school, and program are not responsible for lost or stolen items.

Technical Standards in the Polysomnographic Technology Program

The Polysomnographic Technology Program at Stony Brook University is accredited by the Commission on Accreditation of Allied Health Education Programs (<http://www.caahep.org>). The Polysomnographic Technology Program is also an education program approved by the New York State Department of Education. Students preparing for a career in Polysomnographic Technology are expected to perform diagnostic and therapeutic techniques safely and accurately according to national and state guidelines. Students must be able to perform the following:

- Maintain clinical competence under challenging and sometimes stressful situations.
- Gather, assess and interpret patient data, and respond appropriately to changes in disease signs and symptoms, patient conditions and mental status (e.g. breathing, cardiac, neurologic patterns).
- Respond appropriately to changes in equipment function/ malfunction and safety alarms.
- Be able to talk and hear, utilizing effective written and spoken English when interacting with patients, their families, and other health care professionals.
- Demonstrate physical dexterity, including the ability to use hands, fingers, arms, and legs to effectively and efficiently reach for and move both equipment and patients.
- Be able to stand, balance, walk, sit, stoop, kneel, crouch, crawl, or climb as needed to perform sleep testing and treatment modalities.
- Be able to regularly lift up to 10 pounds, frequently lift up to 25 pounds and occasionally lift 50 or more pounds.
- Have visual abilities that include: close vision, distance vision, color vision, peripheral vision, depth perception, and the ability to adjust focus.
- Record, read, write and interpret data about a patient's condition from diagnostic equipment, patient charts, and computer information systems.
- Respond to medical emergencies in a timely manner and perform life sustaining procedures appropriately (e.g. cardiopulmonary resuscitation, airway management). Practice appropriate infection control precautions and barrier methods.
- Exercise proper clinical and intellectual judgment.
- Work as an effective healthcare team member.
- Demonstrate professional affective behaviors when interacting with patients, their families, and colleagues.

Note: Students having a past criminal record must declare this situation at the time of admission. Certain types of criminal offenses may result in an inability to receive professional licensure and job offers upon graduation. Before starting the program, students in this situation must speak with the program director to determine the extent of possible future difficulties with this issue.

Stony Brook University complies with Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. A prospective student who is otherwise qualified, but requires a reasonable accommodation, should contact Disability Support Services at Stony Brook

University in room 128 at the Educational Communications Center (ECC) building; telephone number: 631- 632-6748. They will determine what accommodations are necessary and appropriate. All information and documentation is confidential.

CLINICAL AFFILIATES **AND CLINICAL SITE DIRECTIONS**

Note: All directions given are from Stony Brook University.

Students in the Polysomnographic Technology Program will attend various clinical rotations during their 2 years in the program.

All clinical affiliated that have students attend clinical rotations are listed at:

<https://healthtechnology.stonybrookmedicine.edu/programs/ptcp/clinical-affiliates>

There is also a PDF document that has the directions to each site, but all directions given are from Stony Brook University. The program is adding clinical affiliates as the program expands. Please refer to this link for the most up to date information.

CLINICAL POLICIES **STUDENT RESPONSIBILITIES**

1. Physical Exam and Immunization Records

All SHTM students are required to submit a completed Health History and Examination Form to the Student Health Service prior to the first day of classes (updated yearly). This form includes a health history, physical exam, PPD, documentation of a TDAP immunization within the last 5 years, and **documentation of titers** for measles, mumps, rubella, varicella and hepatitis B. Students must also sign the meningitis form online via SOLAR. If a student has a history of a positive PPD, documentation of a negative chest x-ray and/or treatment is required.

State law requires that all students have their health assessment and PPD updated annually. **Any student out of compliance will not be allowed to attend class or participate in any clinical activities.** (See SHTM Student Handbook for details.)

Students are also subject to any additional requirements that may be required for attendance at any of the clinical facilities used during the school year. These requirements will be specified after the clinical schedule has been developed and may include additional laboratory, diagnostic, and/or drug screenings, plus a criminal background check (as required by that institution).

Students should make arrangements to have this done and to have the appropriate documentation sent as directed to the specified receiving agency (i.e., Student Health Service, Polysomnographic Technology Program, or Clinical Affiliate).

In the event that a criminal background check, physical examination, and/or lab data uncovers a situation which would preclude school activities, the student will not be permitted to undertake that activity. The nature of the situation will be reviewed with the student by the Program Director. The student will be informed when and if clinical rotations can be resumed.

2. HIPAA

All students must complete the required *Health Insurance Portability and Accountability Act of 1996*, HIPAA training. All information concerning patients is confidential and must not be discussed with anyone who is not authorized or does not require the information for care of that patient. HIPAA training must be updated on an annual basis. Additional HIPAA training may be required by the clinical site.

3. Transportation and Housing

During your clinical experience, you will be assigned to clinical rotations off campus. All students are responsible for securing their own transportation to/from their clinical site. This includes cost as well as access to an automobile as many clinical sites are not in close proximity to public transportation. In addition, students are also responsible for housing costs associated related to their clinical rotations.

4. Statement of Risks to Students

An SHTM Safety Incident Report must be filled out by the covering program faculty for any student injury. Completed forms are to be returned to the Program Director for review.

The School of Health Technology and Management (SHTM) is engaged in the education and training of students for entry into different health professions. The learning experiences which must be provided to students of the school may unavoidably create certain risks which arise from essential laboratory, classroom and clinical activities. These risks are comparable to those which exist for currently practicing health professionals.

In the various types of learning experiences which take place within the school, and at its affiliated clinical training sites, the student may be exposed to safety and health hazards which can be minimized (prevented) by adherence to the safety rules and regulations which have been established by each program. Potential hazards are controlled and monitored by competent faculty supervision, and conscientious observance of universal precautions and safety procedures. Carelessness in risk situations can lead to accidents with resultant injury or illness. Within the educational experiences conducted by the school, the following risks may exist:

- a. exposure to infectious materials including body substances, lab specimens, contaminated equipment and supplies, contaminated environmental surfaces, contaminated air or lab animals
- b. exposure to radioactive materials
- c. burns from chemicals, open flames, heated liquids or electrical equipment
- d. physical injury from improperly operated equipment or improper body mechanics
- e. electrical shock from equipment
- f. lacerations or injury from improperly handled equipment
- g. aggravation of students' preexisting conditions secondary to educational exercises or activities of a strenuous nature
- h. skin irritations due to exposure to materials to which the student may be sensitive

In an effort to reduce incidents of students' exposure to environmental hazards and infectious diseases, information regarding safety and exposure to infectious agents and hazardous substances will be provided prior to the first class meeting for each course or prior to clinical activities. Students will be educated about the principles of proper body mechanics and infection control, including standard precautions, bloodborne pathogens, appropriate first aid and exposure response procedures. Students who are concerned about their participation or believe they may be placed at unusual risk because of medical conditions or physical limitations are advised to consult with their program director/department chair and/or course instructor prior to participating in any learning exercise which may create such a risk. (Please refer to the **Americans with Disabilities Act** document in this orientation handbook, as relevant).

5. Standard Precautions

In order to reduce the risk of transmission of bloodborne pathogens and to reduce exposure to infectious diseases and environmental hazards, the Centers for Disease Control and Prevention (CDC) recommends the use of "Standard Precautions" when dealing with **all** patients by treating all blood and potentially infectious material (semen, vaginal secretions, synovial, pleural, peritoneal, pericardial, cerebrospinal, and amniotic fluids) with appropriate precautions. These precautions include:

- a. Handwashing:
 - Wash hands prior to and immediately after examining/ treating every patient
 - Hands must be washed as soon as possible after touching blood, body fluids, excretions and contaminated objects even if gloves have been worn
 - Hands must be washed between patients and after removing gloves and other protective equipment
- b. Gloves
 - must be worn when:
 - touching blood, body fluids, mucous membranes, non- intact skin and contaminated objects
 - performing venipuncture or vascular access procedures
 - processing specimens
 - performing invasive procedures
 - must be changed between tasks if contaminated even when caring for the same patient
 - must be removed promptly after use and new gloves must be donned before caring for another patient

- c. Mask, Eye Protection, Face Shield - must be worn during patient care activities that may generate splashes of blood, body fluids, secretions, excretions or bone chips.
- d. Gowns – must be worn during patient care activities that may generate splashes of blood, body fluids, secretions or excretions to protect skin and clothing. Soiled gowns must be removed as soon as possible followed by prompt handwashing.
- e. Dispose of all biohazard material, including blood, body fluids, and microbiological culture, as infectious.
- f. Never pipette by mouth.
- g. Disinfect work surfaces after a spill and when work is complete. Appropriate disinfectants include 35% isopropyl alcohol and 10% chlorine bleach.
- h. Eliminate the use of needles/sharps whenever possible. Use medical devices with safety features.
- i. Use sharps in a safe, controlled environment whenever possible, with a sharps container nearby. Use safe techniques when using, handling, cleaning or disposing of sharp instruments and devices. Never recap used needles, do not remove used needles from disposable syringes by hand and do not bend, break or otherwise manipulate used needles by hand. Place all used sharps in appropriate puncture-resistant containers.
- j. Use mouthpieces, resuscitation bags or other ventilation devices when mouth-to-mouth resuscitation is required.

6. Immunizations/Disease Surveillance

Preventive strategies for infections known to be transmitted in health care settings include immunizations for vaccine preventable diseases. Students entering SHTM must show immunity to measles, mumps, rubella, varicella and hepatitis (unless Hepatitis B vaccine declination statement is signed), and have received tetanus /diphtheria toxoid within the past 10 years. Students must receive a PPD within 6 months prior to the start of classes, and yearly thereafter if negative. If a student has a history of a positive PPD, documentation of a negative chest x-ray and/or treatment is required prior to entering SHTM.

Each student will have an annual assessment, including a PPD, before the start of the second (and third, if applicable) year(s) of their respective programs. If a student has a newly recognized positive PPD (a new converter) they must be evaluated by the Student Health Service.

During flu season, the university strongly encourages all students to obtain a flu vaccine. An annual influenza vaccination is required for rotations at many clinical sites. Proof of vaccination must include the ordering provider's name, address, license number and date. Students who refuse vaccination may be asked to wear a mask while at their clinical site. Please note: clinical sites can refuse to take a student if they are not vaccinated against the influenza virus.

7. Tuberculosis (TB) Exposure

Adequate infection control measures (masks and isolation precautions) should be strictly followed in an effort to minimize the risk of exposure to an infectious patient. If appropriate precautions have not been followed, students who have been exposed to a patient with active TB will require post-exposure PPD skin testing. The student should receive a baseline PPD skin test at the clinical site as soon as possible after the exposure, unless the student has a documented negative PPD within the preceding 3 months. The student must notify the appropriate individual in his/her professional program at SHTM if he/she has been exposed to TB. A School of Health Technology and Management Incident Report must also be submitted to the program within 48 hours of occurrence.

The student will then be referred to the Occupational Medicine Clinic for repeat testing which must be performed 12 weeks after the exposure. Students with previously positive PPDs who have been exposed to an infectious patient should be referred to the Occupational Medicine clinic where they will be evaluated and followed for active TB by a complete symptom review. If the student remains asymptomatic, no further testing is required.

8. Student Health Insurance

All full time matriculated Stony Brook location students are charged a mandatory “student health service fee” each term. This fee entitles students to be seen by a health care provider in the Student Health Service without additional charge. Students are responsible for fees that are incurred for lab work, medications, and immunizations related to their medical care.

In addition, all Stony Brook full-time students are required to purchase mandatory health insurance, or document equivalent coverage to receive a waiver (effective fall 2005).

Southampton location students will receive a waiver for the mandatory “student health service fee.” Medical care is available to students at Southampton hospital and may be covered through their individual private health insurance.

9. Identification

While on clinical rotation, all students are to wear proper SHTM identification as follows:

- a. SHTM emblem sewn on the left shoulder of your white coat. (You will be provided with one patch before going on clinical rotation. Additional patches may be purchased for \$2.00 in the Dean’s office.)
- b. A name tag and/or ID badge (provided by SHTM or the clinical site) identifying you as a student.

10. Bloodborne Pathogen

Health care personnel are at risk for exposure to bloodborne pathogens including, but not limited to, hepatitis B (HBV), hepatitis C (HCV) and human immunodeficiency virus (HIV). These exposures can occur through needlesticks or cuts from sharp objects contaminated with an infected patient’s blood or visibly bloody fluid or potentially infectious fluid (semen, vaginal secretions, synovial, pleural, peritoneal, pericardial, cerebrospinal, and amniotic fluids) or through contact of mucous membranes or non- intact skin with an infected patient’s blood or

visibly bloody fluid or potentially infectious fluid. In the laboratory any direct contact to concentrated virus is also considered an exposure and as such requires clinical evaluation.

Factors that influence the risk of exposure include the pathogen involved, the type of exposure, the amount of blood involved in the exposure and the amount of virus in the patient's blood at the time of the exposure. According to the CDC, the frequency of transmission of HBV can range from 1% to 30% depending on the source patient's "e antigen" result which, if positive, correlates with high infectivity. If exposed to HCV the risk of infection is 1.8%. When a percutaneous injury involves blood from an HIV infected source the risk of HIV transmission is roughly 0.3%. After a mucous membrane exposure the average risk of seroconversion is approximately 0.1%. **Most exposures do not result in infection.** The CDC publishes a brochure, "Exposure to Blood: What Healthcare Personnel Need to Know". This is an excellent resource that you should read before your clinical experiences. It can be accessed at http://www.cdc.gov/HAI/pdfs/bbp/Exp_to_Blood.pdf

Effective management of educational exposures to blood borne pathogens requires coordination among multiple parties, SHTM, clinical affiliates and the Stony Brook University Student Health Services. Students must be trained in the prevention of injuries and in the management of injuries when they occur. Upon arrival at a clinical site students must become familiar with the site specific protocols for the initial management of blood and body fluid exposures. Post exposure follow-up will be provided by the Stony Brook University Student Health Services Clinic. **Exposure prevention remains the primary strategy for reducing blood and body fluid exposures.**

11. General Care after Bloodborne Exposure

1. Perform basic first aid immediately
 - a. wash the area of injury with soap and water
 - b. flush splashes to nose, mouth or skin with water
 - c. irrigate eyes with clean water or sterile irrigants

Use of caustic products (bleach) or squeezing the puncture site is not advised. Discarded needles/sharps are not tested for bloodborne pathogens.

2. After performing basic first aid, report the exposure immediately to your supervisor/preceptor and report to the Emergency Department or Employee Health Service (as directed by your supervisor). **Prompt reporting is essential; if treatment is recommended it must be started as soon as possible after the exposure.**
3. The student **must** also notify the appropriate individual in his/her professional program at SHTM. A School of Health Technology and Management Safety Incident Report must also be submitted to the program within 48 hours of occurrence.
4. The student must follow up in 72 hours with either his/her private physician or SBUMC Preventive Medicine for further postexposure testing, follow-up, and counseling.* Please identify yourself as a SHTM student and ask for an "immediate appointment".

HEPATITIS B VIRUS (HBV) EXPOSURE AND POST-EXPOSURE PROPHYLAXIS (PEP)

Percutaneous (needlestick) injuries are the most efficient mode of transmission of HBV, however, at room temperature HBV can survive in dried blood on surfaces for at least 7 days. Persons who have been adequately immunized are at virtually no risk for infection, as evidenced by the 95% reduction in the number of occupational infections since the Hepatitis B vaccine became available in 1982. In susceptible individuals (those who have not been vaccinated or who did not develop antibodies after immunization) the risk of infection after a percutaneous exposure to HBV infected blood ranges from 1- 30%.

HEPATITIS B VIRUS (HBV) PEP

Hepatitis B immune globulin (HBIG) and/or hepatitis B vaccine may be recommended depending on the source patient's infection status and your immune status. For students who have not been vaccinated, the CDC currently recommends hepatitis B vaccination for all exposures regardless of the source patient's hepatitis status. (see table 7)

HEPATITIS C VIRUS (HCV) EXPOSURE AND POST-EXPOSURE PROPHYLAXIS (PEP)

Hepatitis C is not transmitted efficiently through occupational/educational blood exposures in the health care setting. If exposed to HCV, the average risk of transmission is 1.8%. HCV can survive outside the body and still transmit infection for 16 hours, but not longer than 4 days.

HEPATITIS C VIRUS (HCV) PEP

Currently no PEP exists for hepatitis C, recommendations for postexposure management are in place to achieve early identification of chronic disease, and if present, referral for evaluation of treatment options. Postexposure management includes baseline testing for HCV antibodies and liver function tests, repeated at 4-6 months or at any time if symptoms develop (abdominal pain, nausea/vomiting, jaundice, malaise, fever). (see table 8)

HUMAN IMMUNODEFICIENCY VIRUS (HIV) EXPOSURE AND POST-EXPOSURE PROPHYLAXIS (PEP)

The average risk of acquiring HIV infection after a needlestick or other sharp injury that involves **HIV infected** blood is 0.3%; the risk after mucous membrane exposure is 0.1%. Factors that might affect the risk of HIV transmission after exposure include:

- deep injury
- visible blood on device
- procedure involving needle placed directly in a vein or artery terminal illness in source patient

HUMAN IMMUNODEFICIENCY VIRUS (HIV) PEP

An individual assessment by the Emergency Medicine or Employee Health Practitioner will be made regarding the degree of risk associated with each exposure. For example, prophylaxis may not be recommended to students who sustain exposures that are not thought to be significant (i.e., if an accidental needle stick occurs with a piggy-back intravenous solution that did not contain blood). Exposure to saliva, tears, sweat, or non- bloody urine or feces does not require PEP. (see table 2)

Students who sustain a significant exposure to material that may be infected with HIV may benefit from the prompt initiation (within 1-2 hours) of antiretroviral therapy to interrupt viral transmission. First dose antiretroviral medication will be provided by the clinical site with subsequent follow up provided by the Student Health Services Clinic at the student's own expense, however, the Stony Brook University mandatory health insurance provides coverage for these expenses.

Students should be tested for HIV antibody at the time of the exposure and then again at 6 weeks, 12 weeks and 6 months. Students who elect to start PEP should have baseline (at the time of the exposure) complete blood counts and liver and kidney function testing, with repeat testing performed 2 weeks later.

Students should seek medical care from Student Health Services if they experience any sudden symptoms of flu like illness (fever, rash, muscle aches, malaise or swollen glands) during the weeks following an exposure. These symptoms may suggest a drug reaction or HIV or other infection.

Students are advised to follow recommendations for preventing transmission of HIV during the follow up period, especially the first 6-12 weeks. These include the correct and consistent use of condoms during sexual activity; donating blood, semen or organs; and refraining from breast feeding.

School of Health Technology and Management
Blood and Body Fluid Exposure Procedure

1. Perform basic first aid immediately
 - wash the area of injury with soap and water
 - flush splashes to nose, mouth or skin with water
 - irrigate eyes with clean water or sterile irrigants
- Use of caustic products (bleach) or squeezing the puncture site is not advised. Discarded needles/sharps are not tested for bloodborne pathogens.**
2. After performing basic first aid, report the exposure immediately to your supervisor/preceptor and report to the Emergency Department or Employee Health Service (as directed by your supervisor). **Prompt reporting is essential; if treatment is recommended it must be started as soon as possible after the exposure.**
 3. The student must also notify the appropriate individual in his/her program. An accident report must also be submitted to the program within 48 hours of occurrence.
 4. The student must follow up in 72 hours with the Student Health Services for further postexposure testing, follow-up, and counseling.*

Preventive Medicine
2500 Nesconset Highway, Bld 16c
(631) 444-2198

**If out of area, consult with your faculty*

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<http://www.cdc.gov/niosh/topics/bbp/genres.html>. Accessed 3/10/16.

New York State Department of Health AIDS Institute: www.hivguidelines.org. Accessed 3/10/16.

TABLE 2
EXPOSURES FOR WHICH PEP IS INDICATED

- Break in the skin by a sharp object (including both hollow-bore and cutting needles or broken glassware) that is contaminated with blood, visibly bloody fluid, or other potentially infectious material, or that has been in the source patient’s blood vessel.
- Bite from an HIV-infected patient with visible bleeding in the mouth that causes bleeding in the HCW.
- Splash of blood, visibly bloody fluid, or other potentially infectious material to a mucosal surface (mouth, nose, or eyes).
- A non-intact skin (e.g., dermatitis, chapped skin, abrasion, or open wound) exposure to blood, visibly bloody fluid, or other potentially infectious material.

TABLE 7
RECOMMENDED POST-EXPOSURE PROPHYLAXIS FOR HEPATITIS B VIRUS

Vaccination and/or antibody response status of exposed patient ^a	Treatment when source patient is:		
	HBsAg positive	HBsAg negative	Source unknown or not available for testing
Unvaccinated/non-immune	HBIG ^b ×1; initiate HB vaccine series	Initiate HB vaccine series	Initiate HB vaccine series
Previously vaccinated, ^c known responder ^d	No treatment	No treatment	No treatment
Previously vaccinated, ^c known non-responder ^d	HBIG ^b ×1 and initiate revaccination ^e or HBIG ^b ×2	No treatment	No treatment unless known high-risk source; if high-risk source, ^f then treat as if source were HBsAg positive
Previously vaccinated, ^c antibody response unknown	Single vaccine booster dose	No treatment	No treatment unless known high-risk source; if high-risk source, ^f then treat as if source were HBsAg positive
If still undergoing vaccination	HBIG ^b ×1; complete series	Complete series	Complete series

HBsAg, hepatitis B surface antigen; HBIG, hepatitis B immune globulin; anti-HBs, antibody to hepatitis B surface antigen.

^a Persons who have previously been infected with HBV are immune to re-infection and do not require PEP.

^b Dose 0.06 mL/kg intramuscularly.

^c Vaccinated with full three-dose series.

^d Based on information available at presentation. Responder is defined as person with previously documented adequate levels of serum antibody to HBsAg (serum anti-HBs >10mIU/mL); non-responder is a person with previously documented inadequate response to vaccination (serum anti HBs <10mIU/mL). It is not recommended that decision-making be delayed while testing for anti-HBs at presentation.

^e The option of giving one dose of HBIG and re-initiating the vaccine series is preferred for non-responders who have not completed a second three-dose vaccine series. For persons who previously completed a second vaccine series but failed to respond, two doses of HBIG are preferred.

^f High-risk is defined as sources who engage in needle-sharing or high-risk sexual behaviors, and those born in geographic areas with HBsAg prevalence of ≥2%.¹⁷

New York State Department of Health AIDS Institute: www.hivguidelines.org

TABLE 8 HEPATITIS C POST-EXPOSURE MANAGEMENT ACCORDING TO BASELINE TEST RESULTS	
Clinical Scenario	Follow-Up ^a
Source patient is HCV-antibody negative	No further testing or follow-up is necessary for source patient or the exposed HCW ^b
Source patient is unavailable or refuses testing	Exposed HCW: Follow-up HCV antibody at 3 and 6 months ^b
Source patient is HCV-antibody positive and HCV RNA negative	Manage the exposed HCW as if the source patient has chronic hepatitis C (see Section 2: <i>Post-Exposure Follow-Up</i>) ^c
Source patient is positive for both HCV antibody and HCV RNA <i>and</i> Exposed HCW is HCV-antibody negative	Source patient: Counsel and manage as chronic hepatitis C regardless of status of exposed person Exposed HCW: Follow up as outlined in Section 2: <i>Post-Exposure Follow-Up</i>
Exposed HCW tests positive for both HCV antibody and HCV RNA	Counsel and manage as chronic hepatitis C

^a Refer to Appendix G for information about HCV tests and how to interpret results.

^b If at any time the serum ALT level is elevated in the exposed HCW, the clinician should test for HCV RNA to assess for acute HCV infection.

^c A single negative HCV RNA result does not exclude active infection.

New York State Department of Health AIDS Institute: www.hivguidelines.org

12. Dress Code

The uniform used during clinical practice will be in accordance with the policy established by the Polysomnographic Technology and/or the School of Health Technology and Management.

- a. The student shall be neat, clean and presentable at all times.
- b. Students who do not wear the appropriate uniform or proper attire will be asked to leave the clinical site and the program will be notified. Any time missed must be made up.

While at the clinical sites, the student shall wear:

1. Short white "blazer" style jacket with proper identification as outlined above.
2. Appropriate fitting clothing with no mid drift exposed, etc. Limit jewelry (necklaces, piercings, earrings, etc.) as these pose a safety hazard. No hats to be worn on clinical.
 - a. Males should wear dress pants, dress shirt, lab coat (with ID and school patch), and dress shoes.
 - b. Females should wear dress pants or skirt, dress shirt or blouse, lab coat (with ID and school patch), and dress shoes. Artificial nails will need to be removed for clinicals.
NOTE: No denims are permitted!
 - c. Clinical sites may allow the use of scrubs. It is up to the discretion of the clinical site whether to allow students to wear scrubs.
3. Dress shoes, clean sneakers (if scrub uniforms are worn). For clinical rotations, the student will dress professionally with flat dress walking shoes.

NOTE: Shoes must have no heel, be closed over toes and around back of foot, and be comfortable. No sandals, open-toed shoes, work boots, or other non-professional shoes will be allowed.

4. Students who do not wear the appropriate uniform or display the required SHTM identification as outlined above will be asked to leave the clinical site and the program will be notified. Any time missed will be made up as assigned by the Program Director, otherwise an incomplete (“I”) grade will be issued.
5. Students are expected to comply with all national, state, and university requirements regarding transmission precautions/protective garments during clinical rotations.

13. Attendance/Absence

Each student is to complete all assigned clinical time. Each student is expected to be present and ready to begin his/her clinical practicum promptly at the assigned starting time each day and is to remain until report to the next shift is completed. All clinical time scheduled must be accounted for and it is the student's responsibility to make up any missed time. In case of illness or tardiness, it is the student's responsibility to notify the clinical site at least one hour prior to the start of the shift. The student should then contact the covering program faculty and Director of Clinical Education at the start of the shift for further instructions regarding the make-up of that time. Repeated absenteeism and/or lateness will result in a lowering of the final grade. A grade of “I” will be submitted if the student fails to make up any time at the end of the rotation. Any request for time off from clinical must be approved by the Director of Clinical Education, prior to that time, with a specified make up time scheduled.

14. Student Performance

All students are expected to be responsive and enthusiastic in their performance. They are to follow directions, be attentive to patients, ask questions and participate actively in all learning experiences.

All students are expected to seek out independent learning experiences, as well as those assigned. Students are expected to utilize all clinical time effectively and should be familiar with all objectives prior to the start of each clinical day.

15. Professional Behavior

While assigned to a clinical facility, students are responsible to the appointed clinical faculty as well as other departmental personnel including the medical and technical directors, the supervisors and the assigned staff. Students are obligated to abide by all hospital and departmental policies as well as all other rules and regulations as set forth by the University, SHTM, and the Department of Respiratory Care. Students are expected to respect the belongings and personal space of clinical faculty, hospital staff, patients, other students and are not allowed to video record, audio record, or photograph any clinical faculty, hospital staff, patients or other students. Students are not permitted to screen shot, photograph or print any document or information pertaining to any patient. Unexcused tardiness or absence, unavailability, inappropriate behavior, conduct, or dress; or failure to comply with the university or clinical faculty rules and regulations may result in immediate disciplinary action by the clinical faculty, director of clinical education or the program director/department chair.

All students are responsible for conducting themselves in a professional manner during any educational experience at a clinical affiliate and for demonstrating respect towards its' personnel, patients and families. This includes being enthusiastic, mature, motivated to learn and accepting of responsibility (see SHTM Student Handbook). Should a problem arise (personally, professionally, or medically), the student should immediately contact the clinical instructor and the director of clinical education. It is our hope to make this rotation as rewarding as possible. Facilitation of your instruction and well-being is our primary goal, but we cannot do it without your cooperation.

16. Clinical Passport

The clinical "passport" is a record of the student's clinical experiences based on the instructional and behavioral objectives agreed upon by the Respiratory Care faculty and the clinical faculty. It is comprised of therapeutic and diagnostic tasks that are specific for each rotation and tailored to the particular affiliate. All students are required to purchase and thoroughly read this passport, and be familiar with its contents.

Students **must** bring their "passports" **every day** to their clinical rotations so that they will have a clear understanding of the tasks that they are required to perform. As each behavioral objective is accomplished, it is signed by the student and the clinical instructor. It is the responsibility of the student to keep the "passport" updated and to obtain the required signatures. Prior to entering a grade for that rotation, the program's director of clinical education or faculty designee will completely review each passport. Students are required to return their "passports" on the last day of the clinical. Failure to do so may result in a lowering of the final grade.

17. Reading Assignments

All students may be required to purchase texts at the discretion of the Program Director. This will be made known prior to the start of the rotation. In addition, the clinical faculty may assign certain readings that are appropriate to the clinical topics. All students are responsible for completing these assignments on their own time and be prepared to discuss them during their rotations.

18. Clinical Objectives

Each student is expected to master all course objectives as listed in this passport. Students should expect to be quizzed both verbally and/or in writing relative to the content of the clinical practicum. All evaluation forms have been included in the passport for student and clinical faculty use.

19. Student Log

The log will not be graded but will be evaluated for its appropriateness to the clinical rotation by the director of clinical education. The log is a requirement for completion of this rotation. It will be used to document daily activities and thus will provide information regarding areas of practice that have/have not been assigned. The clinical faculty should co-sign the log daily and use it to plan for further learning experiences.

20. Performance evaluations by Clinical Faculty

There will be performance evaluations during this rotation. Each one is designed to evaluate the student's progress to date and provide feedback for remediation. The student will be directly observed performing clinical tasks and scored using the passport.

21. Evaluations by the Program Director and/or other university professors

In addition to the performance evaluations, each student will be given a grade for other evaluations specific to that particular clinical rotation.

22. Case Presentation

For most clinical rotations, each student is required to present at least one clinical case to the clinical faculty and/or staff. The case presentation will be based on an actual patient situation that the student has been following during the practicum and an article related to the case.

23. Criteria for Repeating Clinical Evaluation

A score of zero in any of the performance evaluations will require a reevaluation of the student. In this event the weighted evaluation score will be an average of the first and second evaluations.

24. Criteria for Immediate Dismissal from a Clinical Site with Subsequent Review of Student's Progress to Date

1. A failure on the second evaluation of a performance evaluation.
2. Chronic tardiness or absenteeism which is defined as more than two (2) occurrences in one week or three (3) for the current rotation without medical documentation and/or failure to contact the site, the covering program faculty, and the Program Director.
 - a. Academic and/or clinical dishonesty and failure to report such occurrences.
 - b. Failure to follow passport regulations.
 - c. Demonstration of inappropriate clinical judgment that endangers the welfare of patients, their family, oneself, or clinical affiliate personnel.

25. Clinical Grievances

Occasionally students encounter challenging situations during clinical rotations. While such instances are quite rare, these situations may require resolution by faculty or administration. These situations may involve clinical instructors, preceptors, patients/clients, clinical staff, other students, supervisors, academic faculty or any individual you may come in contact with during clinical rotations.

POLICY

SHTM believes that the prompt resolution of challenging situations is instrumental in the restoration of a healthy learning environment, and chooses to address such situations in a proactive manner to achieve a favorable solution. Our process examines individual or shared needs to resolve the situation.

PROCEDURE

Students should reach out to the clinical coordinator of their program if they need assistance in approaching challenging situations in the clinical environment. Resolution begins with the immediate parties involved. It is the student's responsibility to actively seek a resolution by approaching the other individual(s) involved and verbalizing the nature of the situation. Each situation will then be handled on an individual basis.

The Assistant Dean for Academic and Student Affairs is available to speak with the student and the faculty as needed. The SHTM Clinical Education Committee can hear clinical grievances and arbitrate should the program be unable to do so independently. Issues relevant to academic dishonesty or grades will be referred to the SHTM Academic Standing Committee. Students are referred to the SHTM Policy and Procedure Manual for a description of resources.

CLINICAL FACULTY RESPONSIBILITIES

1. Faculty Appointments

All clinical faculty are to complete and return all documents pertaining to their clinical faculty appointments.

2. Clinical Passport

All clinical faculty should be thoroughly familiar with the contents and objectives of each passport/rotation that they participate in.

3. Student Coordination

The clinical faculty is responsible for coordinating all student learning experiences and working with the director of clinical education in preplanning those experiences before each rotation starts.

The clinical faculty is responsible for coordinating the students' day to day learning experiences while they are at your facility.

As a clinical faculty member, it is your responsibility to accept students assigned to you willingly and with enthusiasm. Your duties will include the providing of on-going clinical instruction; including reviewing patient records, techniques and modes of therapy, review of diagnostic procedures for equipment, departmental procedures and records, as well as direct patient contact activities.

As a clinical faculty member you will act as the student's primary clinical instructor and will directly supervise and evaluate their progress in all patient care situations.

The clinical faculty will act as the liaison between the clinical site department personnel (ie. department managers, supervisors, etc.), Stony Brook's Respiratory Care Director of Clinical Education, and the student in order to insure that they are being provided with optimal patient care experiences. Clinical faculty should personally pick out the types of patients and the

quantity of therapy that is appropriate for the students. This rationale will help insure that the student develops and learns at his/her own individual pace.

4. Physician Input Coordination

Physician input into the clinical instructional system is a very important component of the student's overall education. The input can be in the form of patient rounds, clinical care conferences, departmental or other hospital in-services, or can be demonstration (i.e. bronchoscopy or other medical procedures). The student/physician relationship should enhance the stated objectives of the rotation. Physicians that should be included are: 1) The department medical director and his/her associates; 2) attending physicians; 3) subspecialty physicians; and 4) fellows and residents. All physician contact time must be documented by the student on the daily log sheet of the clinical passport.

5. Record Keeping

It is the responsibility of the clinical faculty to accurately keep up to date attendance records and passport objectives met.

The clinical faculty is also responsible for administering all performance evaluations and should use the objectives list to monitor the student's progress during the rotation.

6. Student Evaluation

The clinical faculty is responsible for evaluating the students' performance in all content as outlined in this passport. All clinical faculty should try to evaluate each student individually, and as objectively as possible. This includes proper documentation at all times. Following this format will allow fairness to all individuals involved in the evaluation process. The student should be evaluated once a week; that evaluation should then be reviewed and signed by the student after each evaluation.

As a clinical faculty member you will also be called upon to counsel students in both professional and academic matters. This responsibility should not be taken lightly. All counsel should be provided in an atmosphere of trust and positive reinforcement. Any problems that cannot be resolved by the parties involved should be referred to the director of clinical education as soon as possible.

PROGRAM DIRECTOR'S CLINICAL EDUCATION RESPONSIBILITIES

1. Clinical Faculty

- The Program Director will initiate all clinical faculty appointments.
- The Program Director will supervise and coordinate the clinical faculty of the hospital affiliates and plan the activities for each rotation.
- The Program Director will meet with the clinical faculty at least once during the academic year.
- The Program Director shall, on an ongoing basis, evaluate the quality, contribution and appropriateness of all clinical faculty and/or staff participating in clinical instruction and provide in-service or seminars to improve the quality of that instruction. This evaluation will be both informal and formal and will be drawn from student evaluations and evaluations from the director of clinical education.
- The Program Director will notify the clinical faculty of any curriculum changes so that they can be incorporated into each clinical practicum.

2. Clinical Practice

- In consultation with the Dean (or Associate Dean), and the Medical Director, the Program Director will insure that instruction in the clinical affiliates is properly coordinated and that all students receive adequate medical and technical instruction, patient exposure and learning experiences to successfully complete each clinical objective.
- The Program Director will assign and schedule all students who have met the prerequisites to a clinical site.
- The Program Director will notify each clinical affiliate of the dates, schedule of events and student names participating in each practicum.
- The Program Director will integrate each clinical practicum with the curriculum, goals and objectives of the Polysomnographic Technology Program. The Program Director, in conjunction with the clinical faculty, their medical directors, will plan and evaluate all physician input that occurs during the clinical practical.

3. Student Evaluation

- The Program Director will regularly schedule visits to the clinical affiliates in order to counsel students or evaluate their skill competence as outlined in each clinical passport.
- The Program Director, in consultation with program faculty and clinical faculty, will assure that a practicum grade has been recorded based on the criteria outlined in each clinical passport.
- The Program Director is responsible for all aspects of clinical education. All problems/issues regarding clinical education should be directed to the Program Director.

4. General Responsibilities

The Program Director will:

- Provide informal and formal data regarding clinical instruction to the Medical Director and will assist in evaluation of all phases of the clinical component of the program.
- Investigate ways to enhance/increase student/physician contact.
- Update Co APSG clinical information on an ongoing basis.
- Make appointments for clinical site visitations.
- Review clinical site/rotation evaluation forms and make adjustments as required.
- Review student clinical records.
- Promote professionalism and quality patient care within the clinical affiliates.
- Provide the clinical affiliates with in-service education and preceptor training as needed.
- Encourage questions, comments and suggestions concerning clinical education.
- Keep the program director and medical director informed of all data regarding clinical education.

MISCELLANEOUS POLICIES

Faculty Advising

All students in the Polysomnographic Technology Program are assigned a faculty advisor. Please consult with your advisor first regarding all academic and non-academic issues. Your advisor will refer you for additional assistance as needed.

Please see the Program Director for all issues regarding clinical rotations health clearances, and background checks.

If you have a problem with any of the Department's faculty or staff, please make an appointment with the Program Director to discuss your concerns.

Class Representation

The election of class representatives occurs during the first week of module 1. The term of the class officers is for one school year; however, officers may run for a second term. The class officer positions are: president, vice-president, secretary, treasurer, Health Science Center Student Association representative, and Deans' Advisory Committee representative. The class officers work together to: 1) represent the class on various committees within the program and school, 2) plan/ implement student fundraising activities 3) plan/implement student social activities, and 4) assist the program with necessary functions where student volunteers are needed. Two of the class officers from each class (typically the president and vice president) will serve on the program's advisory committee and will be expected to attend scheduled meetings.

All students are also encouraged to participate on standing and ad-hoc committees of the School of Health Technology and Management (see the SHTM Policy titled "Student Participation on SHTM Committees").

Financial Aid

You may be eligible for financial aid. Please contact the Health Sciences Center (HSC) Office of Student Services with any questions you may have at 631-444-2111 or visit the office directly Monday to Friday from 10 AM to 4 PM at HSC, Level 2, Room 271 or visit their website at: <http://www.stonybrook.edu/hscstudents/>.

Membership in Professional Association

All students are expected to maintain student membership in the American Association of Sleep Technologists (AAST) while in this program. (\$40 for 2016) Membership in the AAST is a vital component of being a professional member of this field. Benefits of student membership include access to electronic media, educational resources, subscription to one of the field's primary journals: A2Zzz, and discounted admission fees at national, state and local symposiums (American Association of Sleep Technologists, 2510 North Frontage Road, Darien, IL 60561. Tel; (630) 737-9704, Fax: (630) 737-9788, www.aastweb.org)

Summer Courses

Our curriculum for the junior year extends from the 4th week of June until the middle of the following July (Module 9). Students must pay separate fees for these two summer sessions (6 credits for the first summer and 4 credits for the second summer). These sessions are not included in either the fall or spring semester tuition bills and are considered separate summer sessions.

Malpractice Insurance

Each student is required to have annual malpractice insurance and will not be allowed to attend clinical without it. The cost is approximately \$35.00 per year. Students are required to purchase insurance online at www.proliability.com and submit proof to the department each year by October 1.

HIPPA Training and HSC Workforce Confidentiality Agreement

All Health Sciences Center students must complete the required HIPAA training and HSC Workforce Confidentiality Agreement. All information concerning patients is confidential and must not be discussed with anyone who is not authorized or does not require the information for care of that patient. HIPPA training is provided at SHTM orientation and each student must satisfactorily complete the required on-line exam to be in compliance with this requirement.

Travel Arrangements

The Polysomnographic technology Program does not provide travel accommodations to activities (such as to clinical rotations). **Students must assume all responsibility for transportation to and from the assigned clinical sites.** Reliable transportation is necessary as "carpooling" is not always an option. Most clinical sites are within a 50 mile radius of the Stony Brook University campus. We are primarily concerned with setting clinical rotation schedules in a manner consistent with educational mandates. It is the each student's responsibility to arrive at the clinical site on time and be prepared for participating in the clinical experience.

Use of Respiratory Care or Polysomnographic Technology Program Equipment and Files

Use of typewriters, computers, and school duplication equipment may not be used by students, except for specific learning computers designated by the faculty. Program and faculty files (paper and electronic) are "off limits" to all students. Retrieval of permitted files may be accomplished by asking your course instructor or faculty advisor. Program phones may not be used by students. Failure to adhere to these policies will result in disciplinary action.

BLS Certification

All students are required to have current American Heart Association Basic Life Support for Healthcare Providers (BLS) certification. Students will not be allowed to attend clinical rotations if this certification has either not been obtained, or has expired. An original signed BLS certification card must be presented to the program to complete this requirement.

Professional Service Requirement

Participation in professional service activities is a graduation requirement for all students enrolled in the Stony Brook University Polysomnographic Technology Program. Each student is required to participate in professional service while enrolled in the program in order to fulfill this requirement. In order to document participation, each student will maintain a journal of professional activities. The journal must include:

- Name of student
- All entries in the journal must include:
 - Date of professional activity
 - Description of professional activity including your role in the activity
 - A list and sum total of points earned
 - Supporting documents to substantiate completion of each specific activity
 - Letters, certificates, written summary, etc.

Each student must have a minimum of 100 points in order to be cleared for graduation.

The journal must be submitted to the student's designated faculty advisor for graduation clearance by the end of MODULE 6 in the senior year of the program.

Professional activity points with supporting documentation are given as follows:

- a. Volunteer at a professional or program event - 20 points
- b. Program or class-sponsored bake sale event – 10 points
**Note: Limited to one event per student*
- c. Volunteer with departmental research endeavors - 20 points
- d. Attendance at Grand Rounds – 10 points
**Note: With written summary of presentation*
- e. Attendance at a full-day professional symposium/seminar - 30 points
- f. Attendance at a half-day professional symposium/seminar - 15 points
- g. Attendance at a continuing education professional lecture/seminar - 5 points
- h. Completing an advisor-approved webinar– 5 points
**Note: With certificate of completion*
- i. Membership in a department-approved professional society – 5 points

**Note: Per year of membership (such as: AAST, AAST, etc.)*

- j. Special projects at the discretion of faculty advisor and the program director

Please consult with your faculty advisor or program director to verify eligibility and to provide proof of completion for a particular activity.

Please note: Attending rounds while on clinical rotations is expected and does not meet the professional service requirement.

Miscellaneous Costs

A. Junior Year

1. **Malpractice Insurance:** Each student is required to have annual malpractice insurance and will not be allowed to attend clinical without it. The cost is approximately \$35.00 per year. Students are required to purchase insurance online at www.proliability.com and submit proof to the department **each year** by October 1.
2. **Student Lockers:** Students interested in being assigned a locker should see the department administrative assistant during orientation week. Each student is responsible for purchasing their own lock. The University is not responsible for any articles left in these lockers.
3. **Clinical Dress Code:** Each student is responsible for purchasing the appropriate lab coat as outlined in the clinical policies section of this orientation manual.
4. **Clinical Expenses:** All students are responsible for the costs associated with transportation to and from the assigned clinical site, meals, and parking.
5. **Membership in Professional Association:** All students are expected to maintain student membership in the American Association of Sleep Technologists (AAST) while in this program. (\$40 for 2016). Membership in the AAST is a vital component of being a professional member of this field. American Association of Sleep Technologists, 2510 North Frontage Road, Darien, IL 60561. Tel; (630) 737-9704, Fax: (630) 737-9788, www.aastweb.org.

B. Senior Year

1. **Malpractice Insurance:** Each student is required to have annual malpractice insurance and will not be allowed to attend clinical without it. The cost is approximately \$35.00 per year. Students are required to purchase insurance online at www.proliability.com and submit proof to the department **each year** by October 1.

2. **Membership in Professional Association:** All students are expected to maintain student membership in the American Association of Sleep Technologists (AAST) while in this program. (\$40 for 2016). Membership in the AAST is a vital component of being a professional member of this field. American Association of Sleep Technologists, 2510 North Frontage Road, Darien, Il 60561. Tel; (630) 737-9704, Fax: (630) 737-9788, www.aastweb.org.

3. **HHO 460 – Polysomnographic Technology Board Review**

In order for you to pass the HHO 460 course and graduate, a series of self assessment exams must be taken by each senior student. There is a mandatory fee for taking these web-based computer exams. The cost of this series of exams is estimated at \$155 (subject to change without notice), payable in the Spring semester of your senior year.

Kettering National Seminar: So that you may be optimally prepared for the actual BRPT exams used to obtain a license to practice, special arrangements are made with Kettering National Seminar to conduct a comprehensive review course on-site for your convenience. The Kettering National Review Seminar is not mandatory, but is strongly recommended. The estimated cost of the seminar is \$275 (subject to change without notice), payable in the Spring semester of your senior year.

5. **Clinical Expenses:** All students are responsible for the costs associated with transportation to and from the assigned clinical site, meals, and parking.

C. Books and Supplies

All students are expected to purchase textbooks and supplies specified by each course instructor. Students may purchase new or used textbooks via the internet (Amazon). Books must be obtained as soon as possible at the beginning of the course to ensure success. Medical textbooks are a substantial expense for students and are estimated to cost over \$1000, per year. Every effort is made to keep required textbooks to a minimum, however learning a professional medical field requires the use/purchase of these valuable resources.

Note: When possible, the program will bundle different course textbooks together to reduce the costs to students, and provide them the information to purchase the bundled text packages.

The Polysomnographic Technology Program has placed a reference copy of required textbooks on reserve in the HSC library. These reference copies may only be used in the library and may not be checked out. Limited

additional copies of required books may be available for check-out in the HSC Library.

Clinical passports are to be purchased prior to the start of each clinical rotation, according to the deadline specified by the Program Director. The fees for the clinical passports are approximately \$5-15 for each clinical passport. Passports may not be duplicated.

Polysomnographic Technology Program Curriculum (revised 5/29/2017)

Junior Year Courses

Course#	Title	Cr	5 Week Modules			4 Week Modules				
			1	2	3	4	5	6	7	8
Professional Courses										
HAT 304	Cardiopulm. Physiology	4	XXXXXXXXXX							
HAT 309	Communication Skills	2	XXXXXXXXXX							
HHO 322	Instrumentation in Poly	2	XXXXXXXXXX							
HAT 331	Resp. Care Techniques I	3	XXXXXXXXXX							
HAT 306	Patient Evaluation	2			XXXXXXXXXX					
HAT 315	Pharmacology	4			XXXXXXXXXX					
HAT 320	Cardiovascular Dx & Tx I	3			XXXXXXXXXX					
HAT 470	Polysomno. Tech. I	3			XXXXXXXXXX					
HHO 324	Therapeutic Mods in Sleep	3					XXXXXXXXXX			
HHO 326	Intro to Dental Sleep Med	3					XXXXXXXXXX			
HHO 342	Sleep Disorder Pathophys	3					XXXXXXXXXX			
HAT 471	Polysomno. Tech. II	2					XXXXXXXXXX			
HHO 470	Basic Poly Tech. Clin.	4							XXXX	
HHO 471	Intermed Poly Tech. Clin.	4								XXXX
HHO 472	Advanced Poly Tech. Clin.	4								XXXX
Additional Core Courses										
HAS 363	Computer Literacy	1	XXXXX							
HAS 351	Research Literacy/Design	1				XXXXXXXXXX				

Senior Year Courses

Course#	Title	Cr	1	2	3	4	5	6	7	8
Professional Courses										
HHO 420	Poly Tech. Management	3	XXXXXXXXXX							
HHO 430	Pediatric Polysomnography	3	XXXXXXXXXX							
HHO 440	Intro to EEG	3	XXXXXXXXXX							
HHO 472	Advanced Poly Tech Clin.	4			XXXX					
HHO 476	Pediatrics Poly Tech Clin	3				XXX				
HHO 480	Basic EEG Clinical	3					XXX			
HAT 410	Intro to Clinical Ed.	2					XXXXXXXXXX			
HAT 335	Medical Ethics	2					XXXXXXXXXX			
HHO 460	Poly Tech Board Review	4					XXXXXXXXXX			
HHO 479	Clin. Teach in Poly Tech.	4							XXXX	
HHO 488	Poly Tech Managment Clin.	4								XXXX
Additional Core Courses										
HAS 490	Research Tutorial	2					XXXXXXXXXX			

Course descriptions can be found online @ <https://healthtechnology.stonybrookmedicine.edu/programs/ptcp/curriculum/courses>

Faculty/Staff Policies

HIPPA Training and HSC Workforce Confidentiality Agreement

All Health Sciences Center faculty, staff, and students must complete the required HIPAA training. All information concerning patients is confidential and must not be discussed with anyone who is not authorized or does not require the information for care of that patient. HIPPA training directions are provided at SHTM orientation and each student must satisfactorily complete the required on-line course to be in compliance with this requirement. Students must print a paper copy of the Stony Brook Organized Health Care Arrangement – Workforce Confidentiality Agreement as proof of successful HIPAA compliance training and send it to the department administrative staff.

Policies from SHTM Website

Policies from the School of Health Technology and Management can be found at:
<http://healthtechnology.stonybrookmedicine.edu/students/current>

Stony Brook Organized Health Care Arrangement

version received
June 2010

Workforce Confidentiality Agreement

Important: Please read all sections. If you have any questions, please seek clarification before signing.

1. Confidentiality of Patient Information:

- a) Services provided to patients are private and confidential;
- b) Patients provide personal information with the expectation that it will be kept confidential and only be used by authorized persons as necessary;
- c) All personally identifiable information provided by patients or regarding medical services provided to patients, in whatever form such information exists, including oral, written, printed, photographic and electronic (collectively the "Confidentiality Information") is strictly confidential and is protected by federal and state laws and regulations that prohibit its unauthorized use or disclosure; and
- d) In my course of employment / affiliation with Stony Brook University Health Sciences Center (HSC), I may be given access to certain Confidential Information.

2. Disclosure, Use and Access

I agree that, except as authorized in connection with my assigned duties, I will not at any time use, access or disclose any Confidential Information to any person (including, but not limited to co-workers, friends, and family members). I understand that this obligation remains in full force during the entire term of my employment/ affiliation and continues in affect after such employment / affiliation terminates.

3. Confidentiality Policy

I agree that I will comply with confidentiality policies that apply to me as a result of my employment/affiliation.

4. Return of Confidential Information

Upon termination of my employment/ affiliation for any reason, or at any other time upon request, I agree to promptly return to Stony Brook University HSC or my employer any copies of Confidential Information then in my possession or control (including all printed and electronic copies), unless retention is specifically required by law or regulation.

5. Periodic Certification

I understand that I will be required to periodically certify that I have complied in all respects with this Agreement, and I agree to so certify upon request.

6. Remedies

I understand and acknowledge that:

- a) The restrictions and obligations I have accepted under this Agreement are reasonable and necessary in order to protect the interests of patients, Stony Brook University HSC and my employer (if different than Stony Brook University HSC); and
- b) My failure to comply with this Agreement in any respect could cause irreparable harm to patients, Stony Brook University HSC and my employer.

I therefore understand that Stony Brook University HSC or my employer may prevent me from violating this Agreement by any legal means available, in addition to disciplinary measures which may result in sanctions in accordance with applicable policies and collective bargaining agreements.

Signature: _____ Date: _____

Printed Name: _____

Employee / Student ID# _____ Department / School _____

____ Faculty

____ Staff

____ Student

Important Stony Brook University Policies

Stony Brook University Policy Manual

Current Stony Brook University policies can be located at the following website:

<http://www.stonybrook.edu/vpadmin/policy/policies.shtml>

University Policy Manual

For information regarding policies, activities and traditions of the State University at Stony Brook.

<http://www.sunysb.edu/policy/>

Student Participation in University-Sponsored Activities

On occasion students may be forced to miss class as a result of their participation in an event or activity sponsored by the University. Please see page 91 of the on-line Undergraduate Bulletin for policy regulating the accommodations that should be made for these students,

<http://sb.cc.stonybrook.edu/bulletin/current/policiesandregulations/index.php>

Withdrawals

The academic calendar, available in the Undergraduate Class Schedule and the Registrar's website, lists various dates that students must follow. Permission for a student to withdraw from a course after the deadline may be granted only by the Arts and Sciences Committee on Academic Standing and Appeals or the Engineering and Applied Sciences Committee on Academic Standing. The same is true of withdrawals that will result in an underload. A note from the instructor is not sufficient to secure a withdrawal from a course without regard to deadlines and underloads. (SHTM forms and procedures supersede west campus and should be submitted to the SHTM Dean's office.)

Family Education Rights and Privacy Act (FERPA)

Often times issues involving students arise that require knowledge about access to student records and other information. Please refer to the following campus website for guidance with laws regulating confidentiality of student records and dissemination of other student personal and academic information:

<http://www.stonybrook.edu/commcms/registrar/policies/ferpa.html>

Required Statements to Appear in all Teaching Syllabi

The University Senate has authorized that the following required statements appear in all teaching syllabi on the Stony Brook Campus. This information is also located in the Undergraduate Bulletin at:

http://sb.cc.stonybrook.edu/bulletin/current/policiesandregulations/policies_expectations/min_instruational_student_resp.php

Disability Support Services (DSS) Statement:

If you have a physical, psychological, medical or learning disability that may impact your course work, please contact Disability Support Services, ECC (Educational Communications Center) Building, room 128, (631) 632-6748. They will determine with you what accommodations, if any, are necessary and appropriate. All information and documentation is confidential.

[In addition, this statement on emergency evacuation is often included, but not required:

Students who require assistance during emergency evacuation are encouraged to discuss their needs with their professors and Disability Support Services. For procedures and information go to the following website: <http://www.stonybrook.edu/ehs/fire/disabilities>]

Academic Integrity Statement:

Each student must pursue his or her academic goals honestly and be personally accountable for all submitted work. Representing another person's work as your own is always wrong. Faculty are required to report any suspected instances of academic dishonesty to the Academic Judiciary. Faculty in the Health Sciences Center (School of Health Technology & Management, Nursing, Social Welfare, Dental Medicine) and School of Medicine are required to follow their school-specific procedures. For more comprehensive information on academic integrity, including categories of academic dishonesty, please refer to the academic judiciary website at http://www.stonybrook.edu/commcms/academic_integrity/index.html

Critical Incident Management Statement:

Stony Brook University expects students to respect the rights, privileges, and property of other people. Faculty are required to report to the Office of Judicial Affairs any disruptive behavior that interrupts their ability to teach, compromises the safety of the learning environment, or inhibits students' ability to learn. Faculty in the HSC Schools and the School of Medicine are required to follow their school-specific procedures.

Equivalent Opportunity/Religious Absences

Some students may be unable to attend classes on certain days because of religious beliefs. Section 224-a of the New York State Education Law provides that:

1. No person shall be expelled from or be refused admission as a student to an institution of higher education for the reason that he or she is unable, because of his or her religious beliefs, to register or attend classes or to participate in any examination, study, or work requirements on a particular day or days.
2. Any student in an institution of higher education who is unable, because of his or her religious beliefs, to attend classes on a particular day or days shall, because of such absence on the particular day or days, be excused from any examination or any study or work requirements.
3. It shall be the responsibility of the faculty and of the administrative officials of each institution of higher education to make available to each student who is absent from school, because of his or her religious beliefs, an equivalent opportunity to register for classes or make up any examination, study, or work requirements which he or she may have missed because of such

absence on any particular day or days. No fees of any kind shall be charged by the institution for making available to the said student such equivalent opportunity.

4. If registration, classes, examinations, study, or work requirements are held on Friday after 4:00 p.m. or on Saturday, similar or makeup classes, examinations, study, or work requirements, or opportunity to register shall be made available on other days, where it is possible and practicable to do so. No special fees shall be charged to the student for these classes, examinations, study, or work requirements, or registration held on other days.

5. In effectuating the provisions of this section, it shall be the duty of the faculty and of the administrative officials of each institution of higher education to exercise the fullest measure of good faith. No adverse or prejudicial effects shall result to any student because of his or her availing himself or herself of the provisions of this section.

6. Any student who is aggrieved by the alleged failure of any faculty or administrative officials to comply in good faith with the provisions of this section shall be entitled to maintain an action or proceeding in the supreme court of the county in which such institution of higher education is located for the enforcement of his or her rights under this section.

7. It shall be the responsibility of the administrative officials of each institution of higher education to give written notice to students of their rights under this section, informing them that each student who is absent from school, because of his or her religious beliefs, must be given an equivalent opportunity to register for classes or make up any examination, study, or work requirements which he or she may have missed because of such absence on any particular day or days. No fees of any kind shall be charged by the institution for making available to such student such equivalent opportunity.

8. As used in this section, the term “institution of higher education” shall mean any institution of higher education, recognized and approved by the Regents of the University of the State of New York, which provides a course of study leading to the granting of a post-secondary degree or diploma. Such term shall not include any institution which is operated, supervised, or controlled by a church or by a religious or denominational organization whose educational programs are principally designed for the purpose of training ministers or other religious functionaries or for the purpose of propagating religious doctrines. As used in this section, the term “religious belief” shall mean beliefs associated with any corporation organized and operated exclusively for religious purposes, which is not disqualified for tax exemption under section 501 of the United States code.

For more information, visit <http://www.stonybrook.edu/commcms/provost/events.shtml>

Confidentiality of Student Data

As a matter of law, the University must comply with state and federal requirements mandating the privacy of student data, or risk the loss of federal funds. All members of the campus community who interact with students in any capacity and have access to student records must adhere to these policies by following standard practices for handling paper and electronic student records. As required by law, notice of this policy and of students' rights there under is here given to the campus community and reproduced on the Registrar's website.

Applicable regulations include:

The Family Educational Rights and Privacy Act (FERPA)

The USA Patriot Act (amends FERPA)

NY State law (regulates use of students' social security and identification numbers)

University Policy P507R (Student Access to Academic Records)

Family Education Rights & Privacy Act

Often times issues involving students arise that require knowledge about access to student records and other information. Please refer to the following campus website for guidance with laws regulating confidentiality of student records and dissemination of other student personal and academic information: <http://www.stonybrook.edu/commcms/registrar/policies/ferpa.html>

Confidentiality Statement

Stony Brook University maintains various student records to document academic progress as well as to record interactions with University staff and officials. To protect the student's rights to privacy, and to conform to federal and State laws the University has an established policy for handling students' records. Notice of this policy and of students' rights under federal law is given annually to the campus community.

The University is authorized to provide access to student records to campus officials and employees who have legitimate educational interest in such access, without the student's written consent. These persons are those who have responsibilities in connection with campus academic, administrative or service functions and who have reason for using student records connected with their campus or other related academic/administrative responsibilities as opposed to a personal or private interest. Such determination will be made on a case-by-case basis.

Access to student records databases is available on a need-to-know basis to appropriate campus officials only after required authorization is received by the Registrar's Office. More information about the use of information technology in accessing student records by University employees is available. Please see: <http://it.stonybrook.edu/policies/p109>

With very limited exceptions, student information must not be transmitted by any University employee to anyone outside the University without the express written release by the student or pursuant to a lawfully subpoena/order, coordinated by the Office of University Counsel.

The campus community must remain vigilant about any intentional or unintentional abuse of the existing privacy laws, including the misuse of any student identifier, including the student's Social Security Number and the Stony Brook ID number. To report any concerns or violations, please contact the Office of University Counsel, 328 Administration, 2-6110, or the Registrar's Office, 276 Administration, 2-6175.

For more information:

Visit the registrar's website at:

<http://www.stonybrook.edu/commcms/registrar/policies/ferpa.html>

Other Important Resources

Safety at Stony Brook University:

The following website link gives important information about safety on campus.

<http://www.stonybrook.edu/sb/safety.shtml>