



Respiratory Therapy Student Handbook

Processes and guidelines may be revised or updated as needed in order to meet program needs. Students may be notified via: myUVU email, U.S. Mail, in-person announcements, postings in the Respiratory Therapy Program, on the respiratory webpage, or on the current Learning Management System.

Table of Contents

Welcome.....	5
Faculty and Staff.....	6
Utah Valley University Policies Important to Respiratory Therapy Students.....	7
Mission	7
Core Themes.....	7
Student Success: UVU support students in achieving their educational, professional, and personal goals.	7
Engaged: UVU engages its communities in mutually beneficial collaboration and emphasizes engaged learning.	7
Serious: UVU fosters a culture of academic rigor and professional excellence.....	7
Inclusive: UVU provides opportunity for individuals from a wide variety of backgrounds and perspectives and meets regional education needs.	7
Student Rights and Responsibilities Code	7
Alcohol, Tobacco and Drugs	8
Ombuds	8
Student Health Services.....	8
Gifts for Faculty and Staff.....	9
Children in the Classroom	9
Respiratory Therapy Program Guidelines--General	10
Program Goals	10
Mission	10
Core Themes.....	10
Essential Learning Outcomes	11
Physical/Technical Requirements.....	12
Health Care Provider Basic Life Support (BLS/ CPR) Certification	14
Drug Screening	15
Expectations:	15
Immunization and Tuberculosis (TB) Testing	16

Immunization Requirements	16
Tuberculosis (TB) Testing Requirements	17
Acceptable Documentation	17
Compliance Procedures:	17
Respiratory Therapy Program Guidelines -- Academic	18
Grading	18
Late Work and Exams	Error! Bookmark not defined.
Computer Needs for Canvas Learning Management System	20
Remediation	20
Repeating a Course	21
Academic Expectations and Program Progression Guidelines	21
Scholastic Appeals	21
Appeal Process:	21
Professional and Academic Conduct	22
Appropriate Conduct	22
Consequences of Misconduct	24
Respiratory Therapy Program Guidelines -- Clinical	26
Clinical Attendance and Scheduling	26
Clinical Tardiness	27
Clinical Absences	27
Lab Practice Policies	28
Clinical Supervision	29
Renumeration	29
Clinical in Place of Employment	30
Medical Release	30
Uniform Code	31

UNIFORM.....	31
IDENTIFICATION.....	32
PERSONAL GROOMING	32
Patient Privacy and Confidentiality	33
Preceptored Clinical Learning.....	34
Blood-borne Pathogen Exposure Guidelines.....	35
Student Guidelines	36
Faculty Guidelines	37
Program Curriculum for BS Degree	38
Handbook Acknowledgement	41

Welcome

Welcome to the Respiratory Therapy Program at Utah Valley University (UVU). You have chosen a life supporting, life enhancing, and life altering profession. Over the next couple of years you will receive the training necessary to allow you to become a highly skilled health care professional. UVU and the BSRT Program are committed to the concept of equal opportunity without regard to race, color, disability, religion, age, sex, national origin, or other legally impermissible factors.

Respiratory Therapy is a health care specialty involved in the diagnosis, treatment, and preventative care of patients with disorders of the heart and lungs. Respiratory Therapists also provide pulmonary rehabilitation and patient education as well as a responsibility to the public at large regarding the treatment and prevention of lung disease.

Technical knowledge and skill are essential to the safe and effective delivery of Respiratory Care. The skilled Registered Respiratory Therapist (RRT) must apply sound scientific knowledge and theory to practical problems at the bedside. Command of basic math and effective interpersonal skills are a must.

The successful Registered Respiratory Therapist is dependable, people-oriented, flexible, conscientious, honest, compassionate, caring, courteous, and self-directed. Additionally, the RRT must be able to handle the physical and emotional rigors of what can be stressful work situations. Lastly, the RRT must be willing to learn new insights and strive to meet the highest standards of the profession. Become a life-long student!

This handbook contains basic information, rules, and regulations of the program. All program academic policies apply to all faculty and students regardless of location of instruction (i.e. classroom, lab, or clinical setting).

It is **VERY IMPORTANT** that you read and follow the Respiratory Therapy Program Handbook.

Respectfully,

Max Eskelson, MS, RRT, FCCP

Program Director

Assistant Professor

Utah Valley University

Faculty and Staff

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Utah Valley University Policies Important to Respiratory Therapy Students

Mission

UVU is a teaching institution where students learn, do and become. At UVU, the fusion of academic and hands-on learning is referred to as "engaged learning." Along with the institution's long-rooted commitment to serving the needs of the community, UVU's emphasis on engaged learning led to its classification as "community engaged" by the Carnegie Foundation.

Utah Valley University is a teaching institution which provides opportunity, promotes student success, and meets regional educational needs. UVU builds on a foundation of substantive scholarly and creative work to foster engaged learning. The university prepares professionally competent people of integrity who, as lifelong learners and leaders, serve as stewards of a globally interdependent community.

Core Themes

Student Success: UVU support students in achieving their educational, professional, and personal goals.

Engaged: UVU engages its communities in mutually beneficial collaboration and emphasizes engaged learning.

Serious: UVU fosters a culture of academic rigor and professional excellence.

Inclusive: UVU provides opportunity for individuals from a wide variety of backgrounds and perspectives and meets regional education needs.

Reference: <http://www.uvu.edu/president/mission/themes.html>

Accommodation of Students with Disabilities

Section 504 of the Federal Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 Require that reasonable and appropriate accommodation be made for all individuals with disabilities in accessing an education. To be eligible for such accommodation at UVU, students are responsible to provide relevant medical or psychological evidence of their disabilities. This documentation is kept by the University Accessibility Services Office, and appropriate accommodations should be arranged in coordination and consultation with that office.

Faculty members should provide information to students (preferably via class syllabi) regarding students' rights to access appropriate accommodations. "Students who need accommodations because of a disability may contact the UVU Office of Accessibility Services (OAS), located on the Orem Campus in LC 312. To schedule an appointment or to speak with a counselor, call the OAS office at 801-863-8747. Deaf/Hard of Hearing individuals, email Nicole.hemmingsen@uvu.edu or text 385-208-2677."

Student Rights and Responsibilities Code

Students are expected know and uphold their rights and responsibilities as UVU students.

For more information:

https://policy.uvu.edu/getPolicyFile/541_Student%20Rights%20and%20Responsibilities%20Code_11-16-2006_563a3c1c65db23201153c268.pdf

Alcohol, Tobacco and Drugs

Utah Valley University is a drug-free campus and has a “zero tolerance” alcohol and drug policy. UVU has developed an alcohol and tobacco and other drug policy not only in response to the federal drug-free legislation, but also to encourage and sustain an academic environment that promotes the health, safety, and welfare of all members of its community.

Alcoholic beverages, unlawful drugs, and other illegal substances shall not be consumed, used, carried, sold, or unlawfully manufactured on any property or in any building owned, leased, or rented by UVU, or at any activity sponsored by the University. The University Policy and sanctions for violation can be found at: <http://www.uvu.edu/studentconduct/students/drugalco.html>

Ombuds

Within the UVU community, misunderstandings and disagreements needing resolution occur. The UVU Ombuds is one who is familiar with campus policies, student's right and responsibilities, and can help find useful options within these guidelines. In order to serve as a mediator, as opposed to an advocate, the Ombuds neutrally and objectively listens to all problems. We hope you use this person as a resource for help in a variety of difficult situations.

All conversations with the Ombuds are confidential. The Ombuds will not disclose any part of your conversation without your prior permission and no records are kept regarding your complaints. If a matter becomes a formal action you cannot request the Ombuds to advocate against, for, or in support of any position. This contract is absolute and non-negotiable.

For more information see: <http://www.uvu.edu/ombuds/info/>

Student Health Services

Student Health Services has a staff united in the goal of serving students in a caring and competent manner. We have low cost and available service for UVU students in the areas of medical and psychiatric care, psychological services, learning disability assessment services, and suicide awareness and prevention. We offer life and health enhancing services that increase safety, productivity and life experience of the individual and the campus. For more information:

<http://www.uvu.edu/studenthealth/>

Location: Student Center, SC 221
800 West University Parkway
Mail Stop 200
Orem, UT 84058

Office Phone: 801.863.8876

Office Fax: 801.863.7056

Gifts for Faculty and Staff

Faculty and staff of the Department of Nursing at Utah Valley University are subject to the gifts section of the Utah Public Officers' and Employees' Ethics Act, Section 67-16-5 which states: "It is an offense for a public officer or public employee, under circumstances not amounting to a violation of Section 63G-6a-2404 or 76-8-105, to knowingly receive, accept, take, seek, or solicit, directly or indirectly for himself or another, a gift of substantial value or a substantial economic benefit tantamount to a gift.

Children in the Classroom

Children are not permitted in University classrooms or laboratories unless they are an integral part of instruction. Children should not be left unattended in hallways and/or restrooms.

Respiratory Therapy Program Guidelines--General

Program Goals

1. To prepare graduates with demonstrated competence in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains of Respiratory Care practice as performed by Registered Respiratory Therapists and
2. To prepare leaders in the field of Respiratory Care by including curricular content that includes objectives related to the acquisition of skills in one or more of the following
 - a. Management
 - b. Education
 - c. Research
 - d. Advanced clinical practice

Mission

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The university prepares professionally competent people of integrity who, as lifelong learners and leaders, serve as stewards of a globally interdependent community.

Core Themes

- **Student Success:** UVU support students in achieving their educational, professional, and personal goals.
- **Engaged:** UVU engages its communities in mutually beneficial collaboration and emphasizes engaged learning.
- **Serious:** UVU fosters a culture of academic rigor and professional excellence.
- **Inclusive:** UVU provides opportunity for individuals from a wide variety of backgrounds and perspectives and meets regional education needs.

Reference: <http://www.uvu.edu/iri/indicators/corethemes/>

Essential Student Learning Outcomes

The Essential Learning Outcomes (ELOs) are a comprehensive set of learning goals that are fostered and developed across a student's entire educational experience.

They reflect the knowledge, skills, and competencies needed to meet the challenges of an ever-changing and complex world. The ELOs prepare students for future employment, life, and citizenship. With the achievement of these outcomes, UVU graduates will possess breadth and depth of knowledge, highly developed intellectual and practical skills, commitment to personal and social responsibility, awareness of the interdependence of communities, and the ability to synthesize and apply their learning to solve complex real-world problems.

1. *Integrative and Applied Learning*

A student will engage in discipline-appropriate experiences with the academic and broader community through integrated and applied learning.

2. *Intellectual and Practical Skills Foundation*

A student will acquire a foundation of intellectual and practical skills including communication, quantitative reasoning, qualitative reasoning (critical, analytical, and creative thinking), and technical and information literacies.

3. *People of Integrity*

A student will become personally and socially responsible by acquiring, developing, and demonstrating skills in ethical reasoning and understanding.

4. *Professional Competency*

A student will demonstrate professional competence by meeting the established standards of the discipline, working as a valued member of a team, effectively formulating and solving problems, and actively seeking and honing lifelong learning skills.

5. *Stewards of Place*

A student will demonstrate stewardship of local, national and global communities by cultivating awareness of: interdependence among those communities; issues within those communities; and organizations and skills that address such issues.

6. *Knowledge Foundation*

A student will demonstrate knowledge of human cultures and the physical and natural world in the following areas of essential study: arts, history, humanities, languages, science and mathematics, social sciences. Knowledge Foundation refers to GE Distribution courses and other courses and experiences within the major. The full document of essential learning outcomes can be found at:

<http://www.uvu.edu/aqa/elo.html>

Physical / Technical Requirements

In compliance with the American Disabilities Act (ADA), careful consideration is provided to all applicants entering the Respiratory Therapy program. Reasonable accommodation shall be provided to an applicant who is able to perform the essential functional requirements of the program, provided that the applicant follows the universities procedures for seeking an accommodation.

Respiratory Care is a special field where the healthcare provider or practitioner is responsible for providing life supporting therapies and diagnostic services. The applicant should carefully review the essential functional requirements of the program and ask questions if not familiar with the activities or functions listed. The applicant must decide if he or she has any limitations that may restrict or interfere with satisfactory performance of any of the requirements.

The individual must be capable of performing the job functions of a Respiratory Care Practitioner (RCP) without placing himself/herself at risk, and/or without jeopardizing the patient

Below is a list of the essential functional requirements of the RCP:

Physical Skills

- Standing and walking for 6-12 hours and performing diagnostic and therapeutic procedures in a clinical facility or hospital
- Performing sustained repetitive movements such as CPR
- Walking fast or running for code blues/resuscitations
- Reaching above shoulder level (to manipulate equipment)
- Reaching below waist level (to manipulate equipment)
- Moving upper and lower extremities, back, hips, and knees without restriction
- Lifting, adjusting and positioning adults and children for therapeutic procedures
- Lifting and transferring patients from bed to chair, from chair to bed, or from bed to stretcher for transport to other departments
- Lifting, adjusting and positioning medical equipment for patient care; pushing and pulling 50 pounds (oxygen cylinders, beds, patients, ventilators, etc.)
- Quickly maneuvering in narrowed spaces during emergencies
- Adjusting minute incremental controls or settings in medical devices
- Manipulating high precision medical devices such as bronchoscopes
- Performing arterial puncture using needles and syringes for blood collection

Observation and Sensory Skills

- Ability to see details at close range (within a few feet of the observer) and at a

distance

– including differentiating colors and shades, various degrees of light (from dark to bright) and reading fine print and hand-writing

- Distinguishing and describing patient’s body language and physical responses which the patient cannot verbally relay (i.e. facial expressions, seating, trembling, color change, bleeding, etc.)
- Distinguishing or differentiating normal and abnormal breath sounds, adventitious sounds and heart sounds during chest auscultation
- Hearing auditory alarms – such as monitors, ventilator alarms, call bells, fire alarms
- Distinguishing color, appearance and intensity such as skin color during physical assessment
- Identifying proper placement of airway tubes, chest tubes and digital displays on medical equipment in low light intensities

Mental Ability and Emotional Stability

- Concentrate on a task over a long period of time without being distracted
- Function effectively with integrity, poise and emotional stability under stress (emergency, critical or dangerous situation) in actions with all (peers, patients, staff and faculty)
- Performing mathematical calculations – such as medication preparation, ventilator setting and adjustments and weaning criteria
- Comprehending graphic trends on digital displays on ventilators and other medical equipment / devices

- Reading measurement marks found on respiratory / medical devices
- Making quick decisions during emergencies and other critical situations
- Adapting to changing environment / stress
- Dealing with unexpected crisis such as deteriorating patient’s condition and emergencies
- Coping with strong emotions such as the death of a patient and the grief of family members

Communications and Ethics

- Communicating effectively in English (both orally and in writing), using correct grammar, vocabulary and medical terminology
- Comprehending verbal and written directions from physicians and other healthcare providers
- Communicating with individuals from diverse backgrounds
- Instructing patients how to do correct breathing during therapy, during pulmonary function testing (PFT) and when using small devices (such as nebulizers and metered dose inhalers)
- Comprehending clinical and scientific reports

- Displaying flexibility and adapting to change behaviors
- Accepting responsibility for own behavior and for being forthright about errors or uncertainty; and developing mature, sensitive and effective relationships with patients, staff, coworker, etc.
- Refusing to or participate in illegal, unethical or incompetent acts including (but not limited to): falsifying or making incorrect entries into a patients record or related document; copying other students written assignments; cheating on a quiz or examination; making untrue statements to a faculty member or administrator

Health Care Provider Basic Life Support (BLS/ CPR) Certification

Students participating in clinical experiences must meet affiliated clinical agency requirements for Basic Life Support certification. Basic life support consists of essential non-invasive life-saving procedures including CPR, basic airway management, artificial ventilation, and in most cases, the use of automated external defibrillators (AEDs). Students may obtain certification from a number of agencies, but **the certification must stipulate it is for health care providers or professional rescuers.**

1. All students enrolled in nursing programs at Utah Valley University maintain current Basic Life Support (BLS/CPR) certification for health care providers or professional rescuers.
2. Students are responsible for renewing certification and providing evidence of continuing certification without lapse.
3. Students are only allowed to register when all requirements are met including a copy of current BLS/CPR certification which does not expire during the semester for which they are registering.
4. The certification must be for healthcare providers or professional rescuers and must be through an approved program such as American Heart Association or Red Cross.
5. No online courses are accepted.

Compliance Procedures:

1. Prior to registration, the student presents evidence of current BLS Certification to the Administrative Assistant.
2. A copy of the certification is placed in the Department's student file.
3. The Department Administrative Assistant reviews BLS certification expiration dates prior to each semester. Registration authorization is only given when all requirements are met which includes a copy of a current BLS certification which does not expire before the end of the semester for which the student is registering.

Reference: American Heart Association (2015). *Guidelines for CPR & ECC*. Retrieved from: <https://eccguidelines.heart.org/index.php/circulation/cpr-ecc-guidelines-2/>

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semester. Registration authorization is only given when all requirements are met which includes a copy of a current BLS certification which does not expire before the end of the semester for which the student is registering. Reference: American Heart Association (2015). Guidelines for CPR & ECC. Retrieved from: <https://ecguidelines.heart.org/index.php/circulation/cpr-ecc-guidelines-2/>

Risks and Hazards Statement

1. Students are required to sign a *Risks and Hazards Statement of Understanding and Release* form before being given authorization to register for nursing course work.
2. The certification remains in effect through the end of the student's program of study.
3. Students are not allowed to participate in clinical activities if not signing this *Risks and Hazards Statement of Understanding and Release* form.
4. Inability to participate in clinical activities jeopardizes the student's ability to successfully complete all course objectives and obtain a passing grade.
5. Students are strongly encouraged to maintain personal health insurance.

Compliance Procedures:

1. 1 Students receive a copy of Risks and Hazards Statement of Understanding and Release in their RT information packet, after acceptance to the program.
2. This form is signed and submitted with all other required forms and documents prior to receiving authorization to register.
3. Students who do not receive an information packet, for any reason, must obtain and sign said waiver at the RT Office prior to being authorized to register.
4. The copy of the Risks and Hazards Statement of Understanding and Release is placed in the student's file.
5. The administrative assistant makes a list of all students and sends it to Human Resources and Risk Management indicating they are participating in clinical experiences during their program of study in nursing.

References: UVU Administration and Risk Management Department References:
UVU Administration and Risk Management Department

Drug Screening

To comply with the current recommendations given by Utah State Division of Occupational and Professional Licensing (DOPL), as well as community agencies in which Utah Valley University respiratory students participate in clinical placements, and to have current and accurate drug screens on each student attending classes in the Respiratory Therapy Program, students will be required to have a drug screen prior to admission to the Respiratory Therapy Program.

Drug Screen: A urine sample provided at a contracted facility that is tested for recognized drugs of abuse

Impaired: Under the influence of alcohol, any drug, or the combined influence of alcohol and any drug or substance to a degree that renders the person incapable of safely operating a

vehicle and/or performing the cognitive and physical functions of a student nurse resulting in risk to the safety of self or others.

Expectations:

1. The Utah Valley University Respiratory Therapy Program requires a drug screen on all respiratory students upon acceptance to the program and randomly thereafter, if behavior warrants another screening during the student's tenure in the Respiratory Therapy Program.
2. Behavior that may warrant further drug screens includes but is not limited to: failure to comply with facility protocols while working in clinical settings, being evaluated as impaired by clinical faculty and/or clinical staff, suspicion of drug use during school and clinical experiences.
3. Admission and continuing status in any nursing program at Utah Valley University is contingent upon satisfactory results of initial and subsequent drug screens. Failure to submit to a requested drug screen will cause immediate dismissal from the respiratory therapy program.
4. Drug screens identifying issues that may preclude admission are referred to the Respiratory Therapy Program Director, who notifies the applicant, in writing, of the results. The Director may request additional information from the applicant. Upon receipt of all requested information, drug screen, and additional information is referred to the Admission, Progression and Graduation Committee for review and recommendation.
5. Although a positive drug screen does not automatically disqualify an applicant from admission, conviction of, or a drug related arrest may preclude licensure. Therefore, students receiving multiple positive drug screens or conviction of any drug related offense will be referred to DOPL in order to obtain clearance for licensure prior to admission to, or continuance in, the Respiratory Therapy Program.

Immunization and Tuberculosis (TB) Testing

Since students are at risk for exposure to, and possible transmission of, diseases because of their contact with patients or with infective material of patients. Some diseases are preventable by vaccination (e.g. Hepatitis B), while other diseases require early detection and effective treatment to prevent harm to the student and transmission to others (e.g. Tuberculosis), Immunization and TB testing compliance will be required of all students entering the Respiratory Care Program.

Immunization requirements are subject to change based on agency requirements for participation in clinical sites.

Immunization Requirements

1. Tetanus/Diphtheria/Pertussis: Pertussis: a one-time dose of Tdap (received after age 10) with direct patient contact. CDC recommends a Tdap booster every ten (10) years.
2. Measles/Mumps/Rubella (MMR): Two doses after 1 year of age (Note: If born in 1957 or before, and serologic evidence shows adequate immunity, the MMR requirement is waived);
3. Hepatitis B: Documentation of completed three-dose series or blood test with reactive results. Documentation of six (6) dose series with a "non-reactive" blood test will also be accepted, as this individual is considered a "non-responder."

4. Varicella (Chicken Pox): If no serologic proof of immunity, prior vaccination, or history of Varicella disease, two (2) doses, four (4) weeks apart are required.
5. Influenza: One dose annually (Flu season begins in October and extends through the winter/spring semester).
6. Other immunizations with documentation may be required as agency and/or infection control guidelines change.

Tuberculosis (TB) Testing Requirements

1. Upon admission to the program, students must complete one of the following options:
 - a. Two (2) negative screenings for tuberculosis within six (6) months prior to admission
 - b. One (1) Quantiferon Gold (QFT) test with negative result or
 - c. One (1) T-SPOT blood test with negative result (if not done at the Utah County Health Department, it will not be put on a print out – student must submit results to the Nursing Department).
2. Additional testing for TB may be required if there is a known exposure to tuberculosis or if there is any concern that a student may have communicable/active TB.

Acceptable Documentation

1. Students must submit a copy of the original record of immunization or testing. The record must document the following:
 - a. The name of each required vaccine or test
 - b. The date (month/day/year) of each dose received
 - c. The result if documenting a test or titer
 - d. Written verification of all doses by a physician or other authorized medical provider, governmental or employee health department, or health clinic
 - e. Dates from memory or estimates are not acceptable

Compliance Procedures:

1. Prior to receiving clearance to register for clinical courses, students submit documentation that all required immunizations and TB test results are complete and current. Refer to section “Acceptable Documentation” for specific guidelines. The vaccinations are administered and documented according to the recommendations of the United States Public Health Service’s Advisory Committee on Immunization Practices (2004). The departmental designee reviews submitted documents and maintains an immunization/TB testing record for each respiratory therapy student. The record reflects testing done and vaccination histories including the immunizing agent, date, and certifying facility or provider (CDC, 1997).
2. Once authorization to register is granted, it is the student’s responsibility to maintain all required immunizations and TB testing: i.e., the student must:
 - a. Repeat any immunization that expires, before being allowed to register for the next semester of the program;
 - b. Maintain TB testing according to clinical facilities protocols;
 - c. Students assigned to a high risk area, such as a homeless center or refugee clinic or if they have a known exposure to TB may be required, at the Department’s discretion, to

undergo testing and treatment if indicated.

References:

CDC-Centers for Disease Control and Prevention (1997). Immunization of health-care workers: Recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC) Retrieved from <http://www.cdc.gov/mmwr/preview/mmwrhtml/00050577.htm>

Utah Department of Health *Adult Immunization Program*; Retrieved from http://www.immunize-utah.org/pdf/Adult_Vaccine_Schedule_Eng.pdf

Immunization Action Coalition (2009) *Health Care Personnel Vaccination Recommendations*; Retrieved from <http://www.immunize.org/catg.d/p2017.pdf>

Respiratory Therapy Program Guidelines -- Academic

Grading

All courses in the Respiratory Therapy Program will use the following table to determine course grades. This will provide a consistent standard of grading within the Respiratory Therapy Program. This table will be included in all respiratory course syllabi.

PERFORMANCE	LETTER GRADE	NUMBER GRADE	DEPARTMENT PERCENTAGE
Superior achievement	A	4.0	94-100
	A-	3.7	90-93
Commendable mastery	B+	3.4	87-89
	B	3.0	83-86
Satisfactory mastery	B-	2.7	80-82
	C+	2.4	77-79
	C	2.0	74-76
(Does not meet respiratory minimum expectations for continued progression in the curriculum)	C-	1.7	70-73
	D+	1.4	67-69
	D	1.0	64-66
	D-	0.7	60-63
Substandard progress	E	0.0	<60
	W	Not computed	N/A
Inadequate mastery (failure)	UW	0.0	N/A
Official Withdrawal	I	Not computed	Determined on an individual basis
Unofficial Withdrawal			
Incomplete			

Late Work and Exams

In order to have consistent expectations in the Respiratory Therapy Program for late examination and late assignments, the following guidelines will be instituted:

1. Students who are unable to complete examinations or assignments by the scheduled date must negotiate a submission date with appropriate faculty prior to the date examinations or assignments are due.
2. Penalties for late examinations or assignments are included in the course syllabus.
3. Guidelines must be included in each course syllabus.
4. Daily Quizzes cannot be made up.

Incomplete (I) Grades

1. Students are required to complete all courses for which they are registered by the end of the semester. In some cases, a student may be unable to complete all of the course work because of extenuating circumstances. The term “extenuating circumstances” includes: (1) incapacitating illness which prevents a student from attending classes (usually more than five consecutive class days); (2) a death in the immediate family; (3) change in work schedule as required by employer; or (4) other emergencies deemed acceptable by the instructor.
2. If circumstances are deemed appropriate, the student may petition the instructor for time beyond the end of the semester to finish the work. If the instructor agrees, an “I” grade will be given. An Incomplete Grade Form indicating work completed and work to be completed must be signed by the student, instructor, and the department chairperson, and turned into the Registrar’s Office at the end of the semester.
3. “I” grades should not be requested nor given for lack of completion of work because of procrastination or dissatisfaction with the grade earned. Per policy, students must be passing the course and completed 70% or more of the course work in order to qualify for an incomplete.
4. Specific arrangements to remove an “I” grade must be made between the student and the instructor. In most circumstances, work to be completed should be finished in the first two or three weeks following the end of the semester in which the “I” was given. Failing to complete the “I” and replace it with the appropriate letter grade may negatively affect any financial aid.
5. **Incomplete work cannot be completed by retaking the class.** If such an option is preferred, the student must take the grade earned and then retake the class for a better grade. The grade for the later class will be calculated in the GPA. In all cases, **the “I” grade must be made up within one year.** If it is not, the “I” grade will change to an “E” on the transcript. “I” grades are not computed in the GPA.

Computer Needs for Canvas Learning Management System

The Respiratory Therapy Program uses the learning management system (LMS) of Canvas.

Canvas and its hosting infrastructure are designed for maximum compatibility and minimal requirements. Screen Size: A minimum of 1024x600. That is the average size of a netbook.

If you want to view Canvas on a device with a smaller screen, we recommend using the Canvas mobile app. Operating Systems: Windows XP SP3 and newer Mac OSX 10.6 and newer Linux - chromeOS Mobile Operating System Native App Support iOS 7 and newer Android 2.3 and newer Computer Speed and Processor Use a computer 5 years old or newer when possible 1GB of RAM 2GHz processor Internet Speed Along with compatibility and web standards, Canvas has been carefully crafted to accommodate low bandwidth environments. Minimum of 512kbps Screen Readers JAWS 14 or 15 for Internet Explorer 11 & 12 and Firefox 27 Latest version of VoiceOver for Safari There is no screen reader support for Chrome Retrieved from: <http://guides.instructure.com/s/2204/m/4214/l/82542-what-are-the-basic-computerspecifications-for-canvas>

Remediation

For any student who did not receive a passing grade (either in an academic course or clinical rotation), remediation is offered as a passing grade is required to progress in the program.

The opportunity to undertake remedial work is not automatically granted. The following factors will be considered:

- The students' performance in all other courses
- The availability of the faculty member to supervise and conduct the remedial work / directed study.
- The availability of resources
- The amount of time needed for the student to achieve competence
- The course sequence. For example, it may not be possible to correct a deficiency in a course before the next course in the sequence

Remediation activities will be decided and granted on a case by case basis after discussion with the instructor and PD. **Students must achieve a passing grade in both didactic and clinical aspects of the program.**

After considering these factors and the students overall record, the instructor will decide whether a student will be offered remediation / directed study, or will be dismissed from the program students will be informed of the faculty's decision regarding dismissal or remediation in writing. If the student chooses to undertake remedial work, he or she must notify the program director within 10 days of the receipt of the letter describing the remediation. The original course grade will not change as a result of the remedial work.

Repeating a Course

1. No additional credit is allowed for repeating a course in which the initial grade was passing unless the course number for the course ends in the letter suffix “R” or “Z” (a course designed to be repeatable for credit). For other repeated courses, the most recent grade will be used in the calculation of the GPA. Upon successful completion of the repeated course, the repeat is indicated on the student’s transcript (E=Exclude, I=Include). All work will remain on the records, ensuring a true and accurate academic history. (Note: Although not used in computing the UVU overall GPA for UVU purposes, many graduate programs, such as law or dental school, include ALL grades in calculating an overall GPA for admissions criteria.)
2. Courses are not accepted from other institutions for the purpose of posting a repeat of a course already taken at UVU.
3. Board of Regents policy requires that students shall be charged at the full cost of the instruction tuition for repeating a course more than once, unless the institution determines that the repetition is a result of illness, accident or other cause beyond the student’s control or unless the course is prescribed by the student’s program of study. This affects all courses beginning January of 2003.

Academic Expectations and Program Progression Guidelines

High academic standards in professional programs are established to ensure that the student can perform and compete in a dynamic and rigorous profession, such as respiratory therapy (RT). RT courses include any course identified by the prefix “RESP” taken after admission to the RT program.

Scholastic Appeals

In accordance with Utah Valley University’s ***Student Rights and Responsibility Code*** (Policy 541), The Department of Allied Health provides opportunity for students to appeal serious academic matters such as admission decisions, grades, or dismissal from programs. Before an appeal, the student must attempt to resolve the issue informally with the instructor.

Appeal Process:

1. Student appeals must be filed within one calendar year of the incident under appeal. Exceptions will only be made in the event of extraordinary circumstances which prevented the student from coming forward sooner. In no case will an appeal be allowed for incidents more than 3 years old.
2. In attempts to resolve student-faculty conflict, the student should use the following sequence of procedures:

- a. Meet with the faculty member involved in the conflict.
- b. Meet with the faculty member and/or the Program Coordinator.
- c. Meet with the RT Program Director.
- d. Meet with the Department Admission, Progression, & Graduation (APG) Committee.

The scope of the questions addressed by this committee is limited to:

- Is there cause for a grievance?
 - Were the student and faculty informed of College or Departmental policies or procedures and/or applicable standards?
 - Was the student or faculty treated fairly in relation to the applicable policies or procedures and/or applicable standards?
- e. The student should meet with the Dean or the Dean's designee. Following such a meeting, the Dean may convene the College of Health, Aviation, and Public Services Scholastic Appeals Committee to obtain a recommendation on the student's appeal.
 - f. If the student feels there is reason to further appeal, they may follow University procedures of the Academic Appeals Committee.
3. The burden of proof is on the student. The standard of proof will be preponderance. The student may present documentation or witnesses to support the appeal.

Professional and Academic Conduct

Utah Valley University (UVU) Respiratory Therapy Program aims to support respiratory therapy students in the development of professional abilities and attributes through experiences in clinical and academic settings. To provide a foundation for this development, students must adhere to approved standards of conduct/behavior and demonstrate patterns of clinical and academic performance.

In addition, UVU expects all students to obey the law, to show respect for properly constituted authority, to perform contracted obligations, to maintain absolute integrity and high standards of individual honesty in academic work, and to observe a high standard of conduct within the academic environment.

Appropriate Conduct

1. Students have the responsibility to study, demonstrate understanding, and adhere to published guidelines.
2. Students have the right to challenge RT Program policies, related regulations, and disciplinary actions according to the established grievance or related policies of the Department of Allied Health, the College of Health, Aviation, and Public Services (CHAPS) and/or UVU.
3. RT Program faculty and administration have the responsibility and authority to enforce standards of conduct in clinical and academic settings; report and/or document substandard student performance or conduct, dishonesty, and be guided by a commitment to safeguard the well-being of those with whom the student comes in contact while performing student nurse functions.
4. Indicators of unprofessional or unsafe conduct:
 - a. Failure to practice within the boundaries of the Respiratory Care Practices Act, the guidelines of the RT Program, and the rules and regulations of the health care agencies

in which students practice. *Examples* of unprofessional/unsafe conduct include but are not limited to the following:

- Arriving for clinical under the influence of drugs and/or alcohol;
 - Failing to follow applicable policies and procedures of UVU, the RT Program and/or health care agencies;
 - Arriving for clinical too ill, tired, or unprepared to perform safely;
 - Leaving the assigned area without the express permission or knowledge of the instructor and/or RT which the student is following.
- b. Failure to practice according to the American Association of Respiratory Care *Code of Ethics* and *Respiratory Care Practices Act*. *Examples* of unprofessional conduct include but are not limited to the following:
- Refusing assignment based on client attributes such as gender, medical diagnosis, race, culture, or religious preference;
 - Misrepresenting oneself and/or practicing beyond student role expectations;
 - Failing to report unethical, unprofessional, or unsafe conduct of peers and other health care team members.
- c. Failure to meet safe standards of practice from a biological, psychological, sociological, and cultural standpoint. *Examples* of unprofessional practice include but are not limited to the following:
- Failing to exhibit appropriate mental, physical, or emotional behavior(s);
 - Allowing or imposing physical, mental, emotional or sexual misconduct or abuse;
 - Exposing self or others to hazardous conditions, circumstances, or positions;
 - Intentionally or unintentionally causing or contributing to harming patients/clients;
 - Making grievous errors;
 - Failing to recognize and promote patients' rights.
- d. Failure to demonstrate responsible preparation, documentation, and continuity in the care of patients/clients. *Examples* of unprofessional practice include but are not limited to the following:
- Failing to respond appropriately to errors in the provision of care;
 - Failing to provide concise, inclusive, written and verbal communication;
 - Failing to report questionable practices by any healthcare worker;
 - Attempting activities without adequate orientation, theoretical preparation, and/or appropriate assistance;
 - Dishonesty and/or miscommunication which may disrupt care and/or unit functioning.
- e. Failure to show respect for patients/clients, health care team members, faculty, and self. *Examples* of unprofessional practice include but are not limited to the following:
- Failing to maintain confidentiality of interactions and/or protected client communications;
 - Failing to maintain confidentiality of records including adhering to HIPAA and facility regulations;
 - Dishonesty;
 - Using stereotypical assessments or derisive comments or terms;

- Disruption of class, lab and/or clinical with audible use of cell phones or other electronic devices.
- f. For further clarification refer to the following:
- ***Respiratory Care Practices Act***
<https://dopl.utah.gov/laws/58-57.pdf>
 - ***AARC Code of Ethics***
<http://ethics.iit.edu/codes/AARC%20undated.pdf>
 - ***UVU Student Rights and Responsibility Code***
https://policy.uvu.edu/getPolicyFile/541_Student%20Rights%20and%20Responsibilities%20Code_11-16-2006_563a3c1c65db23201153c268.pdf

Consequences of Misconduct

1. Academic dishonesty is dealt with in accordance with UVU's Student Rights and Responsibilities Code.
2. Consequences of a student's failure to comply with professional standards will be based upon the offense or pattern of deficiencies and may range from a verbal warning to immediate dismissal from clinical or class as determined by the supervising faculty. Faculty may immediately place a student on interim suspension if there is reasonable cause to believe that the student is impaired, or is unable to practice respiratory care with reasonable skill and safety to clients because of illness, lack of preparation, use of alcohol, drugs, narcotics, chemicals, or any other substances or as a result of any mental or physical condition.
3. Whenever a student's conduct or pattern of deficiency warrants interim suspension, the circumstances will be reported to and reviewed by the RT Program Director (PD) immediately or as soon as is feasibly possible, but no later than five (5) working days after the incident has occurred. The PD will review the circumstances and determine by UVU policies appropriate actions to take. If it is determined that a student should be suspended or removed from the RT program, the action must be reviewed and confirmed by the Dean of the college, the Vice President of Academic Affairs and the President of the Institution. A student who is dismissed from the RT program will not be allowed to participate in remaining clinical or classroom experiences until the dismissal has been reviewed by appropriate personnel and it has been determined that the student may return to the clinical setting and/or classroom.
4. A student whose performance endangers the safety of a client, peer, health care team member, or faculty, or whose conduct/behavior is determined to be unprofessional, will be removed from the situation and given verbal and written instructions by the instructor. Faculty may immediately institute interim suspension for unsafe or unprofessional conduct.
 - a. When faculty first identifies indications or patterns of unsafe or unprofessional conduct/behavior, the faculty will:
 - Discuss concerns with the student, precepting RT, and/or RT Supervisor as applicable;
 - Determine if the student may stay at the site for the day/rotation;
 - Document concerns, circumstances, plan for remediation and/or disciplinary

- action (use the Respiratory Therapy Program’s form “Record of Unsafe or Unprofessional Conduct”).
- Determine if the student will be placed with a consulting clinical instructor/mentor for further evaluation;
 - Discuss concerns with Director of Clinical Education and Program Director, as appropriate.
- b. If the concern is drug or alcohol related:
- The student will be expected to immediately submit to, and pay for, drug testing at a Department-approved facility;
 - A student who refuses immediate drug testing will immediately be placed on interim suspension and reported to the Department Chair as well as the UVU Office of Judicial Affairs;
 - Faculty will determine if the student is safe to drive home, or make arrangements for someone to take the student home, and whether or not law enforcement needs to be notified;
 - If drug testing is positive, actions will be taken according to UVU policy.
- c. If the unsafe or unprofessional conduct/behavior is egregious or is repeated:
- The student will immediately be removed from the clinical site;
 - The RT Supervisor, Director of Clinical Education and RT Program Director will be promptly notified, as appropriate;
 - Documentation of the incident and prior counseling will be placed in the student’s file in the Department of Allied Health (Use Respiratory Therapy Program form “Record of Unsafe or Unprofessional Conduct” and “Record of Unsafe or Unprofessional Conduct – Outcome/Follow-up”).
 - Actions will be taken according to UVU policy.
5. Students may appeal decisions according to UVU policy.

Respiratory Therapy Program Guidelines -- Clinical

Clinical Attendance and Scheduling

The clinical curriculum is competency based, thus, course completion requires demonstration of competence and proficiency in the performance of skills. Each clinical course has an established minimum number of clinical practice hours based on employer and graduate feedback, but additional hours may be required based on student performance.

Students must notify (in advance) the faculty AND clinical agency of clinical schedule changes.

Completion of designated clinical hours is mandatory for program completion. Clinical hours missed must be re-scheduled and completed.

Paid hours related to a student' employment may not be used for clinical hour completion.

All clinical hours completed for credit must be approved, prior to the experience, by the clinical faculty and must be associated with outcome oriented objectives. Clinical credit is not given for travel time to and from clinical sites or for associated classroom experience.

Students may be assigned to clinical rotations at any of our affiliated institutions and during any shift (days, afternoon, or nights). It is the responsibility of the student to arrange for transportation to and from clinical assignments. Under adverse driving conditions, if the student determines the road conditions to be too hazardous to travel, he/she is required to notify the appropriate faculty and make up the clinical day.

Students are to note the disclaimer in the semester schedules, regarding clinical times/days, stating: *"Please do not set up child care or work schedules based on the (semester schedule) printed clinical schedule. Updated information will be provided at the Respiratory Therapy orientation for each campus."* Last minute changes are sometime unavoidable.

Attendance to the two day Utah Society for Respiratory Care (USRC) is a program requirement for all students in the Respiratory Therapy Program.

Clinical Tardiness

Tardiness in clinical is unacceptable and will be subject to faculty review. This reflects irresponsible behavior, lack of respect for faculty and to other students, and serves as a distraction to others. Clinical tardiness may result in a failing clinical course grade.

Clinical Absences

Respiratory Therapy students must attend each clinical experience. In case of unavoidable absence on the assigned day, the faculty and the assigned clinical site must be notified, personally, prior to the student's scheduled time. Calling the clinical site alone is not sufficient notice. Absences from clinical will be cause for review by the faculty with possible failure for the semester and/or dismissal from the program. Absences will need to be rescheduled to make up the clinical day to allow for a passing clinical grade.

Clinical Absence With Proper Notification

Proper notification means notifying the clinical supervisor at the assigned clinical site at least one hour prior to the scheduled beginning of the clinical shift.

1st absence per clinical course = no grade penalty.

Any subsequent absences per clinical course = one letter grade reduction for the course per absence.

Clinical Absence Without Proper Notification

1st absence per clinical course = clinical course grade reduced one full letter grade

2nd absence per clinical course = clinical course grade of E.

Under valid and extenuating circumstances a student may petition the faculty for an exception. Valid circumstances for missed clinical days could include hospitalization, death in the family, etc.

If it is absolutely necessary to leave the clinical area early, the student must obtain permission from

their assigned UVU clinical instructor prior to leaving the clinical setting. **Missed clinical hours must be rescheduled to make up the clinical practice day and to allow for a passing grade.**

In the event of student illness on a scheduled clinical day, the following options are available:

- a. All students should report personal illness or exposure to communicable diseases to his/her instructor immediately. On a case-by-case basis, the instructor will determine if a student who is ill or has been exposed to a communicable disease is able to continue to participate in the clinical area.
- b. If the student is disallowed from the clinical assignment, he/she must leave the clinical area and will be listed as absent. Missed clinical hours will be required to be rescheduled to make up the clinical day to allow for a passing grade.
- c. A physician's release pertaining to health status may be required depending on origin of illness.

Clinical practice days are the “glue” that pulls together and cements the theory and laboratory practice the student has already completed. They are also the opportunity for students to make a positive impression upon potential employers and colleagues. Whether a clinical day has been scheduled “traditionally,” or has been scheduled directly between a student and his/her preceptor, once the day has been scheduled, it is the student’s obligation to fulfill the scheduled day or notify the clinical instructor or preceptor. If you schedule a shift with a preceptor on Saturday, you may NOT just decide to go Sunday instead unless you have spoken directly with the preceptor to make this change. Although hospitals are open 24 hours per day, they do NOT expect students unless scheduled, and they DO expect students when they are scheduled.

Laboratory Practice Policies

For the lab to function as it should in helping you learn, the following standards should be observed:

1. You are responsible for your own learning.
2. Learning means accomplishing the objectives--being able to know or do what is intended for each unit. Most of the skills you learn will be tested in the lab before you perform them at the clinical site. This is true whether your “lab” occurs on campus or at a clinical site.
3. You must call upon your instructor to assist your learning when you cannot proceed on your own.

4. Returning all lab materials promptly to their proper place aids in allowing other students using the lab to have an equal opportunity to learn.
5. Cleanliness in the lab is just as important as cleanliness in the hospital. Most of the equipment available for your practice in the lab is the same equipment that can cause serious illness and cross-contamination in the hospitals.
 - a. You have the responsibility of cleaning up after yourself. Schedule time to put away equipment and dispose of contaminated supplies properly.
 - b. Report broken or malfunctioning equipment to the instructor or proctor. Broken equipment should be given to the lab instructor with a note describing the problem.
 - c. Equipment may not be removed from the lab. Printed materials may be removed with permission for a short period of time if you wish to photocopy them; however, the department copy machine is not for student use.
6. Each student will have scheduled lab time and is required to attend these scheduled labs.
7. Due to the expense and technical nature of the lab equipment, your lab activities must be supervised by an instructor or lab proctor at all times.
8. If you do not know how to use a piece of equipment, seek instruction on its use prior to using it.
9. Repeated violations of lab policies may result in suspension of lab privileges.
- 10. The rules for laboratory absences and tardiness are the same as clinical tardiness and absences.**
11. Students not officially enrolled in the Respiratory Therapy Program will not be permitted in the respiratory therapy labs.
12. Respiratory Therapy students are not permitted to bring children into clinical facilities (during performance of respiratory course clinical practice), evaluation, examination or respiratory therapy practice lab at any time.

Supervision

Students will be appropriately supervised at all times during their clinical education, coursework and experiences. Students must not be used to substitute for clinical, educational or administrative staff.

Remuneration

Students shall not receive any form of remuneration in exchange for the work they perform during programmatic clinical coursework.

Clinical in Your Place of Employment

Students MUST NOT complete clinical coursework while they are acting as an employee (have employee status) at a clinical affiliate.

Articles Needed for Your Clinical Experience

Required:

Personal Health Insurance

Vaccinations / Immunizations

Scrubs

Stethoscope

Safety Glasses

Watch with second hand

Recommended:

Pen Light

Pocket Notebook

Bandage Scissors

Pen (dark ink)

Textbook

Medical Release

Respiratory Therapy students who have serious illness, injury, or condition which may impact their safety and/or clinical performance are required to obtain a medical release prior to entering the program or returning to student clinical or lab practice.

1. Clinical faculty consults with the student to evaluate any restrictions. Clinical faculty may also:
 - a. Consult with the Director of Clinical Education and/or Program Director for guidance
 - b. Consult with the clinical facility for site specific restrictions
 - c. Require an alternative clinical experience, if necessary
 - d. Grant an "Incomplete" (I) grade for the course in accordance with UVU policy, or
 - e. Counsel the student regarding withdrawal from the semester
2. Students with an acute condition, or an exacerbation of a chronic condition, which poses a threat to their personal safety or clinical performance must notify their clinical faculty as soon as possible. Examples include, but are not limited to:
 - a. Surgery
 - b. Fractures
 - c. Infectious processes, or
 - d. Unstable medical conditions, such as: mental health issues, pregnancy complications, seizures, respiratory conditions, or cardiovascular conditions
3. Students are not allowed to return to the clinical setting until a written release from their personal physician or licensed healthcare provider is given to clinical faculty.

Uniform Code

Compliance to a specific uniform code for Utah Valley University (UVU) RT students will accurately represent students to clinical staff and clients, provide a consistent and professional appearance, and preserve patient comfort as students work in close physical contact with clients.

1. The Utah Valley RT Program requires that students follow personal grooming and uniform standards as established by the Faculty Organization.
2. Unless given specific instructions by clinical faculty, students are to comply with the uniform code when participating in all clinical experiences or representing the Department or UVU as a respiratory therapy student. Faculty may direct students to wear the uniform or professional attire and lab coat to activities such as lab, conferences or pre-assessment.
3. Failure to comply with the Uniform code results in a verbal warning and may result in being dismissed from a clinical session. Such a dismissal is an unexcused absence and jeopardizes the student's clinical grade. Repeated deficiencies are grounds for disciplinary action, up to and including, dismissal from the program.

Uniform

1. Students purchase scrub pants and top of the approved colors:
 - a. Scrub Top: **White**
 - b. Scrub Bottoms: **Hunter Green**
2. Student obtains a UV embroidered patch from the UVU bookstore for each scrub top and lab coat. Attach one patch to the upper, left sleeve of each top and lab coat.
3. Students may wear a clean, **white** T-shirt with a round or turtle neck underneath the scrub top. Clothing must allow for thorough hand hygiene.
4. Uniform includes white shoes and socks, with minimal color trim or ornamentation.
 - a. Shoes are to be worn for clinical only and should be clean and in good repair.
 - b. Shoes must provide adequate protection from injury or exposure to hazardous materials.
5. All clothing items are to be:
 - a. Freshly laundered and wrinkle free for each clinical day. This may require that the student has two or more sets of scrubs, and
 - b. In good repair and well-fitting (no drooping or sloppy pants)
6. Underwear must not be visible even when bending over or stretching overhead.
7. Exceptions:
 - a. Student may wear appropriate, facility-supplied attire in special care areas (such as Operating Room) or when required for personal protection (such as contact precautions or holding an infant).
 - b. When specified by faculty, a student clinical activity may not require wearing the clinical uniform. Clothing must be professional, conservative, and in compliance with agency policies.

Identification

1. The Respiratory Therapy Program supplies an identification (ID) badge will be issued during the first semester of registration in the RT Program.
 - a. The first badge is included in student fees.
 - b. If lost, student arranges, and pays for a replacement badge through Campus Connections.
 - c. The Department ID badge is worn to lab and all clinical activities and must be clearly visible, above the waistline at all times.
 - d. Faculty may ask that students wear the department ID badge to class.
2. Student will qualify for an agency-issued student identification badge by completing orientation activities according to the policies outlines by individual clinical facilities. Agency-issued student identification:
 - a. Remains the property of the issuing agency;
 - b. Must be returned according to agency policy;
 - c. May require a fee to replace a lost or missing badge; and
 - d. Must be worn, and clearly visible, whenever the student is in the clinical facility.
3. Student ensures that the UV embroidered patch is displayed on the upper, left sleeve of the uniform scrub top and lab coat.

Personal Grooming

1. Each student will conform to the following guidelines:
 - a. Hygiene
 - Display excellent personal hygiene due to the physical contact required in patient care
 - Use deodorant and avoid wearing cologne or perfume
 - b. Hair
 - Clean and neat
 - No extreme styles or accessories
 - Controlled so it will not fall onto student's face, obstruct vision, or require pushing aside
 - Facial hair must be conservative and neatly trimmed or clean shaven
 - c. Fingernails
 - Short to medium length, clean, manicured
 - No artificial nails
 - Clear or neutral color polish, if worn
 - d. Makeup and tattoos
 - Makeup conservative and neatly applied
 - Tattoos may not be visible. Uniform may need to be adjusted to provide coverage and will require prior approval by the RT Program Director
 - e. Jewelry
 - Watch with second hand; band as simple as possible
 - One pair of small post earrings may be worn
 - No necklaces, bracelets, or ankle bracelets

- No visible adornments, such as nose, eyebrow or tongue rings
- Wedding and engagement rings are allowed. However, student may be required to remove rings in special care areas, such as NICU, where the arms must be bare from elbow to fingertips. Student is responsible for safeguarding or leaving valuables at home.

Patient Privacy and Confidentiality

In order to protect privacy and confidentiality of patients with whom students work in clinical settings, the following will be in place.

1. Faculty are responsible to assure that student learning activities in clinical agencies are in compliance with applicable laws including the HIPAA Privacy Rule, clinical agency policies, and professional codes of conduct with respect to protection of patient privacy and confidentiality.
 - a. Faculty assures that students understand patient privacy and confidentiality laws, clinical agency policies, and professional codes of conduct.
 - b. Faculty design learning experiences in clinical agencies to protect patient privacy and confidentiality, in accordance with applicable laws, clinical agency policies, and professional codes of conduct.
2. Students are responsible for adherence to applicable laws, clinical agency policies, and professional codes of conduct with respect to patient privacy and confidentiality.
 - a. Violation of privacy and confidentiality laws, clinical agency policies, and professional codes of conduct may be grounds for failing a course and dismissal from the program.
 - b. If a clinical agency requires student acknowledgement of patient privacy and confidentiality policies and procedures, faculty assure that students understand and have signed required forms.
 - c. Expectations and requirements for students to protect patient privacy and confidentiality are published in course syllabi and/or instructions for clinical learning assignments. This includes:
 - No sharing of identifiable patient information other than with assigned clinical agency staff, clinical faculty, or in faculty-led clinical conferences
 - No accessing of patient health records other than assigned patients
 - No printing or photocopying of individual patient information from agency health care records
 - No use of actual patient name or initials, exact age, place of residence smaller than a state, or other identifying information in any academic patient-based assignments. May use age range (“6-12 months,” “50-60 years,” “age 90 or over,” etc.).
 - d. Using a cell phone or other electronic media to take pictures, make audio and/or video recordings in a clinical setting is not acceptable.
3. In case of departure from patient privacy and confidentiality law, clinical agency policies, or professional codes of conduct, faculty counsel with the student and take appropriate action, which may include course failure and/or dismissal from the program.

Preceptored Clinical Learning

Student learning experiences, with preceptors, may be effective in helping students develop the knowledge, skills and attitudes essential for the practice of registered respiratory therapists. These guidelines provide information for planning and supervising student clinical practical with preceptors, and respective responsibilities of faculty, students, contracted clinical agencies, and preceptors.

1. Preceptored clinical learning experiences help students achieve the objectives of specified courses. Faculty plans to use preceptored clinical experiences, with consideration of:
 - a. Knowledge, skills, attitudes and values expected of students entering the course
 - b. Practical experiences necessary and helpful for students to achieve course objectives
 - c. Availability of patient populations appropriate to help students to achieve course objectives
 - d. Clinical agency availability and willingness to provide preceptored learning experiences
 - e. Availability of RT preceptors with qualifications appropriate to help students meet course objectives, including clinical respiratory skills, communication and relationship skills, willingness to assist and mentor students, support of program and course objectives
 - f. Level of faculty supervision appropriate for students, considering number of students, types of patient care experiences expected, qualifications and experience of preceptors, etc.
2. Faculty provides written responsibilities and expectations of preceptors, students, clinical agencies, and faculty.
 - a. Faculty responsibilities include:
 - Locate appropriate clinical agencies, seek administrative approval for students to be preceptored, and ensure that a current contract between UVU Respiratory Program and the clinical agency is in force;
 - Set qualifications for clinical agency staff members to act as preceptors;
 - Provide adequate faculty supervision of preceptors and students;
 - Maintain communication with preceptors and students to monitor student progress.
 - b. Responsibilities of clinical agencies include:
 - Identify staff members who meet qualifications to act as preceptors;
 - Promptly communicate clinical agency concerns about preceptored students to faculty.
 - c. Responsibilities of preceptors include:
 - Current licensure as a RRT eligible to practice in Utah;
 - Employed by the contracted agency;
 - Approved by the agency to serve as a preceptor;
 - Maintain a schedule that allows completion of required number of student clinical hours;
 - Be familiar with course objectives and clinical expectations;
 - Assist student with identification of appropriate goals and learning experiences;
 - Facilitate learning opportunities that assist student in achieving goals;
 - Guide learning and offer resources;

- Provide ongoing and final evaluation of student performance, to the student and the supervising faculty;
 - Maintain regular communication with supervising faculty and student;
 - Promptly notify faculty and student of concerns related to student performance.
- d. Responsibilities of students include:
- Be familiar with course objectives and clinical expectations;
 - Identify goals and regularly review goals with preceptor;
 - Communicate regularly with preceptor and faculty, including notification of any changes to agreed-upon schedule prior to any changes;
 - Follow policies, procedures and guidelines established by the clinical agency, as well as those of UVU RT Program;
 - Document achievement of clinical objectives and expectations, as specified by course syllabus and supervising faculty.

Blood-borne Pathogen Exposure Guidelines

Purpose: To minimize the risk for students in case of blood-borne pathogen exposure. Students in clinical settings are considered “interns,” and are therefore, covered under UVU’s Worker Compensation plan. As stated in Utah Code, Unannotated, Volume 3, Title 53, Section 53B-16-403:

1. An intern participating in an internship under Section 53B-16-402 is considered to be a volunteer worker of the sponsoring institution of higher education solely for purposes of receiving workers’ compensation medical benefits.
2. Receipt of medical benefits under Subsection (1) shall be the exclusive remedy against the institution and the cooperating employer for all injuries and occupational diseases as provided under Title 34A, Chapters 2 and 3.
3. Exposure incidents include:
 - a. Percutaneous injury: needle stick or laceration
 - b. Mucous membrane: blood or body fluid splash
 - c. Broken skin: dermatitis, hangnail, abrasion, chafing, etc.
 - d. Parenteral: includes human bite that breaks skin
 - e. Intact skin: when the duration of the contact is prolonged (several minutes or more) or involves an extensive area
4. Blood-borne pathogen exposures are treated according to guidelines from the U.S. Department of Labor, Occupational Safety and Health Administration.

Student Guidelines

1. Immediately following an exposure, the student should follow these guidelines:
 - a. For percutaneous injury:
 - Briefly induce bleeding from the wound.
 - Wash the wound for 10 minutes with soap and water or a disinfectant with known activity against HIV (10% iodine solution or chlorine compounds).
 - Remove any foreign materials embedded in the wound.
 - b. Broken skin exposure:
 - Wash with soap and running water or antiseptic, if water is not available.
 - Disinfect.
 - c. Mucous membrane exposure:
 - Irrigate copiously with tap water, sterile saline, or sterile water for 10-15 minutes
2. Next, CALL YOUR INSTRUCTOR IMMEDIATELY
 - a. If your instructor is not immediately available, contact the Chair of the Department of Nursing at 801.863.8199.
 - b. If you are unable to reach either your instructor or the Chair of the Department of Nursing, leave a voice-mail message and report to a local Workmed clinic. Workmed clinics are specifically designated to deal with workman's compensation injuries.
 - c. It is important to report ALL injuries not just those that are considered a risk for blood-borne diseases since these injuries or exposures may also be a risk for other diseases including localized infections.
 - d. Do not wait until the end of your shift to report the exposure.
 - e. Note: if the injury was of malicious intent, campus police must also be notified.
3. The diseases of most concern after an occupational exposure are
 - a. Hepatitis B
 - b. Hepatitis C, and
 - c. HIV.
4. Your instructor will refer you to the nearest Workmed clinic for possible treatment, counseling, testing and follow-up.
 - a. A Workmed clinic should be used after the initial first-aid has occurred, unless it is closed or more than one hour away.
 - b. A local Instacare should be used for the initial treatment of major injuries and post-exposure treatment when Workmed is closed or more than one hour away.
 - c. A local emergency room should be used when Workmed and Instacare are unavailable, closed or more than 1 hour away.
5. The faculty member and the injured student must notify Human Resources at UVU of injuries as soon as possible in order to begin a Workers' compensation claim. Injured students will receive a claim number shortly thereafter, which must be presented by the students to the agency at which they receive treatment.
6. If the source patient is known, the agency in which the exposure occurred will request that he/she consent to testing for HIV, Hepatitis B, and Hepatitis C. These test results, along with your own (if you consent to testing), will be given to you when they are completed.
7. Source testing must be initiated and coordinated by the agency where the exposure occurred and reported to Chair of the Department of Nursing.

8. The results of your tests are confidential.
9. Various treatments may be recommended depending upon the risk assessment of your exposure. Because no two exposures are alike, each incident will be treated and followed-up on a case-by-case basis. In general, if treatment is indicated, it should be started within 2 hours of the exposure incident. The Workmed clinic, UVU Human Resources, and the Chair of the Department of Nursing will manage your case and help guide you through the treatment and follow-up process.

Faculty Guidelines

1. When an exposure occurs, faculty are responsible to:
 - a. Ensure initial first-aid has occurred.
 - b. Assist the student in obtaining post-exposure work-up at the appropriate facility
 - c. Notify the Director of Clinical Education and make arrangements to complete the "Workers Compensation Employer's First Report of Injury or Illness" form available online at
http://www.uvu.edu/ufra/docs/certification/testers/wcf_first_report_of_injury_form_with_address.pdf
2. Notify UVU's Human Resource Department
 - a. Send copy of "Workers Compensation Employers First Report of Injury or Illness" to UVU Human Resources Department through intercampus mail or fax.
 - b. Place copy of "Workers Compensation Employers First Report of Injury or Illness" in student's file
 - c. Document follow-up in a timely manner.

Reference:

U.S. Department of labor, Occupational Safety & Health Administration. Bloodborne Pathogens and Needle stick Prevention <https://www.osha.gov/SLTC/bloodbornepathogens/>

Program Curriculum for BS Degree

Course Number	New Course	Course Title	Credit Hours
General Education Courses			
ENGL 1010 or ENGL 101H		Intro to Writing*	3
ENGL 2010 or ENGL 2020 or ENGL 202H		Intermediate Writing—Humanities and Social Sciences or * Intermediate Writing—Science and Technology* (preferred) Intermediate Writing—Science and Technology*	3
MAT 1030 or STAT 1040 or MAT 1050 or higher		Quantitative Reasoning Introduction to Statistics College Algebra	3
HIST 1700 or HIST 170H or HIST 2700 and HIST 2710 or HIST 270H and HIST 271H or		American Civilization American Civilization US History to 1877 US History since 1877 US History to 1877 US History since 1877	3
POLS 1000 or POLS 1100		American Heritage American National Government	
PHIL 205G		Ethics and Values	3
HLTH 1100 or PES 1097		Personal Health and Wellness Fitness for Life	2
PSY 1010 PSY 101H		General Psychology* General Psychology	3
BIOL 1010 or BIOL 101H or BIOL 1610 and BIOL 1615		General Biology General Biology College Biology I College Biology I Laboratory	3
CHEM 1110		Elementary Chemistry for Health Sciences*	4
ZOOL 2320 and ZOOL 2325 or ZOOL 232H ZOOL 232L		Human Anatomy* Human Anatomy Lab* Human Anatomy* Human Anatomy Lab*	3 1
Humanities Distribution			3
Fine Arts Distribution			3
		*Required GE Courses	
General Education Subtotal:			37

Required Courses			
MICR 2060 and		Microbiology for Health Professions	3
MICR 2065 or		Microbiology for Health Professions Lab	1
MICR 3450 and		General Microbiology	
MICR 3455		General Microbiology Laboratory	
ZOOL 2420		Human Physiology	3
ZOOL 2425		Human Physiology Lab	1
RESP 1540	X	- Survey of Respiratory Therapy (1)	1
		Degree Prerequisites Subtotal	17
RESP 2145	X	- Introduction to Basic Therapeutic Modalities Lab (3)	3
RESP 2165	X	- Equipment Management Lab (3)	3
RESP 2210	X	- Elementary Cardiopulmonary Anatomy and Physiology (3)	3
RESP 2230	X	- Cardiopulmonary Pathophysiology (2)	2
RESP 2250	X	- Basic Patient Assessment (2)	2

RESP 2270	X	- Application of Cardiopulmonary Diagnostics (4)	4
RESP 2300	X	- Basic Modalities in Respiratory Care I (3)	3
RESP 2310	X	- Basic Modalities in Respiratory Care II (3)	3
RESP 2320	X	- Essentials of Mechanical Ventilation (2)	2
RESP 2330	X	- Entry Level Respiratory Therapy Review (1)	1
RESP 2520	X	- Principles of Pharmacology (2)	2
RESP 2705	X	- Clinical Applications I (4)	4
RESP 2715	X	- Specialty Clinical Experiences (1)	1
RESP 2725	X	- Clinical Applications II (3)	3
		Lower Division Required RESP Credits	36
ZOOL 4400		Pathophysiology	4
RESP 3210	X	- Advanced Cardiopulmonary Anatomy and Physiology (2)	2
RESP 3220	X	- Advanced Cardiopulmonary Pathophysiology (2)	2
RESP 3230	X	- Advanced Cardiopulmonary Technology (2)	2
RESP 3260	X	-Neonatal/Pediatric Respiratory Care (2)	2
RESP 3270	X	-Adult Critical Care (2)	2
RESP 3280	X	-Patient Care Continuum/Quality Management (3)	3
RESP 3765	X	-Clinical Applications of Neonatal/Pediatric Respiratory Care (4)	4
RESP 3775	X	- Clinical Applications of Adult Critical Care (4)	4
RESP 3785	X	- Clinical Applications III / Continuum of Care (2)	2
RESP 3800	X	- Clinical Simulation Seminar (3)	3
RESP 4615	X	- Advanced Patient Assessment (1)	2
RESP 4630	X	- Continuous Quality Assessment and Improvement (2)	2
		Upper Division Required RESP Credits:	34
Elective Courses			
		In Addition to the 70 RESP credit hours required above, a Minimum of 7 hours must be selected from the following upper division electives. A total of 40 upper division credits are required.	7
RESP 3510	X	- Anatomy and Physiology of Sleep (3)	
RESP 3520	X	- Introduction to Sleep Disorders (3)	
RESP 3530	X	- Instrumentation and Computers in Polysomnography (3)	
RESP 3550	X	- Therapeutics of Managing Sleep Apnea (2)	
RESP 489R	X	- Student Research (1-4)	
RESP 494R	X	-Student Seminar (1)	
NURS 4520		Navigating Health Systems (3)	
HLTH 3800		Epidemiology (3)	
INFO 3700		Health Informatics Fundamentals (3)	

Elective Credit Hour Subtotal:	7
Core Curriculum Total	123

Acknowledgment



**Utah Valley University - Respiratory Therapy Program
Student Handbook Acknowledgment**

- I have received the Respiratory Therapy Program Student Handbook.
- I understand the policies described and I accept the responsibilities as conditions of the Respiratory Therapy program
- I acknowledge that I have been made aware of the attendance expectations and I will adhere to those policies
- I am aware that it is my responsibility to contact the Director of Clinical Education (DCE) and the clinical site if I am going to be absent (at least two hours prior to the start of the shift)
- If I fail a course, I understand that
 - I may be remediated to the cohort behind me or
 - Terminated from the program
- I further acknowledge I understand and accept that plagiarism and fraudulent charting during the program will result in **IMMEDIATE** termination from the program.

Name: _____

Date: _____

Signature: _____