



Respiratory Therapy Student Handbook

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

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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 equal opportunity regardless of 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, patient education, and a responsibility to the public 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 profession's highest standards. Become a life-long student!

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

You must read and follow the Respiratory Therapy Program Handbook.

Respectfully,

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Program Director

Assistant Professor

Utah Valley University

Faculty and Staff

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Utah Valley University Policies Important to Respiratory Therapy Students

Mission and Values

Utah Valley University is an integrated university and community college that educates every student for success in work and life through excellence in engaged teaching, services, and scholarship. UVU's culture supports our mission of student success. Student success encompasses both terminal degrees and the holistic education of students, and we believe that we can fulfill this mission in an environment that allows all individuals to thrive personally and professionally. To this end, UVU operates in accordance with three core values: exceptional care, exceptional accountability, and exceptional results.

Action Commitments and Objectives

Include

Through open admission and other practices, UVU provides accessible and equitable educational opportunities for every student who wants to receive a rewarding postsecondary education.

OBJECTIVE 1:

UVU integrates educational opportunities appropriate to both community colleges and universities.

OBJECTIVE 2:

UVU provides accessible, equitable, and culturally diverse learning experiences and resources for students of all backgrounds, including those historically underrepresented in higher education.

OBJECTIVE 3:

UVU fosters an inviting, safe, and supportive environment in which students, faculty, and staff can succeed.

Engage

UVU delivers rigorous, meaningful, and experiential learning opportunities driven by a shared responsibility for student success.

OBJECTIVE 1:

UVU faculty, staff, and students practice excellent, engaged teaching and learning activities as a community of scholars, creators, and practitioners.

OBJECTIVE 2:

UVU develops relationships and outreach opportunities with students, alumni, and community stakeholders.

OBJECTIVE 3:

UVU employees demonstrate a commitment to student success, professionalism, ethics, and accountability.

Achieve

UVU champions a university experience that helps student realize their educational, professional, and personal aspirations.

OBJECTIVE 1:

UVU supports students in completing their educational goals.

OBJECTIVE 2:

UVU students master the learning outcomes of the university and their programs.

OBJECTIVE 3:

UVU prepares students for success in their subsequent learning, professional, and civic pursuits.

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 educational experience at UVU. They reflect the foundational skills and competencies needed to meet the challenges of an ever-changing and complex world. The ELOs are introduced in General Education (GE) courses and then reinforced and expanded in Program Learning Outcomes (PLOs) and Course Learning Outcomes (CLOs).

1. Communication

To demonstrate competence in communication, students will appraise the needs of their audience; use sound evidence and reasoning in constructing arguments; and clearly and effectively communicate.

2. Critical Thinking

To demonstrate competence in critical thinking, students will question assumptions; evaluate ideas and problems in a systematic way; and appraise arguments for importance, logic, relevance, and strength.

3. Digital Literacy

To demonstrate competence in digital literacy, students will leverage digital technologies to accomplish goals; engage effectively and ethically in a digital environment; and adapt to new and emerging technologies.

4. Ethical Reasoning

To demonstrate competence in ethical reasoning, students will apply ethical principles and approaches; consider alternative courses of action and consequences; and evaluate and articulate their own ethical values.

5. Inclusion

To demonstrate competence in inclusion, students will show cultural understanding; recognize issues of diversity, inclusion, and equity; and understand the importance of creating diverse and inclusive environments for all.

6. Information Literacy

To demonstrate competence in information literacy, students will find appropriate information to address a need; evaluate it for relevance and validity; and use it to draw conclusions and generate solutions.

7. Quantitative Literacy

To demonstrate competence in quantitative literacy, students will solve problems using basic calculations; make judgements about and draw conclusions from quantitative evidence; and use quantitative strategies to support a position.

8. Scientific Literacy

To demonstrate competence in scientific literacy, students will have a basic understanding of major scientific concepts and methods; apply scientific knowledge to daily life; and express scientifically informed positions.

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 accommodations be made for all individuals with disabilities in accessing education. To be eligible for such accommodation at UVU, students are responsible for providing relevant medical or psychological evidence of their disabilities. The University Accessibility Services Office keeps this documentation, 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) 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 or email accessibilityservices@uvu.edu.

Student Rights and Responsibilities Code

Students are expected to 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 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.

In keeping with these objectives, 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 UVU (UVU Policy 157, & 324). Unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees on UVU property or as part of UVU activities is strictly prohibited.

[Policy 157 - Alcoholic Beverages, Unlawful Drugs, and Other Illegal Substances](#)

[Policy 324 - Drug-free Workplace](#)

[Policy 541 - Student Code of Conduct](#)

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 220
800 West University
Parkway Mail Stop 200
Orem, UT 84058

Office Phone: 801.863.8876

After Hours Crisis:

Call 1-800-273-TALK (8255) or

Text "START" to 741-741 to connect with a counselor at Crisis Text Line

Gifts for Faculty and Staff

Faculty and staff of the Respiratory Therapy Program 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 Learning Outcomes

1. Work effectively as a team member with physicians, nurses, therapists, and patients as an integral part of the medical community.
2. Make correct interventional medical decisions based on assessment of patient needs and diagnosis within the scope of therapist-driven protocols
3. Comply with the ethical and legal parameters of HIPAA in the use and disclosure of patients' health information.

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 can perform the essential functional requirements of the program, provided that the applicant follows the university's procedures for seeking 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 they have any limitations that may restrict or interfere with the satisfactory performance of any requirements.

The individual must be capable of performing the job functions of a Respiratory Care Practitioner (RCP) without placing themselves at risk and 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 had-writing
- Distinguishing and describing the patient's body language and physical responses that 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 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 an unexpected crisis such as a 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 being forthright about errors or uncertainty; and developing mature, sensitive and effective relationships with patients, staff, coworkers, etc.
- Refusing to or participate in illegal, unethical, or incompetent acts, including (but not limited to): falsifying or making incorrect entries into a patient's 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 automated external defibrillators (AEDs). Students must obtain and maintain certification from The American Heart Association (AHA), Basic Life Support for Health Providers.

1. Students are responsible for renewing certification and providing evidence of continuing certification without lapse.
2. Students are only allowed to register when all requirements are met, including a copy of their current BLS/CPR certification which does not expire during the

- semester for which they are registering.
3. The certification must be for healthcare providers or professional rescuers and through an approved program through the American Heart Association.

Risks and Hazards Statement

1. Students must sign a *Risks and Hazards Statement of Understanding and Release* form before being given authorization to register for respiratory therapy coursework.
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 they do not sign this *Risks and Hazards Statement of Understanding and Release* form.
4. The inability to participate in clinical activities jeopardizes the student's ability to complete all course objectives and obtain a passing grade successfully.
5. Students are required to maintain personal health insurance.

Compliance Procedures:

1. Students receive a copy of the Risks and Hazards Statement of Understanding and Release after acceptance to the program.
2. This form is signed and submitted with all other required forms and documents before receiving authorization to register.
3. A copy of the Risks and Hazards Statement of Understanding and Release is placed in the student's file.

References: UVU Administration and Risk Management Department

Drug Screening

To comply with the current recommendations given by the Utah State Division of Occupational and Professional Licensing (DOPL), as well as Clinical Affiliate Agreements at facilities where Utah Valley University respiratory students participate in clinical placements, the UVU Respiratory Therapy Program is required to have current and accurate drug screens on each student attending classes and clinical in the Respiratory Therapy Program. Students must complete a drug screen before 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 the 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 if behavior warrants another screening during the student's tenure in the Respiratory Therapy Program.
2. Behavior that may warrant further drug screens includes failing to comply with facility protocols while working in clinical settings, being evaluated as impaired by clinical faculty and/or clinical staff, and suspicion of drug use during school and clinical experiences.
3. Admission and continuing status in the Respiratory Therapy Program at Utah Valley University are 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 Director of Clinical Education, 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 are 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, a conviction or a drug-related arrest may preclude licensure. Therefore, students receiving multiple positive drug screens or convictions of any drug-related offense will be referred to DOPL to obtain clearance for licensure before admission to, or continuance in, the Respiratory Therapy Program.

Immunizations and Tuberculosis (TB) Testing

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

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). CDC recommends a Tdap booster every ten (10) years.
2. Measles/Mumps/Rubella (MMR), one of the following is required:
 - Proof of two (2) MMR vaccinations
 - Proof of immunity to Measles (Rubeola), Mumps, and Rubella through a blood test before immunization.
3. Hepatitis B:

- Documentation of three (3) Recombivax HB or Engerix-B Hepatitis B vaccinations (dose 2 given at least one month after dose 1, and dose 3 given at least five months after dose 2) and HBsAb blood test with “Positive” or “Reactive” result.
 - Documentation of three (3) Recombivax HB or Engerix-B Hepatitis B vaccinations (dose 2 given at least one month after dose 1, and dose 3 given at least five months after dose 2) given more than 8 weeks before the start date with no documented blood test results (no blood test is required, but a baseline titer should be run immediately if the person has significant exposure to blood or body fluids).
 - HBsAb blood test with “Positive” or “Reactive” result.
 - Documentation of six (6) Hepatitis B Vaccinations with HBsAb blood test results of “Negative” or “Not Reactive” (this person is considered a “Non-Responder”).
 - Documentation of two (2) Heplisav B vaccinations given at least 4 weeks apart and HBsAb blood test with “Positive” or “Reactive” result. Documentation of two (2) Heplisav B vaccinations given at least 4 weeks apart with no documented blood test results (no blood test is required, but a baseline titer should be run immediately if the person has significant exposure to blood or body fluids).
4. Varicella (Chicken Pox), one of the following is required:
- Proof of two (2) Varicella vaccinations.
 - Proof of immunity to Varicella through a blood test before immunization.
5. Influenza:
- Proof of current annual influenza vaccination.
6. COVID-19 Vaccination requirement. One of the following is required:
- If the vaccine requires: proof of two (2) COVID-19 vaccinations.
 - If the vaccine requires: proof of one (1) COVID-19 vaccination.
7. Other immunizations with documentation may be required as the agency and/or infection control guidelines change.

Tuberculosis (TB) Testing Requirements

1. Upon admission to the program and every 12 months thereafter, students must complete one of the following options:
 - a. Two (2) negative screenings for Tuberculosis within six (6) months before admission
 - b. One (1) Quantiferon Gold (QFT) test with a negative result or
 - c. One (1) T-SPOT blood test with a negative result
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:
 - The name of each required vaccine or test
 - The date (month/day/year) of each dose received
 - The result if documenting a test or titer

- Written verification of all doses by a physician or other authority medical provider, governmental or employee health department, or health clinic
- Dates from memory or estimates are not acceptable

Compliance Procedures:

1. Before 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 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:
 - Repeat any immunization that expires before being allowed to register for the next semester of the program;
 - Maintain TB testing according to clinical facilities protocols;
 - 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

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 minimum respiratory expectations for continued progression in the curriculum)	C-	1.7	70-73
	D+	1.4	67-69
	D	1.0	64-66
Substandard progress	D-	0.7	60-63
	E	0.0	<60
Inadequate mastery (failure)	W	Not computed	N/A
Official Withdrawal	UW	0.0	N/A
Unofficial Withdrawal	I	Not computed	Determined on an individual basis
Incomplete			

Service-Learning Requirement

The UVU Respiratory Therapy Program is committed to promoting healthcare-specific community service activities. Students must document a **minimum of 40 hours** during the program. Obtain prior approval for the activity from the Director of Clinical Education (DCE). Failure to do so may result in disqualification of the hours. Required paperwork is available on Canvas.

Utah Society for Respiratory Care Conference

All students are required to attend the Utah Society for Respiratory Care (USRC) Conference in the Spring semester and complete an assignment. See Canvas for details. The USRC Conference requires that you register for a student membership in the AARC (\$25—1st semester only) plus conference registration fees (typically \$50-\$60).

Attendance Policy

Due to the progressive nature of each course and its importance to future courses, attendance at all lectures and lab sessions are required. Should an absence be necessary, contact your course instructor prior to the lecture. Failure to contact the instructor before class will result in an unexcused absence. Sending a message to a classmate to the instructor does not suffice. Each class that the student is not present to participate will be one absence and will result in a 3% deduction on the final grade.

Tardiness: It is imperative in employment that you are dependable and on time. Good work habits will be cultivated by being on time for class. Three (3) tardies (if you are not there when class starts— the official start time) will be the equivalent of one (1) unexcused absence.

Dress Code

You are expected to dress appropriately for the classroom environment. The following items are not allowed:

- Clothing/jewelry with drug-related signs
- Clothing/accessories with gang affiliation
- Low cut tops/short midriff tops
- See-through garments
- Too-short shorts
- Short skirts
- Sweaty workout clothes
- Any clothing that degrades individuals or groups

If a student is found in violation of the above dress code and can correct the garment error immediately, the student will be allowed to remain in class. Otherwise, the student will be sent home to correct the garment error.

Late Work and Exams

To have consistent expectations in the Respiratory Therapy Program for late examinations and late assignments, the following guidelines will be instituted:

1. No make-up tests will be given except for extreme circumstances. Students must inform the instructor before the test period. A zero grade will be issued for any missed tests.
2. Penalties for assignments are included in the course syllabus (typically a 20% deduction per day).
3. Daily Quizzes cannot be made up. A zero grade will be issued for any missed tests.

Incomplete (I) Grades

1. Students must complete all courses they are registered for by the end of the semester. Sometimes, a student may be unable to complete all coursework because of extenuating circumstances. The term "extenuating circumstances" includes: (1) incapacitating illness that prevents a student from attending classes (usually more than five consecutive class days); (2) a death in the immediate family; or (3) 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 Program Director and turned in to the Registrar's Office at the end of the semester.
3. "I" grades should not be requested nor given for lack of work completion because of procrastination or dissatisfaction with the grade earned. Per policy, students must pass the course and complete 70% or more of the coursework 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 financial aid.
5. **Incomplete work cannot be completed by retaking the class.** 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 Canvas's learning management system (LMS). 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 not receiving 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 student's performance in all other courses
- The faculty member's availability 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 case-by-case after discussion with the instructor, Program Director, and/or Director of Clinical Education. **Students must pass the program's didactic and clinical courses.**

After considering these factors and the student's 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. Repeating a Course

1. In most cases, repeating a course is not possible. Because this is a cohort-based program, courses are only offered once per year. If a student fails a course, they may

- apply to enter to next cohort. Acceptance into the next cohort is not guaranteed.
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 students can perform and compete in a dynamic and rigorous profession, such as respiratory therapy (RT). RT core courses include any course identified by the prefix "RESP" or "NURS"* taken after admission to the RT program. *One nursing course (NURS 4120) is a required core respiratory therapy course.

Scholastic Appeals

In accordance with Utah Valley University's ***Student Rights and Responsibility Code*** (Policy 541), The Department of Allied Health allows 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 prevent the student from coming forward sooner. In no case will an appeal be allowed for incidents more than three 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 the following:

 - 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 the 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's (UVU) Respiratory Therapy Program aims to support respiratory therapy students in developing 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 clinical and academic performance patterns.

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

Appropriate Conduct

1. Students are responsible for studying, demonstrating understanding, and adhering 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 Respiratory Therapy Program, Department of Allied Health, the College of Health and Public Services (CHPS), and/or UVU.
3. RT Program faculty and administration have the responsibility and authority to (1) enforce standards of conduct in clinical and academic settings; (2) report and/or document substandard student performance or conduct and dishonesty, and (3) be guided by a commitment to safeguarding the well-being of those with whom the student comes in contact while performing student respiratory therapy 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 permission or knowledge of the clinical preceptor, clinical instructor, and Director of Clinical Education.
 - 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 assignments 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 peers' and other health care team members' unethical,

- unprofessional, or unsafe conduct.
- 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, peers, and self. *Examples* of unprofessional practice include but are not limited to the following:
- Failing to attend assigned classes or complete class assignments;
 - Failing to arrive at class or clinical on time;
 - 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 using 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

Academic Integrity and AI

You may use AI programs e.g. ChatGPT to help generate ideas and brainstorm. However, you should note that the material generated by these programs may be inaccurate, incomplete, or otherwise problematic. Beware that use may also stifle your own independent thinking and creativity.

You may not submit any work generated by an AI program as your own. If you include material generated by an AI program, ***it should be cited like any other reference material*** (with due consideration for the quality of the reference, which may be poor). The information derived from these tools is based on previously published materials. Therefore, using these tools without proper citation constitutes plagiarism. It's imperative that all work submitted should be your own. Any assignment that is found to have been plagiarized or to have used unauthorized AI tools may receive a zero and / or be reported for academic misconduct.

Any plagiarism or other form of cheating will be dealt with severely under relevant UVU policies.

Consequences of Misconduct

1. Academic dishonesty is dealt with in accordance with UVU's Student Rights and Responsibilities Code.
2. The consequences of a student's failure to comply with professional standards will be based on the offense or pattern of deficiencies. They may range from a verbal warning to immediate dismissal from clinical or class as determined by the supervising faculty and Program Director. 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 an 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 the appropriate actions. 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 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 deemed 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 the faculty first identifies indications or patterns of unsafe or unprofessional conduct/behavior, the faculty will:
 - Discuss concerns with the student, precepting RT, RT Supervisor, and/or

- Program Director as applicable;
 - Determine if the student may stay in class or at the site for the day/rotation;
 - Document concerns, circumstances, and plan for remediation and/or disciplinary action ;
 - Determine if the student will be placed with a faculty member, instructor, or mentor for further evaluation;
 - Discuss concerns with the 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 Program Director, Department Chair, and 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 classroom or 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;
 - Actions will be taken according to UVU policy.
5. Students may appeal decisions according to UVU policy.

Clinical Respiratory Therapy Program Guidelines--Clinical

1. Make sure your clinical instructor knows where you are during clinical time, and if your assignment has changed from its original arrangement, you must notify them accordingly.
2. Before leaving your clinical site, notify your clinical instructor and ensure they dismiss you from the clinical site and are aware of any incomplete assignments.
3. Each student must document physician interaction time during each clinical rotation. Examples of this may include physician rounds, teaching during invasive and non-invasive procedures, seminars, or formally structured meetings conducted during your clinical rotation. This mandatory requirement is an excellent opportunity to enhance your learning. Notify your clinical instructor so they may help facilitate these educational opportunities. This is your responsibility. Contact with any specific physician should be documented in Trajecsys.
4. The notice of privacy practices is a document that explains the confidentiality of patients and that all information is strictly confidential. Breach of confidentiality will result in disciplinary action.
5. **Students may not conduct personal telephone calls or texting during clinical hours.**
6. If you become ill or cannot attend your scheduled clinical shift, you must contact the facility at least TWO HOURS before your shift start time. You must also contact Kelley Glenn (301-848-8486) and Kelly Rose (801-473-8336) by text. All missed clinical time must be made up during that same semester. Arrangements are to be made with the department manager.
7. You should notify your clinical instructor if you become ill during your clinical time to consider the appropriate medical attention and a course of action. You must make up all missed clinical time by making the necessary arrangements with the DCE. You are responsible for costs incurred during treatment.
8. **Students will perform the psychomotor skills required of a respiratory therapist. Required proficiency check-off evaluations will be used as an evaluation and grading guide for the psychomotor and cognitive skills during these and all clinical rotations.** In addition, being punctual and actively participating each time is required. The dress code is essential as part of your affective behavior documentation. You must bring your school utensils such as a stethoscope, textbooks, notebook, calculator, blunt/bandage scissors, black pen, and school/hospital ID. Please refer to the list of “fundamental materials in this clinical handbook.
9. To ‘pass’ any proficiency, the student must consistently perform the objective

according to the accepted procedure standard. Each student must then continue to provide evidence of a 'passing' performance on objectives previously passed. Students who cannot re-demonstrate these safe performances may be re-assessed suspended, or possibly terminated from the clinical course and/or program.

10. Students who consistently have trouble with their clinical skills must go to the campus lab for remediation. Students failing to master any specific skill and or arrange to complete the necessary hours of clinical time will require academic advisement and may be required to withdraw from the course.
11. **Each student must verbally communicate any tasks performed during their clinical rotation.** This includes but may not be limited to patient diagnosis, history and physical, diagnostic testing, therapy outcomes, and prognosis. In addition, you will have to complete a daily **Clinical Activity Log** that provides a detailed description of your clinical observations and activities for that day.

Respiratory Clinical/Practicums: All students must pass the clinical performance evaluations, practical exams, and clinical case study analysis with a percentage of 75 ("C") or above. Failure to achieve this threshold will require that the student repeat the practicum before advancing to any subsequent level.

Clinical Attendance and Scheduling

The clinical curriculum is competency-based; course completion requires demonstrating 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's employment may not be used for clinical hour completion.

The clinical faculty must approve all clinical hours completed for credit prior to the experience and be associated with outcome-oriented objectives. Clinical credit is not given for travel time to and from clinical sites or associated classroom experience.

Students may be assigned to clinical rotations at any of our affiliated institutions and during any shift

(days, afternoons, 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, they must 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 childcare 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 sometimes unavoidable.

Clinical Tardiness

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

Clinical Tardies and Absences

Respiratory Therapy students must attend each clinical experience. In case of unavoidable absence on the assigned day, the Director of Clinical Education, faculty, and the assigned clinical site must be notified personally **at least 2 hours before** the student's scheduled time. Calling the clinical site alone is not enough. 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

Definitions

Tardy: You are considered tardy if you are not in the report room ready to go (with pen/paper and stethoscope) by shift start time and/or not clocked into PEEPity FROM THE RESPIRATORY CARE REPORT ROOM by the shift start time. For example, you are tardy if you clock in at 0601 when the shift start time is 0600.

Absence: Missing a clinical shift. Additionally, if you are more than 2 hours late or leave more than 2 hours early, this is also considered an absence for grading purposes.

Proper Notification: Call-in to the clinical facility (see Clinical Site Information for specifics) AND Kelly Rose and Kelley Glenn at least 2 hours in advance if you are going to miss a clinical shift. If you are late, you must call the clinical facility AND Kelly Rose before the shift start time.

If it is necessary to leave the clinical area early, the student must obtain permission from their preceptor **AND assigned UVU clinical instructor** before leaving the clinical setting. Missed clinical hours must be rescheduled to make up the clinical practice day and to allow for a passing grade.

Clinical Tardy with Proper Notification PRIOR to the Start of the Shift

- 1st tardy (with proper notification) per clinical course = no grade penalty
- 2nd tardy (with proper notification) per clinical course = 5% grade deduction* (ex. 97 – 92%)
- Each subsequent tardy (with proper notification) per clinical course = additional 5% grade reduction + written warning and/or probation*

Clinical Tardy without Proper Notification PRIOR to the Start of the Shift

- 1st tardy (without proper notification) per clinical course = 5% grade reduction*
- 2nd tardy (without proper notification) per clinical course = written warning & additional 5% grade reduction*
- Each subsequent tardy (without proper notification) per clinical course = 2nd written warning, probation & additional 5% grade reduction*

Excessive tardies, with or without proper notification, could result in probation and/or expulsion from the UVU Respiratory Therapy Program.

Clinical Absence with Proper Notification

Proper notification means notifying the clinical supervisor at the assigned clinical site at least TWO hours before the scheduled beginning of the clinical shift

- 1st absence (with proper notification) per clinical course = no grade penalty
- 2nd absence (with proper notification) per clinical course = 10% grade reduction (ex. 97% to 87%) for the course per absence*+ written warning
- Any subsequent absences per clinical course = 10% grade reduction per absence, written warning, probation, and/or course failure and expulsion from the UVU Respiratory Therapy Program

Clinical Absence Without Proper Notification

- 1st absence (without proper notification) per clinical course = clinical course grade reduced by 10%, written warning, and probation*
- 2nd absence (without proper notification) per clinical course = clinical course grade of E* (which will result in expulsion from the UVU Respiratory Therapy Program)

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

If it is necessary to leave the clinical area early, the student must obtain permission from their assigned UVU clinical instructor before 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:

- All students should report personal illness or exposure to infectious diseases to their instructor immediately. On a case-by-case basis, the instructor will determine if a student who is ill or has been exposed to communicable diseases can continue participating in the clinical area.
- If the student is disallowed from the clinical assignment, they 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.
- A physician's release pertaining to health status may be required depending on the origin of illness.

Clinical practice days are the “glue” that combines and cements the theory and laboratory practice the student has already completed. They are also the opportunity for students to make a positive impression on potential employers and colleagues. Whether a clinical day has been scheduled “traditionally” or has been scheduled directly between a student and their preceptor, once the day has been scheduled, the student must 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.

Responsibilities of the Preceptor, Student, and Clinical Faculty

Responsibilities of the Preceptor

The preceptor should:

- Provide the student with an orientation to the site early in the experience. This will facilitate a smooth transition into the site and optimize the use of available resources.
- Explain to the student your expectations of their conduct. The dress, conduct, and general characteristics of the experience should be discussed.
- Allow enough time for supervision and instruction in the form of routine interactions. Guide the student in their next steps and ask them to review work periodically.
- Provide the student with constructive feedback.

- Afford the student the time and patience needed for an optimal learning experience.
- Facilitate physician interaction.
- Complete a daily evaluation and pass-off any completed competencies for that day in Trajecsys

Responsibilities of the Student

- The student should function professionally; this should be reflected in the interaction, activities, and relationships with the preceptor, patients, and all facility staff.
- The student is expected to maintain confidentiality during all experiences. Students may describe experiences in clinical debriefing sessions, but statements of individuals are non-attributable, and information will never be communicated outside of the classroom.
- The student must:
 - Be professional in appearance, both in dress and conduct
 - Adhere to the schedule agreed upon by the Clinical Facility Manager and UVU Director of Clinical Education
 - Be punctual and is required to notify the preceptor as soon as there is a possibility of being late or absent.
 - Practice professional courtesy when communicating with patients, families, and other health professionals.
 - Maintain appropriate confidentiality
- The relationship between the student and the preceptor should be one of student-teacher rather than employer-employee or coworker. The student-teacher relationship should be built on mutual trust, respect, communication, and understanding.

Responsibilities of the UVU Faculty as related to Precepted Clinical Experiences

Each student enrolled in the course is assigned a clinical faculty who:

- Assists the student in clarifying educational goals for the field experience
- Is responsive to the needs of the student and preceptor during the placement
- Completes at least one site visit per month that includes the student and preceptor.
- Is available by email and/or phone to discuss issues, concerns, and progress of the student throughout the semester.
- Reviews all student evaluations and competencies as submitted by the preceptor and keeps these evaluations/competencies on file to document student progress.

Laboratory Practice Policies

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

1. Students must come to lab prepared to learn (study the appropriate material before coming to lab)
2. Students should treat lab like a clinical rotation and act professionally at all times (i.e., do not lay on the beds with the manikins, do not argue with the instructor or TA, and do not work on other class assignments during lab time)
3. You are responsible for your own learning.
4. Learning means accomplishing the objectives and knowing or doing 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.
5. You must call upon your instructor to assist your learning when you cannot proceed independently.
6. Return all lab materials promptly to their proper place aids in allowing other students using the lab to have an equal opportunity to learn.
7. 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 are responsible for 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 if you wish to photocopy them; however, the department copy machine is not for student use.
8. Each student will have scheduled lab time and must attend these scheduled labs.
9. 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.
10. If you do not know how to use a piece of equipment, seek instruction on its use before using it.
11. Repeated violations of lab policies may result in the suspension of lab privileges.
12. **The rules for laboratory absences and tardiness are the same for clinical tardiness and absences.**
13. Students not officially enrolled in the Respiratory Therapy Program will not be permitted in the respiratory therapy labs.
14. Respiratory Therapy students are not permitted to bring children into clinical

facilities (during the 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 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 with serious illnesses, injuries, or conditions that may impact their safety and/or clinical performance must obtain a medical release before 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 a worsening chronic condition that threatens their 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 with 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 established by the Faculty Organization.
2. Unless given specific instructions by clinical faculty, students must 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 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, including dismissal from the program.

Uniform

1. Students purchase scrub pants and tops of the approved colors:
 - a. Scrub Top: **White**
 - b. Scrub Bottoms: **Black (Hunter Green required for University of Utah)**
2. Student obtains a UVU embroidered patch from the UVU bookstore for each scrub top and lab coat. Attach one patch to each top's upper left sleeve.

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 any color of comfortable shoes and socks, with minimal 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. 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's 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 that 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, the 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 visible above the waistline at all times.
 - d. Faculty may ask that students wear the department ID badge to class.
2. The student will qualify for an agency-issued student identification badge by completing orientation activities according to the policies outlined 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.

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 the 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 is 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 a 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, the student may be required to remove rings in special care areas, such as NICU, where the arms must be bare from elbow to fingertips. The student is responsible for safeguarding or leaving valuables at home.

Patient Privacy and Confidentiality

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

1. Faculty are responsible for ensuring that student learning activities in clinical agencies comply with applicable laws, including the HIPAA Privacy Rule, clinical agency policies, and professional codes of conduct concerning protecting patient privacy and confidentiality.
 - a. Faculty ensure 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 per applicable laws, clinical agency policies, and professional codes of conduct.
2. Students are responsible for adhering to applicable laws, clinical agency

- policies, and professional codes of conduct concerning 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 acknowledgment of patient privacy and confidentiality policies and procedures, faculty ensure that students understand and have signed the 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 unacceptable.
3. In case of departure from patient privacy and confidentiality law, clinical agency policies, or professional codes of conduct, faculty counsel the student and take appropriate action, including 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 the 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 are 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 the 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 the qualifications to act as preceptors;
 - Promptly communicate clinical agency concerns about preceptored students to faculty.
 - c. Responsibilities of preceptors include:
 - Current licensure as an 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 the 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 the 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 the preceptor;
 - Communicate regularly with preceptor and faculty, including notification

- of any changes to the agreed-upon schedule before any changes;
- Follow policies, procedures, and guidelines established by the clinical agency, as well as those of the 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 blood-borne pathogen exposure. Therefore, students in clinical settings are considered "interns," and are 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 a volunteer worker of the sponsoring institution of higher education solely for 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 U.S. Department of Labor, Occupational Safety and Health Administration guidelines.

Student Guidelines

1. Immediately following 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, running water, or antiseptic if water is unavailable.
 - 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 Director of Clinical Education at 801.473.8336.
 - b. If you cannot reach your instructor or the Director of Clinical Education, 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 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 the injuries as soon as possible 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 they 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 the Director of Clinical Education of the UVU RT Program.
 8. The results of your tests are confidential.
 9. Various treatments may be recommended depending on 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. 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 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 Resources Department
 - a. Send a copy of "Workers Compensation Employers First Report of Injury or Illness" to UVU Human Resources Department through intercampus mail or fax.
 - b. Place a copy of "Workers Compensation Employers First Report of Injury or Illness" in the student's file
3. Document follow-up promptly.

Program Curriculum for BSRT

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

Prerequisites		
MICR 2060 and	Microbiology for Health Professions	3
MICR 2065 or	Microbiology for Health Professions Lab	1
ZOOL 2320	Human Anatomy	3
ZOOL 2325	Human Anatomy Lab	1
ZOOL 2420	Human Physiology	3
ZOOL 2425	Human Physiology Lab	1
RESP 1540	Survey of Respiratory Therapy	1
PHYS 1010	Elementary Physics	3
	Degree GE & Prerequisites Total	49
Core Courses		
RESP 2145	Respiratory Therapy Fundamentals Lab	3
RESP 2165	Mechanical Ventilation Lab	2
RESP 2210	Cardiopulmonary and Renal Anatomy and Physiology I	3
RESP 2230	Cardiopulmonary Pathophysiology I	2
RESP 2250	Patient Assessment	2
RESP 2270	Cardiopulmonary Diagnostics	3
RESP 2300	Respiratory Therapy Fundamentals	3
RESP 2320	Mechanical Ventilation I	3
RESP 2330	Entry-Level Respiratory Therapy Review	1
RESP 2420	Critical Thinking in Respiratory Therapy	2
RESP 2520	Principles of Pharmacology	2
RESP 2705	Clinical Applications I	3
RESP 2715	Specialty Clinical Experiences	1
RESP 2725	Clinical Applications II	3
RESP 3210	Cardiopulmonary and Renal Anatomy and Physiology II	2
RESP 3220	Cardiopulmonary Pathophysiology I	3
RESP 3260	Neonatal/Pediatric Critical Care	3
RESP 3265	Neonatal/Pediatric Critical Care lab	1
RESP 3270	Adult Critical Care	3
RESP 3280	Extended Roles for Respiratory Therapists	2
RESP 3320	Mechanical Ventilation II	3
RESP 3325	Mechanical Ventilation II Lab	1
RESP 3430	Healthcare Education and Disease Management	3
RESP 3765	Clinical Applications III- Neonatal/Pediatric Critical Care	3
RESP 3785	Extended Roles Clinical Rotation	2
RESP 4610	Advanced Patient Assessment	3
RESP 4640	Respiratory Therapy Capstone	2
RESP 4775	Clinical Applications IV-Adult Critical Care	4
RESP 4800	Respiratory Therapy Seminar	3
RESP 4890	Respiratory Therapy Management and Research	3
NURS 4120	Rapid Response	1
Total Core Credit Hours		76

UVU
**RESPIRATORY THERAPY
PROGRAM**

**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 (including being ON-TIME to class, lab, & clinical), 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 before 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 that I understand and accept that plagiarism and fraudulent clinical documentation during the program may result in IMMEDIATE termination

Name: _____

Date: _____

Signature: _____