



UNIVERSITY  
of MARY

| *for Life.*

# Respiratory Therapy

## Student Handbook

2023-2024



Co-Sponsored by CHI St. Alexius Health  
Accredited by the Commission of Accreditation for Respiratory Care  
(CoARC): <https://coarc.com/>

**Dear Students,**

Congratulations on your acceptance into the University of Mary Respiratory Therapy Program. Pursuing a baccalaureate or master's degree in respiratory therapy will prepare you for future education and leadership roles within the profession.

Your successful progression throughout this program will require considerable effort; however it is the program faculty members' hope to stimulate student curiosity, to inspire questions, and to awaken in students a passion to understand. Please dedicate yourself to putting forth the effort required to accomplish the goal of becoming a registered respiratory therapist.

The **Respiratory Therapy Student Handbook** is intended to be used as a guide related to the expectations required by the faculty in the Department of Respiratory Therapy. Additional policies and handbooks on the University of Mary website are relevant to you as a student at the University of Mary. The RT faculty, specifically your assigned advisor, is available to you to guide you along the way and answer questions and concerns that you may have.

Best wishes as you set out on this new chapter in your life.

Sincerely,

Chris Sperle, PhD, RRT, AE-C  
Director/Chair  
Respiratory Therapy

Mary Dockter, PT, PhD  
Dean, Saint Gianna School of Health Sciences

*NOTICE: The reader should take notice that while every effort is made to ensure the accuracy of the information provided herein, this institution reserves the right to make changes at any time without prior notice. The institution provides the information herein solely for the convenience of the reader and, to the extent permissible by law, expressly disclaims any liability which may otherwise be incurred.*

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## TABLE OF CONTENTS

<b>PROGRAM FACULTY</b>	<b>7</b>
<b>FACULTY ROLES AND RESPONSIBILITIES</b>	<b>8</b>
<b>UNIVERSITY OF MARY GENERAL POLICIES</b>	<b>9</b>
<b>UNIVERSITY OF MARY CATALOG</b>	<b>9</b>
<b>OVERVIEW</b>	<b>10</b>
<b>ACCREDITATION AND LICENSURE</b>	<b>11</b>
<b>NATIONAL BOARD EXAMINATIONS AND THE CREDENTIALING SYSTEM</b>	<b>11</b>
<b>MISSION AND VISION</b>	<b>11</b>
<b>Respiratory Therapy Program Mission</b>	<b>12</b>
<b>Respiratory Therapy Program Vision</b>	<b>12</b>
<b>EDUCATIONAL PHILOSOPHY OF THE DEPARTMENT OF RESPIRATORY THERAPY</b>	<b>12</b>
<b>PROGRAM GOALS AND OUTCOMES</b>	<b>13</b>
<b>TUITION</b>	<b>14</b>
<b>BOOKS AND OTHER REQUIRED PURCHASES</b>	<b>15</b>
<b>PHYSICAL EXAMINATIONS/IMMUNIZATIONS/TESTING</b>	<b>15</b>
<b>CRIMINAL BACKGROUND CHECK</b>	<b>16</b>
<b>SUBSTANCE ABUSE POLICY</b>	<b>17</b>
<b>Screening &amp; Random Drug Testing Policy</b>	<b>17</b>
<b>STUDENT HEALTH SERVICES</b>	<b>18</b>
<b>Student Health Insurance:</b>	<b>18</b>
<b>Malpractice Liability Insurance:</b>	<b>18</b>
<b>Student Counseling Services</b>	<b>18</b>
<b>NAME BADGES/STUDENT ID'S</b>	<b>19</b>
<b>STUDENT PARKING</b>	<b>19</b>
<b>STUDENT BENEFITS AT CHI ST. ALEXIUS HEALTH</b>	<b>19</b>
<b>ACADEMIC ADVISORS</b>	<b>19</b>
<b>ACADEMIC CALENDAR, HOLIDAYS, AND BREAKS</b>	<b>19</b>
<b>PROGRAM CURRICULUM</b>	<b>20</b>
<b>Professional Phase Curriculum</b>	<b>20</b>
<b>FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)</b>	<b>22</b>
<b>STUDENT RECORDS</b>	<b>22</b>
<b>NON-DISCRIMINATION POLICY</b>	<b>22</b>
<b>AMERICAN DISABILITIES ACT</b>	<b>22</b>
<b>AARC STATEMENT OF ETHICS &amp; CODE OF CONDUCT</b>	<b>22</b>
<b>ESSENTIAL FUNCTIONS (REQUIREMENTS) AND REASONABLE ACCOMMODATIONS FOR STUDENTS WITH PHYSICAL AND COGNITIVE LIMITATIONS</b>	<b>23</b>

Essential Functions	23
EMERGENCY MESSAGING SYSTEM	26
CLASS CANCELLATION POLICY	26
ATTENDANCE POLICY	27
Orientation	27
Classroom and Lab	27
Examinations	27
USE OF CLASSROOM AND LAB FACILITIES	28
USE OF CLASSROOM/LAB OUTSIDE OF SCHEDULED SCHOOL HOURS	28
ASSIGNMENTS & EXAMINATIONS	29
Written Assignments	29
Late Submission of Assignments	29
ACADEMIC HONOR CODE	30
COMPREHENSIVE EXAMINATIONS	30
CLINICAL EDUCATION	30
MEDICAL DIRECTOR PRESENTATIONS AND CASE STUDIES	31
ACADEMIC STATUS	31
ACADEMIC AND PROFESSIONAL PERFORMANCE EXPECTATIONS POLICY:	31
Professional Behavior Expectations	31
Examples of Lack of Professionalism	32
Academic Expectations--Competence in Courses	33
ACADEMIC PROGRESS AND ACADEMIC STANDARDS COMMITTEE	34
Compliance Criteria & Recommendations	34
Probation with Action Plan	34
Dismissal From Program With the Option of Appeal	34
Dismissal From Program Without the Option of Appeal	35
Appeals:	36
COMPLAINTS FROM OUTSIDE SOURCES	36
Policy	36
Procedure	36
DRESS CODE	36
Dress Code Accommodations	37
RT Program Classroom Dress Code	38
STUDENT EMPLOYMENT AND VARSITY ATHLETICS POLICY	38
COMMUNITY SERVICE REQUIREMENT	38
STUDENT JOURNALS	39
PROFESSIONAL PORTFOLIOS	40

<b>EXTENDED ABSENCE FOR MEDICAL/PREGNANCY/MILITARY/PERSONAL REASONS</b>	<b>40</b>
<b>CELL PHONES AND PERSONAL COMPUTERS</b>	<b>40</b>
<b>Social Media Policy</b>	<b>41</b>
<b>PRINTING/COPYING POLICY</b>	<b>42</b>
<b>LIBRARY SERVICES</b>	<b>42</b>
<b>COMMUNICATION/RESOURCES</b>	<b>42</b>
<b>GRADUATION, DEGREE, AND CERTIFICATES OF COMPLETION</b>	<b>43</b>
<b>POLICY/EXPECTATIONS</b>	<b>44</b>
<b>SKILL CHECKLIST PROCEDURES (Pre-Clinical)</b>	<b>44</b>
<b>SIMULATION EXPERIENCE</b>	<b>45</b>
<b>Simulation Conduct/Behavior Guidelines</b>	<b>45</b>
<b>Student Behavior Standards</b>	<b>46</b>
<b>PERSONAL PROTECTION FROM INJURY</b>	<b>47</b>
<b>CLINICAL EDUCATION INSTRUCTION &amp; OVERVIEW</b>	<b>50</b>
<b>CLINICAL EDUCATION COURSES</b>	<b>50</b>
<b>RTH 320: Clinical Practicum I</b>	<b>50</b>
<b>RTH 430: Clinical Practicum II</b>	<b>50</b>
<b>RTH 441: Clinical Practicum III</b>	<b>50</b>
<b>RTH 428: Specialty Clinical Practicum</b>	<b>50</b>
<b>CLINICAL INSTRUCTION</b>	<b>51</b>
<b>INFORMATION RELATED TO CLINICAL INSTRUCTION</b>	<b>51</b>
<b>Clinical Instructor’s Role</b>	<b>51</b>
<b>Clinical Instructor Guidelines</b>	<b>52</b>
<b>COMMUNICATION IN CLINICAL EDUCATION</b>	<b>53</b>
<b>ATTENDANCE</b>	<b>53</b>
<b>Make-Up Clinical Time</b>	<b>54</b>
<b>Leaving the Clinical Setting during Scheduled Clinical Time</b>	<b>54</b>
<b>TEMPORARY DISMISSAL FROM THE CLINICAL FACILITY</b>	<b>55</b>
<b>Facility Policy &amp; Procedures</b>	<b>55</b>
<b>ATTITUDINAL AND BEHAVIORAL EXPECTATIONS</b>	<b>55</b>
<b>CONFIDENTIALITY IN THE HOSPITAL</b>	<b>56</b>
<b>PROFESSIONAL BOUNDARIES IN THE CLINICAL SETTING</b>	<b>56</b>
<b>COMMUNICABLE DISEASE POLICY</b>	<b>57</b>
<b>UNDERGRADUATE LIABILITY INSURANCE</b>	<b>57</b>
<b>CLINICAL SITES</b>	<b>57</b>
<b>TRAVEL POLICY</b>	<b>58</b>
<b>CLINICAL HOURS</b>	<b>58</b>

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<b>OFFICIALLY SANCTIONED HOURS IN LIEU OF CLINICAL HOURS</b>	<b>59</b>
<b>CLINICAL DOCUMENTATION &amp; ASSESSMENT</b>	<b>59</b>
<b>Time &amp; Attendance</b>	<b>59</b>
<b>Skill Log</b>	<b>59</b>
<b>Student Evaluation</b>	<b>60</b>
<b>Clinical Instructor Evaluation</b>	<b>60</b>
<b>Faculty Evaluation</b>	<b>60</b>
<b>Clinical Site Evaluation</b>	<b>60</b>
<b>Competencies (Comp Exams)</b>	<b>60</b>
<b>GRADING IN CLINICAL EDUCATION</b>	<b>61</b>
<b>Written Assignments</b>	<b>61</b>
<b>Mastery &amp; Competence in Clinical Skills</b>	<b>61</b>
<b>Comprehensive Oral &amp; Written Exams</b>	<b>61</b>
<b>Director of Clinical Education Evaluation</b>	<b>61</b>
<b>Student Evaluation by the Clinical Instructors</b>	<b>62</b>
<b>DRESS CODE FOR CLINICAL PRACTICE</b>	<b>62</b>
<b>Name Tags</b>	<b>62</b>
<b>Guidelines</b>	<b>62</b>
<b>Attire</b>	<b>62</b>
<b>Jewelry</b>	<b>63</b>
<b>Cologne</b>	<b>63</b>
<b>Clinical Equipment: (required for clinical attendance)</b>	<b>63</b>
<b>Dress Code Accommodations</b>	<b>63</b>

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## **PROGRAM FACULTY**

Program Director

Chris Sperle, PhD., RRT, AE-C

Associate Professor

Director of Clinical Education

Jessica Arndt, PhD., RRT, RRT-ACCS

Assistant Professor

Full-Time Faculty

Erin Haustveit, BSRT

Instructor

Medical Director

Dr. Monica Paulo, MD

### **University of Mary St. Gianna School of Health Sciences**

Dean

Mary Doctor, PT, PhD

Associate Dean

Janeene Sibla, EdD, OT

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## **FACULTY ROLES AND RESPONSIBILITIES**

### **Program Director**

The program director is the administrative head of the program and provides leadership for the program faculty. This individual is ultimately responsible for all aspects of the program, including the overall quality, content, and effectiveness of the curriculum. The director also initiates and coordinates the evaluation of all aspects of the program (classroom, laboratory and clinical) to ensure educational effectiveness and achievement of program accreditation standards.

### **Director of Clinical Education**

The director of clinical education oversees and coordinates all aspects of student clinical education (patient contact and physician interaction). This individual ensures that students have adequate opportunity in clinical practicums to acquire the competencies essential to the role of the registered respiratory therapist. The clinical director evaluates clinical instructional effectiveness and ensures the equivalency of clinical education for all students.

### **Instructor**

The instructor of respiratory therapy has primary responsibility for teaching classroom and laboratory courses and evaluating student achievement. The instructor also coordinates recruitment activities involving the assignment of students to high school and college classes for publicity and recruitment activities.

### **Medical Director**

The medical director assures that students have direct physician contact; through one-on-one clinical teaching rounds in the clinic and guest lectures, the Medical Director helps students develop skills in communicating with physicians, in patient assessment, and in x-ray and diagnostic interpretation skills. The medical director also provides medical guidance, and assists the PD and DCE in ensuring that didactic, laboratory and supervised clinical instruction meet current practice guidelines.

### **Academic Advising**

In addition to the above responsibilities, regular program faculty members serve as academic advisors for students who have chosen respiratory therapy as a major.

### **Clinical Instructional Staff**

Most CHI St. Alexius Health Respiratory Care Department staff members serve as bedside clinical instructors on an as-needed basis. Staff members from Sanford Health, Bismarck, ND; Vibra Hospital of Central Dakota, Mandan, ND; CHI St. Alexius Health, Dickinson, ND; Jamestown Regional Medical Center, Jamestown, ND; Anne Carlsen Center, Jamestown, ND; and Mayo Clinic, Rochester, MN also serve as bedside clinical instructors. Many clinical instruction staff members are alumni of the CHI St. Alexius Health/University of Mary Respiratory Therapy Program. The Program enjoys a long history of collaboration with hospital staff in clinical teaching.





# Respiratory Therapy Program Information

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[University of Mary General Policies](#)  
[University of Mary Catalog](#)

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## UNIVERSITY OF MARY GENERAL POLICIES

Respiratory therapy students are to adhere to the [University of Mary's General Policies](#) and Procedures and [Student Handbook](#) as electronically published. Students are expected to satisfy the graduation requirements that are in effect at the time of their admission to the Respiratory Therapy Program.

## UNIVERSITY OF MARY CATALOG

The office of Academic Affairs regularly updates and publishes the University of Mary Course Catalog. This catalog serves as the foundation to all undergraduate and graduate programs containing a variety of general and program specific information. Please visit the catalog at <https://catalog.umary.edu/>



# Respiratory Therapy

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## Overview

[Accreditation and Licensure](#)

[National Board Examinations and the Credentialing System](#)

[Mission Statements of the University, St. Gianna School of Health Sciences and Department of Respiratory Therapy](#)

[Education Philosophy of the Department of Respiratory Therapy](#)

[Program Goals and Outcomes](#)

[Tuition](#)

[Books and Other Required Purchases](#)

[Physical Examinations/Immunizations/Testing](#)

[Criminal Background Check](#)

[Substance Abuse Policy](#)

[Student Health Services](#)

[Name Badge/Student ID's](#)

[Student Parking](#)

[Student Benefits at CHI St. Alexius Health](#)

[Academic Advisors](#)

[Program Curriculum](#)

[Academic Calendar, Holidays, and Breaks](#)

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## OVERVIEW

The traditional entry-level Respiratory Therapy Program is cosponsored by CHI St. Alexius Health and the University of Mary; organizationally the programs are a part of the University's St. Gianna School of Health Sciences. The professional programs are located at the CHI St. Alexius Health campus. Respiratory therapy faculty members have faculty appointments at the University of Mary but are employed by CHI St. Alexius. Students receive financial aid, register for courses, and pay tuition through the University. Respiratory therapy students have special CHI St. Alexius privileges and benefits as well as the privileges and benefits available to them as University of Mary students.

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## ACCREDITATION AND LICENSURE

The Respiratory Therapy Program Bachelor of Science and Master of Science programs are fully accredited by the Commission on Accreditation for Respiratory Care (CoARC); the Commission can be reached at: 264 Precision Blvd Telford, TN 37690; phone: (817) 283-2835. Graduates of CoARC-accredited programs are eligible to sit for the National Board for Respiratory Care (NBRC) examinations, which lead to the registered respiratory therapist credential (RRT). State regulatory boards use these credentialing exams as the licensure exams; state law requires licensure for the practice of respiratory therapy.

## NATIONAL BOARD EXAMINATIONS AND THE CREDENTIALING SYSTEM

The National Board for Respiratory Care (NBRC) develops and administers examinations, sets eligibility criteria, and grants professional credentials. The NBRC periodically conducts a national survey of respiratory therapists to ensure the validity of the board exams. Currently, the NBRC grants the certified respiratory therapist (CRT) and the registered respiratory therapist (RRT) credentials. The CRT credential is required for state licensure; the RRT requires passing an additional exam and is generally required for practice by most hospitals.

## MISSION AND VISION

### University of Mary Mission

The University of Mary exists to serve the religious, academic, and cultural needs of the people in this region and beyond. It takes its tone from the commitment of the [Sisters of Annunciation Monastery](#). These Sisters founded the university in 1959 and continue to sponsor it today. It is Christian, it is Catholic, and it is Benedictine.

### Saint Gianna School of Health Sciences Mission

Prepare health care professionals, anchored in moral courage, who respect and defend the dignity of the human person.

### Saint Gianna School of Health Sciences Vision

In the spirit of St. Gianna, we envision a thriving center of excellence that prepares servant leaders who will transform healthcare for everyone at all stages of life.

### Ministry of Sponsorship

The founders and sponsors of the University of Mary are the Benedictine Sisters of the Annunciation. The Sisters enhance our understanding of mission in many valuable ways through their [Ministry of Sponsorship](#).

The prayerful presence of the Sisters on our campus strengthens us and inspires the Benedictine values by which we live. Several Sisters have served on the faculty and staff of the university and Annunciation Monastery is a short walk from the campus buildings. The prioress of the monastic community and a number of the Sisters serve on our Board of Trustees, participating in the governance of the university. And in a true spirit of hospitality, the Sisters open their doors to

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the university community, welcoming students for regularly scheduled events and special occasions throughout the year.

### **Respiratory Therapy Program Mission**

Inspired by and under the patronage of Saint Gianna Beretta Molla we prepare respiratory therapists who are servant leaders that will transform health care for everyone at each stage of life.

### **Respiratory Therapy Program Vision**

Our vision is that our graduates will become competent, ethical, compassionate and caring registered respiratory therapists who think critically, engage in evidence-based practice, function as expert resources to physicians and other healthcare professionals, assume leadership roles, and respect the dignity of the human person.

Revised

2023

## **EDUCATIONAL PHILOSOPHY OF THE DEPARTMENT OF RESPIRATORY THERAPY**

In addition to professional preparation, respiratory therapy education should focus on the broad education and development of the whole person. A university education gives students the foundation to function effectively as informed, participating members of society. The respiratory therapy faculty believe that a broad liberal arts base is needed to support professional competence, and that graduates must be prepared not only to function with technical proficiency, but also to contribute to the welfare of society as participating citizens. It is important that healthcare professionals develop competencies in communication, effective thinking, values development, cross-cultural appreciation, stewardship of the physical environment, life-long learning, and care of their own physical and mental well-being.

### **Teaching and Learning**

Faculty members believe that learning is an active rather than passive process, and that teaching should emphasize creating rather than having knowledge. A teacher cannot insert knowledge into the mind of a student; students must actively work to integrate new information with their preexisting knowledge and experience. Individuals can only make sense of new information by finding a way to make it fit with their current understanding. The teacher's job is to stimulate students to reflect on what they learn so they can build new knowledge to solve new problems. The respiratory therapy faculty's goal is to model the learning community by participating with students in building new knowledge; the faculty members hope to stimulate student curiosity, to inspire questions that demand answers, and to awaken in students a passion to understand.

### **Critical Thinking**

Faculty encourage students to engage in effective clinical reasoning and critical analysis of information and actions to improve patient care and advance the scholarship of the respiratory therapy profession. We believe students who engage in critical thinking use concepts, ideas, and theories to interpret multiple sources of data and experiences to answer questions, solve problems, prioritize, and resolve issues. Students develop intellectual curiosity, rational thought processes, self-awareness, open-mindedness to diversity, and reflective decision making.

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## **Diversity**

We believe diversity among faculty, students, and members of society enriches the educational experience; the curriculum is designed to meet diverse learning needs. Cultural competence is grounded in an appreciation of the profound influence of culture in people's lives, and the commitment to encourage positive responses of healthcare providers to these differences. Graduating respiratory therapy professionals are prepared to respond with sensitivity to multicultural/ethical populations' varying healthcare needs in relation to human values including life, justice, personal freedom, health, and well-being.

## **Rule of St. Benedict**

St. Benedict mandated, "Care of the sick must rank above and before all else". (RB 35:1). The Rule of St. Benedict encompasses values foundational to the development of ethical decision making and integrity essential to the respiratory therapy profession. These values permeate the respiratory therapy curriculum at CHI St. Alexius Health and the University of Mary with emphasis on the Benedictine values: hospitality, respect for person, prayer, service, moderation, and community. These values guide students to integrate spiritual, emotional, physical, and intellectual characteristics into their personal and professional lives.

## **PROGRAM GOALS AND OUTCOMES**

The GOALS of the undergraduate major in Respiratory Therapy are:

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 (RRTs).
  - A. Cognitive Outcomes
    - A.1 Demonstrate knowledge of the physiological bases for all therapeutic interventions and diagnostic procedures in all areas of respiratory therapy practice
    - A.2 Demonstrate knowledge of the ethical obligations and responsibilities of healthcare professionals and institutions
    - A.3 Demonstrate knowledge of the legal, social, and economic environments in which the healthcare institutions function
    - A.4 Demonstrate knowledge of current issues and trends in healthcare, including public policy, access, and reimbursement issues
  - B. Psychomotor Outcomes
    - B.1 Demonstrate proficiency in implementing all respiratory therapy treatment and diagnostic procedures
    - B.2 Demonstrate proficiency in interpreting physical exam findings, cardiopulmonary monitoring data, laboratory data, and diagnostic imaging information
    - B.3 Demonstrate problem solving and critical thinking skills as consultants to physicians and other healthcare personnel in developing cardiopulmonary care strategies

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- B.4 Demonstrate proficiency in establishing an evidence base for best practice through research and the critique and interpretation of the professional scientific literature
  - B.5 Educate patients and the general public in matters of cardiopulmonary health and chronic disease management
  - C. Affective Outcomes
    - C.1 Demonstrate effective cross-cultural and interdisciplinary human interaction skills in the healthcare setting and the broader community
    - C.2 Demonstrate proficiency in oral and written communication
    - C.3 Demonstrate leadership abilities in healthcare through the development of honest, competent, and forward-looking practice techniques.
2. To prepare leaders for the field of respiratory care by including curricular content that includes objectives related to acquisition of skills in the areas of management, education, research, and advanced clinical practice such as:
- A. Learning Outcomes
    - A.1 Demonstrate the use of and promotion of evidence-based practices, research, and the utilization of clinical practice guidelines.
    - A.2 Explore areas of advanced clinical practice by creating and completing a specialty rotation tailored to individual student interests in areas of advanced practice to prepare for future leadership opportunities in research, management, and education within the respiratory therapy profession.

Revised

2023

## TUITION

1. Tuition: Tuition is payable to the University of Mary early in each semester during fee payment week (see academic calendar). Classes, including clinical courses, cannot be attended and graduation cannot occur until all tuition and fee obligations are met to the University's satisfaction.
2. Pre-registration for Respiratory Therapy Program courses is required for each semester at the University of Mary prior to the beginning of the semester on specially designated days (same as on-campus courses). Specific pre- registration schedules are published regularly by the University of Mary. It is the student's responsibility to be aware of these schedules and to pre-register for courses. Fee payment week is typically 3 weeks after registration day; specific schedules are published by the University of Mary on the web site.
3. Tuition rates may change from one year to the next, e.g. from junior to senior years. It is the student's responsibility to be informed about tuition changes. This information is available in University publications and at [www.umary.edu](http://www.umary.edu).

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## BOOKS AND OTHER REQUIRED PURCHASES

All required books are available for purchase each semester at the University of Mary Bookstore; online purchases are also an option. Some courses require an online course fee in place of a textbook.

**Out of Pocket Expenses:** In addition to books

***Uniforms/Equipment and Fees:***

1. Stethoscope	\$50-150
2. Scrub Uniforms (2 sets)	\$60-70
3. Scientific calculator (other than phone)	\$10-20
4. Watch with second hand	\$20-30
5. Drug Testing Fee	\$70
6. AARC Student Membership Fee	\$25
7. Clinical Tracking Fee	\$150
8. Secure Practice Exams	\$150*
9. Clinical lodging/transportation	
a. Dickinson, ND	\$400
b. Jamestown, ND	\$550
c. Rochester, ND (optional)	\$850
10. State Conference Registration	
a. Registration	\$70**
b. Lodging	\$300**

\* Paid with Respiratory Therapy Program Acceptance deposit

\*\*Attendance is expected and is in lieu of regularly scheduled classes.

Revised

2023

## PHYSICAL EXAMINATIONS/IMMUNIZATIONS/TESTING

All students must have a physical examination by CHI St. Alexius personnel and provide proper immunizations prior to clinical experience in the patient care setting. Basic physical exams will be performed on all students by CHI St. Alexius personnel and the results will be confidentially sent to the program. Copies of the student's immunization records are required for the physical screen. There is no charge to students for the physical examination, testing and immunizations.

*Students are responsible for scheduling their own physical exams by calling Employee Health 701-530-7647.*

**Required testing and immunizations include:**

1. A QuantiFERON – TB Gold blood test
2. Measles and rubella immunization proof; if no proof is supplied, a blood sample must be drawn for a rubella titer
3. Hepatitis B vaccination
4. Annual flu and COVID-19 vaccination is required. Students who are medically unable to receive the flu vaccination must complete the appropriate paperwork and provide



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documentation from their primary healthcare provider clearly indicating the medical contraindication

Reviewed

2023

## **CRIMINAL BACKGROUND CHECK**

Acceptance into the respiratory therapy program is contingent on results of a background check and drug screen. This process will be completed by CHI St. Alexius Health Human Resources in collaboration with PreCheck.

The following criminal background history may disqualify an individual for consideration to a clinical practice rotation and continuing in the program:

- Misdemeanor arrests or convictions
- Probated sentences
- Felony convictions for felony deferred adjudications involving crimes against persons – including physical or sexual assault/abuse crimes of violence, abuse
- Class A and B misdemeanor theft
- Felony drug and alcohol offenses (without certification of rehabilitation)
- Murder

The North Dakota State Board for Respiratory Care (NDSBRC) has criteria on positive background checks. A background check, drug screen, and fingerprinting along with a signed disclosure form are required when applying for licensure and upon request of the NDSBRC. Other states may have similar requirements to obtain licensure and practice respiratory therapy.

### **Disclosure of Criminal Offenses Occurring After Admission to the Program:**

All investigations, arrests, charges, or convictions must continue to be reported. This includes misdemeanors, felonies, DWI and DUI. Exceptions include minor traffic offenses not related to the use of drugs or alcohol. Crimes must be reported even if they result in a suspended or deferred imposition of sentence or if the charges were dismissed. All disciplinary action against another professional license must be reported whether it occurred in ND or in another state or country. These must be reported in writing to the program director. Students are expected to maintain behavior commensurate with that of a professional respiratory therapist.

### **Consequences of a violation of professional ethics, committing a felony or having been found guilty of a felony:**

If evidence is received that a respiratory therapy student has committed a breach of ethics or a felony, the faculty as a whole will meet to review evidence and, if needed, will gather further evidence pertaining to the student's possible violation(s). The student is subject to disciplinary action up to and including dismissal from the program. The student may be referred to the ND State Board of Respiratory Therapy or other State Boards to determine if the felony would preclude him/her from sitting for the Respiratory Therapy Examinations and/or becoming licensed. If the student wishes to appeal the decision, he/she must submit to the Chair of the Respiratory Therapy Program a request for appeal. If that appeal is denied, the student has the



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right to appeal to the Dean of the School of Health Sciences. If there is still disagreement, the final level of appeal at the University level is the Vice President for Academic Affairs.

Revised

2023

## **SUBSTANCE ABUSE POLICY**

The Respiratory Therapy Program is committed to providing students, faculty, and patients with a safe and healthy environment, free of alcohol, tobacco, and other drugs. All respiratory therapy students are expected to comply with the substance use/abuse policies outlined in the University of Mary Student Handbook. Students struggling with substance abuse should seek help through the employee assistance program or the student health clinic. To maintain behavior commensurate with that of a professional respiratory therapist, students are required to adhere to the following policies:

**Alcohol:** The use of alcohol is not permitted at educational sites, clinical education sites, or any university events. If alcohol use is suspected, the student will be sent home. Any absence due to violation of this policy will be considered unexcused and will be enforced as such. Repeated offenses may be grounds for dismissal from the program.

**Tobacco:** The University of Mary, CHI St. Alexius Health, and all outdoor property of the Medical Center are totally tobacco-free; all forms of tobacco use (smoking, vaping, chewing, etc.) are prohibited on all property including parking lots. Tobacco products must not be used at any time during clinical shifts, including breaks. Students who use tobacco products are strongly encouraged to undergo a cessation program. The Respiratory Therapy Program can provide assistance in this regard.

**Drug products:** Use, possession, distribution, or sale of illegal drugs is prohibited and will result in dismissal from the Respiratory Therapy Program. Students taking any substance, illegal, legal, or medically prescribed, that has the potential to impair judgment, alertness, mental status, physical capabilities, or otherwise reduce professional performance, should report this use to the program director immediately in writing and prior to attending any lab or clinical experience. Any changes must also be reported to the program director immediately in writing. The information will be kept in the students file.

### **Screening & Random Drug Testing Policy**

- Acceptance into the professional phase of the respiratory therapy program requires a negative 12-panel urine drug screen that will be completed as part of the physical exam for entry into the respiratory therapy program
- If at any point the faculty suspect a student has violated the drug free policy of the University, the student will be required to complete another 12 panel urine drug screen. Any unannounced urine drug screen can be requested up until the point of graduation. All costs incurred are the responsibility of the student
- If the required or requested urine drug screen is inclusive, the student will comply with all follow-up requirements within a specified amount of time
- If the required or requested urine drug screen is positive, the student will be referred to the Academic Standards Committee and the University of Mary Community Standards Program

- Drug screens detecting any non-prescription drug use cannot be appealed
- Students will not be allowed back into the classroom, laboratory, or clinical setting until a negative drug screen is obtained. Any absence will be considered unexcused and will be enforced as such

Revised

2023

## **STUDENT HEALTH SERVICES**

If a student sustains an accident or injury while attending clinical on any of the program clinical affiliation sites, they must follow the injury reporting policies and procedures of the site the injury was incurred. The student will be responsible for the cost of any additional testing and/or follow-up. Pre-existing illnesses and injuries that occur outside of the hospital or school environment are not covered. Physician appointments for non-clinical incurred ailments must be scheduled outside of classroom, laboratory, or clinical hours unless the student's condition prevents school attendance. Absences due to non-emergency physician appointments scheduled during normal classroom/lab/clinical hours will be regarded as unexcused absences unless the Program Director grants prior permission.

### **Student Health Insurance:**

Students are encouraged to carry health insurance to prevent economic catastrophes in the event of major injury or long-term illness. CHI St. Alexius Health and the University of Mary do not provide health insurance coverage for students. Medical attention, hospitalization and medication are the financial responsibility of the student.

### **Malpractice Liability Insurance:**

A group policy of liability insurance is provided by the University of Mary. As a practice discipline, respiratory therapy deals with the public and may be subject to litigation. Therefore, liability insurance is mandatory for juniors and seniors. A separate fee will appear on the student's financial billing statement.

### **Student Counseling Services**

Employee and Student Counseling Services are available for on-campus, online, and distance students through University of Mary's Counseling Services Program. This program is accessible through Student Services: [www.umary.edu/student-life/campus-services/counseling-services.php](http://www.umary.edu/student-life/campus-services/counseling-services.php)

#### How to use Counseling Services

- Convenient office hours can be arranged in the Bismarck/Mandan area as well as various statewide and national affiliate locations by calling 701-530-7195 or 800-327-7195.
- Calls for appointments are taken Monday through Friday, 8 am to 4:40 pm central time.
- Calls to address any emergency or crisis situation are taken 24 hours a day, seven days a week.
- When calling after working hours, please ask for the EAP counselor on call.

#### Suicide Resource Numbers

- 1-800-273-TALK
- 1-800-SUICIDE (784-2433)
- Mental Health Association Helpline – 211

- West Central Human Service Center 1-888-3282112 (toll free)
- For additional mental health resources, see the appendix for Mental Health Referral Resource Guide

Revised 2023

## **NAME BADGES/STUDENT ID'S**

A CHI St. Alexius Health photo ID is issued to each student upon beginning classes; this multipurpose ID opens the east entrance door of the Tech & Ed Building and the classroom/laboratory doors providing students 24/7 access to the building and classrooms. The badge also opens certain hospital employee entrance doors. The name badge is a key to CHI St. Alexius and must be kept securely in the students possession. Students may also receive ID badges from other institutions. Students are required to hand in their photo ID's at graduation or upon withdrawal from the program.

Reviewed 2023

## **STUDENT PARKING**

The lot north of Broadway Street, across from the Education and Technology Building is for student parking; ample space is provided. Student parking stickers will be provided by CHI. (Student parking in the employee lot directly east of the building is forbidden.)

Reviewed 2023

## **STUDENT BENEFITS AT CHI ST. ALEXIUS HEALTH**

Cafeteria Discount: The CHI St. Alexius multipurpose ID badge (issued to all students during orientation) allows some food to be purchased at a discount from the hospital cafeteria. To obtain the discount, the ID badge must be used. Discounts do not apply to hospital vending machines or the vending kiosks in the Tech & Ed. building.

Revised 2023

## **ACADEMIC ADVISORS**

All respiratory therapy students accepted to the program will be assigned a program faculty advisor. The student will meet with their advisor a minimum of 1x/year and should initiate communication on an as needed basis. The academic advisor will assist the student in completing a grad audit upon completion of the program.

Reviewed 2023

## **ACADEMIC CALENDAR, HOLIDAYS, AND BREAKS**

University of Mary holidays, breaks, etc. are observed by the Respiratory Therapy Program. The Respiratory Therapy Program reserves the right to alter the timing of spring and fall breaks; please consult with the Program Director before making plans for these breaks. [Academic calendar](#)

Reviewed 2023

## PROGRAM CURRICULUM

### Pre-Requisite Courses

College Composition II	ENG 121 Comp II (3 cr)
Oral Communications	COM 110 Oral Com (3 cr)
Introduction to Psychology	PSY 201 General Psych (3 cr)
Philosophical Ethics	PHI 308 (3 cr)
Anatomy and Physiology I & Lab	BIO 207/L A&P I (4 cr)
Anatomy and Physiology II & Lab	BIO 208/L A&P I (4 cr)
Introduction to Microbiology & Lab	BIO209/L Med. Micro (4 cr)
College Algebra (or higher)	MAT 103 College Algebra (4 cr)
College Physics & Lab	PHY 203/L Intro to Physics (4 cr)
Intro to Chemistry & Lab	CHE 108/L Gen. Chemistry (4 cr)
Intro to Organic/Biochemistry & Lab	CHE 110/L Org/Bio Chem (4 cr)
*University of Mary Undergraduate Core	~22 credits

### Professional Phase Curriculum

Fall Semester		First Year		Spring Semester	
RTH 301	(3) Introduction to Respiratory Care	RTH 320	(3) Clinical Practicum I		
RTH 305	(6) Basic Procedures	RTH 422/622	(5) Clinical Cardiopulmonary Assessment		
RTH 307	(1) Basic Procedures Lab	RTH 426	(4) Human Diseases I		
RTH 335/535	(6) Cardiopulmonary Physiology	RTH 436/536	(5) Critical Respirator Care		
		RTH 438	(1) Critical Respiratory Care Lab		
<b>16 Credits</b>			<b>18 Credits</b>		
Summer Semester:					
RTH 416/616	(3) Pediatric/Neonatal Respiratory Care				
RTH 427	(2) Human Diseases II				
RTH 430	(5) Clinical Practicum II				
<b>10 Credits</b>					
Semester		Second Year		Spring Semester	
RTH 411	(2) Respiratory Therapy in Alternate Sites	RTH 420	(2) Professional Seminar		
RTH 452/652	(2) Health Promotion	RTH 428/628	(8) Specialty Clinical Practicum		
RTH 450/650	(2) Research in Respiratory Therapy	RTH 418/618	(2) Department Leadership		
RTH 441	(8) Clinical Practicum III	HUM 499/799	(0) Senior Assessment		
IPE 401/501	(1) Inter-professionalism in HC				
<b>15 Credits</b>			<b>12 Credits</b>		
<i><b>132 Total Credit Hour minimum required for BSRT</b></i>					
<i><b>71 Total Credit Hour minimum required for MSRT</b></i>					



# Academics

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**FERPA**

**Student Records**

**Non-Discrimination Policy**

**American Disabilities Act**

**AARC Ethics & Code of Conduct**

**Essential Functions/Requirements and**

**Reasonable Accommodations**

**Emergency Messaging System**

**Class Cancellation Policy**

**Attendance Policy**

**Use of Classroom and Lab Facilities**

**Use of Classroom and Lab Facilities**

**Outside of Scheduled School Hours**

**Assignments and Examinations**

**Academic Honor Code**

**Comprehensive Examinations**

**Clinical Education**

**Medical Director Presentations and Case**

**Studies**

**Academic Status**

**Academic and Professional Performance  
Expectations**

**Academic Progress and Academic  
Standards Committee**

**Complaints from Outside Sources**

**Dress Code**

**Student Employment and Varsity**

**Athletics Policy**

**Community Service Requirement**

**Student Journals**

**Professional Portfolios**

**Extended Absence for**

**Medical/Pregnancy/Military/Personal  
Reasons**

**Cell Phones and Personal Computers**

**Printing/Copying Policy**

**Library Services**

**Communication/Resources**

**Graduation, Degree, and Certificates of  
Completion**

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## **FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)**

FERPA is a federal law designed to protect the privacy of a student's education records.

Information on FERPA rights is located here:

<https://www.umary.edu/info-current-students/registration-and-enrollment/student-records>

Reviewed

2023

## **STUDENT RECORDS**

The purpose of the student records policy is to ensure confidentiality of student information. Please refer to the University of Mary's policy on student records. Specific information related to a student's progress in the RT program is located in the Program Director's office. These records are handled confidentially and are kept in a locked file cabinet. Records are not released to other parties unless written informed consent permission is received from the student.

Reviewed

2023

## **NON-DISCRIMINATION POLICY**

The Respiratory Therapy Program does not discriminate against any person on the basis of race, color, religion, sexual orientation, national origin, age, sex, or political affiliation. If an action by the Respiratory Therapy Program is perceived by students, applicants or graduates as discriminatory, the Program Director should be notified, and the Grievance Policy should be followed.

## **AMERICAN DISABILITIES ACT**

Students are referred to the [Student Accessibility Services Webpage](#) on the University of Mary website.

Reviewed

2023

## **AARC STATEMENT OF ETHICS & CODE OF CONDUCT**

In the conduct of professional activities, the Respiratory Therapist shall be bound by the following ethical and professional principles. Respiratory Therapists shall:

- Demonstrate behavior that reflects integrity, supports objectivity, and fosters trust in the profession and its professionals.
- Promote and practice evidence-based medicine.
- Seek continuing education opportunities to improve and maintain their professional competence and document their participation accurately.
- Perform only those procedures or functions in which they are individually competent, and which are within their scope of accepted and responsible practice.
- Respect and protect the legal and personal rights of patients, including the right to privacy, informed consent, and refusal of treatment.
- Divulge no protected information regarding any patient or family unless disclosure is required for the responsible performance of duty as authorized by the patient and/or family or required by law.
- Provide care without discrimination on any basis, with respect for the rights and dignity of all individuals.
- Promote disease prevention and wellness.

- Refuse to participate in illegal or unethical acts.
- Refuse to conceal, and will report, the illegal, unethical, fraudulent, or incompetent acts of others.
- Follow sound scientific procedures and ethical principles in research.
- Comply with state or federal laws which govern and relate to their practice.
- Avoid any form of conduct that is fraudulent or creates a conflict of interest and shall follow the principles of ethical business behavior.
- Promote health care delivery through improvement of the access, efficacy, and cost of patient care.
- Encourage and promote appropriate stewardship of resources.
- Work to achieve and maintain respectful, functional, beneficial relationships and communication with all health professionals. It is the position of the American Association of Respiratory Care that there is no place in a professional practice environment for lateral violence and bullying among respiratory therapists or between healthcare professionals.

## **ESSENTIAL FUNCTIONS (REQUIREMENTS) AND REASONABLE ACCOMMODATIONS FOR STUDENTS WITH PHYSICAL AND COGNITIVE LIMITATIONS**

### **Essential Functions**

The Respiratory Therapy Program at the University of Mary has been designed to prepare students to enter the profession as a generalist with the skills, knowledge, and ability to successfully perform all of the required functions associated with the role of an entry-level respiratory therapist. Student respiratory therapists must be able to perform, with or without reasonable accommodations, each of the Essential Functions in order to effectively participate in our program and successfully fulfill the requirements of the professional curriculum. The University of Mary must ensure that patients are not placed in jeopardy by students with impaired intellectual, physical, or emotional functions. The University of Mary Respiratory Therapy Program, in compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act, does not discriminate against qualified individuals with disabilities. Upon admission a student who discloses a properly certified disability will receive reasonable accommodations. The accommodations may not cause the University of Mary undue hardship and may not preclude the student's ability to perform all of the essential functions of the program, as outlined below. A reasonable accommodation does not change the essential nature of the academic or clinical program. Reasonable accommodations must be arranged by the student through Student Accessibility Services. Some reasonable accommodations for Mobility Limitations, Visual Limitations, Hearing Limitations, and Learning Disabilities include but are not limited to the following:

- Physical changes to the classroom/laboratory environment.
- Modifying classroom equipment
- Lengthening time period for written examinations; alternative testing arrangements (quiet testing room, exam with oral discussion)
- Additional instruction time/academic advising
- Note-takers/scribes and/or lab assistants
- Adjustable tables, lab equipment located within reach, rolling stools
- Taped text (if commercially available), audio recording
- Large print handouts, signs, equipment labels
- Seating where the lighting and vision is best



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- Sound system/amplification
  - Face student when speaking
  - Provide typed handouts of lecture notes
  - Visual aids

The process that describes the steps for determining the need for reasonable accommodations when cognitive and/or physical limitations are present is available through the University of Mary Student Support Services. Students **must have the ability to perform the essential functions, with sufficient training and academic and clinical background, when admitted to the program. Students are expected to be able to perform all essential functions upon graduation.** Clinical sites have the option of accepting or declining a student placement if they do not feel they can meet the accommodation request.

**Accommodations for the student at the clinical sites are coordinated by the DCE with the clinical instructor.**

- An accommodation may not be considered “reasonable” if the safety of either the student with the limitation or of another member of the class or faculty, or of potential patients/clients is compromised.
- Individual consultation with the student is arranged that considers their needs and the program and clinical situations.
- Accommodations cannot be imposed on the student.
- The core faculty, clinical instructor, and student deliberate to determine the extent of reasonable accommodation necessary.

**To perform the role of a respiratory therapist and be successful in the Respiratory Therapy Program the student must be able to perform the following skills in the academic and clinical setting:**

#### Observational Skills

- Observe lecture presentations, lecture and laboratory demonstrations
- Read and interpret information from assigned academic materials, diagnostic tests, equipment, patient charts, printouts both paper and electronic modes
- Observe the patient’s activity and behavior during examinations and interventions
- Observe and recognize changes in patient status which may require modification of activity or intervention such as: color of skin, breathing regularity, and nonverbal communication
- Accurately monitor dials, displays, and equipment used in treatment of patients including mechanical ventilators and other therapeutic equipment and modalities

#### Psychomotor Skills

- *Gross Motor Skills:* Move within confined spaces, maintain balance in multiple positions, reach above shoulders (e.g. monitors), reach below waist (e.g. plug electrical equipment in wall outlet), reach out front
- *Fine Motor Skills:* Pick up objects with hands, grasp small objects with hands (e.g. pen/pencil, needles), write with pen or pencil, key/type (e.g. use a computer), pinch/pick



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- or otherwise work with fingers (e.g. manipulate a syringe), twist (e.g. turn objects/knobs using hands, assemble objects), squeeze with finger (e.g. medication ampules)
  - *Physical Endurance*: Stand (e.g. at patient bedside during surgical or therapeutic procedure), sustain repetitive movements (e.g. CPR), maintain physical tolerance (e.g. work on your feet for 12 hours)
  - *Physical Strength*: Push and pull 50 pounds (e.g. position patient, move equipment), support 50 pounds of weight, lift 50 pounds (e.g. pick up a child, transfer patient, and bend to lift an infant or child), carry equipment/supplies, use upper body strength (e.g. performs CPR, physically restrain a patient), squeeze with hands (operate fire extinguisher)
  - *Mobility*: Twist, bend, stand/squat, kneel, and move quickly (e.g. respond to an emergency), climb stairs, walk
  - *Hearing*: Hear normal speaking-level sounds (e.g. person-to-person report), hear faint voices, hear faint body sounds (e.g. blood pressure sounds, lung auscultation), hear in situations when not able to see lips (e.g. when masks used), hear auditory alarms (e.g. monitors, fire alarms, call alerts)
  - *Visual*: See objects up to 20 inches away (e.g. information on a computer screen, read medication labels), see objects up to 20 feet away (e.g. patient in a room), use depth perception, use peripheral vision, distinguish color and color intensity (e.g. color code on supplies, skin color)
  - *Tactile*: Feel vibrations (e.g. palpate pulses), detect temperature (e.g. skin, solutions), feel differences in surface characteristics (e.g. skin turgor, rashes), feel differences in sizes, shapes (e.g. palpate vein, artery, identify body landmarks), detect environmental temperature
  - *Smell*: Detect odors (e.g. foul smelling drainage, alcohol break, smoke, gasses or noxious smells)
  - *Environment*: Tolerate exposure to allergens (e.g. latex gloves, chemical substances), tolerate strong soaps and odors

### Cognitive Skills

- *Reading*: Read and understand written documents (e.g. flow sheets, charts, graphs), read digital displays
- *Math/Arithmetic*: Comprehend and interpret graphic trends, calibrate equipment, convert numbers from metric and American systems (e.g. dosages), tell time, measure time (e.g. count duration of contractions, CPR, etc.), count rates (e.g. breaths per min., pulse), read and interpret measurement marks (e.g. measurement tapes and scales), add, subtract, multiply, and/or divide whole numbers, compute fractions and decimals (e.g. medication dosages), document numbers in records (e.g. charts, computerized data bases)
- *Analytical Thinking*: Transfer knowledge from one situation to another, process and interpret information from multiple sources, analyze and interpret abstract and concrete data, evaluate outcomes, problem solve, prioritize tasks, use long-term memory, use short-term memory
- *Critical Thinking*: Identify cause-effect relationships, plan/control activities for others, synthesize knowledge and skills, sequence information, make decisions independently.
- Evaluate different sources of diagnostic information for relevancy to patient care; understand underlying mechanisms of physiology or equipment function to determine

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sequence of events and appropriate therapeutic or trouble shooting actions. Evaluate published evidence for relevance and scientific merit.

- *Communication Skills:* Teach (e.g.: client/family about health care), influence people, direct/manage/delegate activities of others, read English, speak English, write English, listen/comprehend spoken/written word, collaborate with others (e.g.: health care workers, peers)

### Affective Skills

- Provide for safe patient care despite a rapidly changing and intensely emotional environment. Perform multiple tasks concurrently, e.g. managing several mechanically ventilated patients and assisting with an emergency code blue in the ICU. Maintain composure in the face of insults and own or other's anger to provide safe and effective patient care.
- *Emotional Stability:* Establish professional relationships, provide client with emotional support, adapt to changing environment/stress, deal with the unexpected (e.g. patient condition, crisis),
- Focus attention on task, cope with own emotions, perform multiple responsibilities concurrently, cope with strong emotions in others (e.g. grief)
- Observe professional boundaries in interacting with patients, healthcare personnel, professors. Appropriate self-image and sense of self confidence. Sensitive to how others perceive self. Self-monitor and control own emotions.
- Demonstrate appropriate compassion through communication. Ready to apologize and admit errors of judgment or action. Respectful of peers and authority figures; overall tactful human interaction

Revised

2023

## **EMERGENCY MESSAGING SYSTEM**

It is recommended that all students be registered for the University of Mary's Emergency Messaging System (UMEMS). Safety alerts on the University of Mary campus can be received on cell phones via the University of Mary's Emergency Messaging System (UMEMS). Campus safety alerts range from a security breach to cancellation of classes due to severe weather. Users who elect this option and provide contact information may be assured that their information will not be shared. University of Mary's Emergency Messaging System (UMEMS) will not replace any current notification methods but will be used as one of several alert systems already in place, including email, web sites, tornado siren, and media. To become part of this vital communications network, students must opt in to the program.

[https://my.umary.edu/ICS/Student/Emergency\\_Messaging\\_System.jnz](https://my.umary.edu/ICS/Student/Emergency_Messaging_System.jnz)

Revised

2023

## **CLASS CANCELLATION POLICY**

In the event a faculty member must cancel a class session, it is the faculty member's responsibility to notify the Program Director. The faculty member will contact the respective class representative(s) or notify the class via e-mail, given sufficient time. If the class session is

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to be made up, it is the responsibility of the faculty member to schedule the make-up session in communication with those involved (students, room scheduler, etc.).

### **Inclement Weather Policy – [See university policy](#)**

Revised

2023

## **ATTENDANCE POLICY**

### **Orientation**

It is mandatory that all students entering the professional program attend the orientation session. In the event that a student cannot attend this session, the student must make arrangements to meet with the program director as soon as possible. In the event that a student cannot attend the first days of scheduled classes, it is up to the discretion of the admissions committee, under advisement from the faculty, to decide if the student is eligible to continue in the program. Factors to consider include the amount of time missed, communication and responsibility demonstrated by the student, and rationale for missing classes. The admissions committee will decide if the student is eligible to defer to the following fall. The admissions committee has the right to offer the spot to the next eligible student on the waiting list.

### **Classroom and Lab**

The RT Program follows the University Academic Calendar. The Respiratory Therapy Program reserves the right to alter the timing of spring and fall breaks. Please consult with the Program Director before making plans for these breaks. To achieve full benefit of the program, all students are expected to attend every session, and to be on time for every professional course/lab. Therefore, timely attendance is mandatory. Students should plan travel around the identified dates for holidays and breaks. Students are strongly discouraged from making travel plans during scheduled courses. Students who request travel during identified class times miss important information. Unplanned absences due to illness or emergency must be reported to the Respiratory Therapy Program Director or to the course instructor as soon as possible and within a day of the absence. Upon return, the student will fill out a “sick leave” form (located on CANVAS) and obtain signatures from all instructors whose class(es) they missed. The completed form will be given to the program director. If a student knows he/she will be gone in advance, the student will complete an “excused absence form” (located on CANVAS) and obtain signatures from all instructors whose class(es) will be missed. The completed form should be turned into the program director for tracking purposes. It is the student’s responsibility to obtain missed information - additional assignments may be required for missed in-class assignments. This includes missed classes for outside class observation assignments (surgeries, IEP’s, etc.). Students who have a pattern of missed classes will meet with the class instructor and/or advisor to discuss concerns and determine a plan of action. Routine tardiness may result in professional behavior probation. Course instructors reserve the right to deduct points related to a lack of class participation and/or tardiness. Faculty also reserve the right to make schedule changes in special circumstances, students will be notified in advance of such occasional changes.

### **Examinations**

Students are required to take exams on the scheduled date and time. Requests for moving exams are rarely granted and only for extraordinary circumstances. Requests for an alternate exam time

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must be in writing to the course instructor, cc'd to the program director. If a student is ill and unable to take an exam, he or she must let the instructor know prior to the scheduled exam time. The instructor may require a physician's note regarding the absence. If a student does not attend a scheduled exam time without notifying the instructor, a grade of zero may be given. Students who take tests early or late place the integrity of the testing process of the RT department at risk. If a student plans to travel and misses a final exam or requests a final exam to be moved, he or she will receive a deduction of 10% lower grade on the exam [Total earned score – 10% = adjusted score].

Revised

2023

## **USE OF CLASSROOM AND LAB FACILITIES**

It is the Program's expectation that the classrooms and labs will be maintained in a safe and orderly fashion. Calibration and safety checks of equipment will be performed annually. Out of respect and as a professional responsibility to the number of persons who use the labs, as well as to keep students, guests, and faculty healthy, at the end of every class or lab session, students must:

- Replace equipment in its proper location and ensure its proper cleaning
- Fold and put away linens and pillows
- Replace chairs and tables to their proper locations
- Put refuse in receptacles available
- Food and beverages are allowed in classrooms with respectful discretion. Eating and drinking should not be distracting to the instructors or to any of the students. All eating materials must be disposed of promptly and properly
- All tables and countertops must be wiped down with a designated cleaning solution at the end of each class

By taking a few minutes to do the above, the learning environment of the classroom and labs will be enhanced for all users. At the beginning of each school year, each class will develop a weekly cleaning schedule and develop expectations including wiping off tables and ensuring the rooms are in order each evening.

## **USE OF CLASSROOM/LAB OUTSIDE OF SCHEDULED SCHOOL HOURS**

Students are invited to stay on site and study/practice skills during the normal business hours (8-4:30). Students may also remain on site after faculty/staff have left the RT facility to study and practice skills. For student safety, at least 2 students must remain on the premises and are expected to leave together and walk to their vehicles. Students should move their vehicles near the building's doors if they plan to stay late to avoid walking a greater distance in the dark.

- Prior to leaving, faculty/staff will check the building to ensure all doors are locked (interior and exterior)
- Students in the building after hours are only allowed to let other UMary RT students in unless previous arrangements made through UMary faculty
- Students are not allowed to prop open any door in the building
- Students are not allowed to enter any faculty office
- It is the student's responsibility to ensure that the building is left in good condition upon exiting (garbage thrown away, linens put away, and disconnecting air/oxygen flowmeters)

- It is the student's responsibility to ensure that all lights are off and the building is locked upon exiting

### **Unsupervised Lab Practice**

The following guidelines will enable students to practice lab skills in an appropriate and safe manner during times (including evenings and weekends) when faculty are not available in labs. Labs may be used at any time when these facilities are not being used for other classes, during the day, evenings or weekends, for practicing RT skills, studying, or other RT Program related activities.

- Students are only to use equipment unsupervised once they have demonstrated the correct application and safe use of the equipment during laboratory or arranged assessment by appropriate core respiratory therapy faculty members
- Students must observe all safety precautions and contraindications for the techniques that students are practicing
- Remember that students are only practicing RT procedures and are not yet licensed, therefore, it is NOT appropriate to treat themselves or a friend for an actual problem
- Students shall not remove equipment from the classroom/lab
- If something is broken while a student or faculty member from the RT department is using the equipment and it is not determined to be a "wear and tear" problem, the RT department or student is responsible to replace the item, which includes all costs incurred.
- In case of an emergency, contact CHI Security (701-530-7909; pager # 0486)
- In accordance with University policy, alcohol and drugs are prohibited in the RT labs or classrooms at any time

Revised

2023

## **ASSIGNMENTS & EXAMINATIONS**

Course syllabi will delineate specific requirements concerning written assignments, written tests, oral tests, and clinical experiences.

### **Written Assignments**

In the Respiratory Therapy Program, the Publication Manual of the American Psychological Association (APA), most current edition serves as the source book for documentation of references and footnotes. Specific questions regarding application of the APA guidelines should be discussed with the professor for whom the assignment is required.

The faculty consider plagiarism, including the use of AI, and cheating to be very serious offenses and students should be aware that expulsion from the University is an action that may be taken for this type of offense.

### **Late Submission of Assignments**

Any assignment submitted after the posted due date and time may have points deducted (see individual course syllabus for details).

- Assignments may include but are not limited to scheduled and posted course assignments.

- If a major assignment is not submitted within 7 days, no points will be given for that assignment, but the assignment must still be submitted to demonstrate competency.

If a student has experienced a personal crisis delaying the submission of an assignment by the posted due date, faculty will consider the situation and work with each student on an individual basis. It is the student's responsibility to communicate with faculty if they are ill or experiencing a personal crisis and would like an extension for a scheduled assignment before the due date.

Revised 2023

## **ACADEMIC HONOR CODE**

It is expected that all students in the Respiratory Therapy Program will abide by the University of [Mary Academic Honor Code](#). This includes the prohibition of sharing information that would provide unfair advantage to another student (i.e. test questions or format, assignment information) and/or reporting violations of peers. Students in breach of the code will be referred to the informal or formal honor system as per the policy.

Reviewed 2023

## **COMPREHENSIVE EXAMINATIONS**

All courses involve comprehensive final examinations; the purpose of these exams is to document student overall competence in the course subject matter at the end of the course. The final exam for any course must be passed with a grade of 70% or higher in order to pass the course, even if the overall course average is above passing (70%). In the event that a student achieves less than 70% on a course final exam, one re-take within one week of receiving notice of the grade is permitted. The maximum score on a retake exam is 70% regardless of the actual score on the retake test.

In the last semester of the program, comprehensive web-based self-assessment exams are administered to all students (Therapist Multiple Choice TMC and Clinical Simulation RRT exams). These exams are purchased by the program and cover all respiratory therapy content areas (student competency testing fees are collected for this purpose when students enter the program. The national testing organization for respiratory therapy develops these exams, which are similar to the national credentialing examinations. Students must achieve a passing score on the multiple-choice self-assessment exams (RRT) to graduate from the program. One re-take is allowed within two weeks of achieving the failing score (see Academic Progress and Academic Standards section).

Reviewed 2023

## **CLINICAL EDUCATION**

Successful completion of each clinical education course is based on the judgment of the Director of Clinical Education. Their judgment is based on students' successful completion of three components of clinical education: 1) formal and informal evaluation of the student's knowledge, skills, attitudes, and values using feedback from clinical instructors; 2) satisfactory professional behavior relative to the course; and 3) satisfactory completion of all clinical assignments.

Revised 2023



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## **MEDICAL DIRECTOR PRESENTATIONS AND CASE STUDIES**

The Medical Director meets informally with students to illustrate and teach concepts relevant respiratory therapy and to provide feedback on student case study presentations. Students are expected to participate in discussions and to interact with the Medical Director. These sessions offer students an opportunity to communicate with a physician, think critically and apply knowledge to real clinical problems.

Revised 2023

## **ACADEMIC STATUS**

Students are entitled to know their academic standing. The following procedures are in place to assure that this happens.

- Student/adviser meetings should take place during advising week.
- Students have access to CANVAS and my.umary.edu where they can check their grades. They can also check their progress on credits, courses, etc.
- Review of professional behavior is done formally after the fall semester of the first and second year of the program. The Director of Clinical Education also monitors professional behavior.
- Students are encouraged to keep track of their own progress for each course. If there is a discrepancy between student and faculty records, the student should schedule a meeting with the faculty member to discuss the situation.

Created 2023

## **ACADEMIC AND PROFESSIONAL PERFORMANCE EXPECTATIONS POLICY:**

Students must demonstrate mastery of and competence in all didactic information, clinical skills, and professional behavior expectations. In the Department of Respiratory Therapy, competence is defined as the achievement of a grade of at least "C" in each program course and appropriate professional behavior in all settings, and an overall cumulative GPA of 2.50 (3.0 for graduate students). Students are required to be in good academic and professional behavior standing in order to progress to a clinical placement. "Good" standing may allow for a student to be on probationary status if faculty determine the student has the necessary skills and behaviors to be successful at the placement and if a remediation plan is in place and the student is making satisfactory progress on the plan.

Revised 2023

### **Professional Behavior Expectations**

The Respiratory Therapy Program values the students' right to learn and the faculty's right to teach and believe in the freedom of expression. To foster teaching and learning, proper environments are necessary. As our learning community becomes increasingly diverse and global, it is important to establish a criterion that encourages openness to wide-ranging viewpoints.

These behaviors reflect active practice of the Benedictine values of respect, community, hospitality, moderation, and service which are integral to patient care practice. They are also

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integral to successful acquisition of the University of Mary core competences. Continued commitment to and growth in these areas will be evaluated throughout the program through written and oral communication, classroom observation, clinical practice evaluation, and university sanctioned experiences and events.

#### Responsibility

- Timeliness and full participation for classes, lab, clinical experiences, appointments, and submission of assignments.
- Timely communication with appropriate faculty for unavoidable delays or absences and negotiation for make-up work.
- Accept responsibility for own actions.

#### Excellence

- A commitment to self-directed learning (daily review of course material, reading of assignments).
- Providing the best possible effort and always striving for growth and improvement.

#### Attitude

- The Benedictine values of respect for persons, hospitality, moderation, community, prayer, and service will guide all actions.
- Courtesy, positivity, and flexibility.

#### Integrity

- Honesty, truthfulness, forthrightness, and trustworthiness.
- Diligence and accountability.

#### Communication

- Confidentiality in all patient situations.
- Professional level written communication skills.
- Respectful, timely and courteous communication with appropriate persons regarding any issue involving the Respiratory Therapy Program, making appointments as needed and following the chain of communication.
- Professional use of multimedia is expected (Facebook, Twitter, taping, etc.).

#### Respect

- Acknowledge others
- Listen
- Speak kindly
- Respect personal physical space
- Respect other people's time
- Display gratitude

#### **Examples of Lack of Professionalism**

Examples of unprofessionalism include, but are not limited to the following:

- Challenging authority
- Demanding special treatment



- An “I paid for this” mentality
- Making offensive, harassing, or vulgar remarks/comments
- Missing deadlines
- Reluctance in answering questions or participating in online discussion
- Challenging the instructor’s credibility & knowledge
- Taunting or belittling others
- Making physical threats to the instructor
- Engaging in academic dishonesty (cheating and/or plagiarism)
- Participating in unsolicited conversations during class/lab
- Arriving to class late and leaving early
- Using cell phones during class
- Coming to class unprepared
- Sending the instructor inappropriate emails

As a student in the Respiratory Therapy Program, you are a representative of the University of Mary at all times which includes words, actions, behaviors, and dress. If any validated complaint from another student, faculty, or member of the public is forwarded to the Program about questionable behaviors, the faculty member and program director review and determine a course of action.

Additionally, faculty assess professional behavior throughout the Respiratory Therapy curriculum. Professional behaviors are evaluated using a rating scale instrument that is shared with students at the beginning of the program. Students are required to sign a Professional Behavior Contract with their application for admission to the program. (See appendix).

The student’s professional behaviors are rated as follows:

**U-Unsatisfactory      B-Beginning Level      D-Developing Level      E-Entry Level**

Unacceptable performance includes:

1. End of the 1st semester – rating of unsatisfactory (U) in one or more individual behavioral categories
2. End of 3<sup>rd</sup> semester – rating of unsatisfactory (U) in one or more individual behavioral categories or overall ratings of beginning (B) or lower

If a student fails to meet professional standards after a record of earlier professional probation, the student will meet with the Academic Standards Committee to determine a course of action.

### **Academic Expectations--Competence in Courses**

Unless otherwise stated in a course syllabus, the grading scale for RT Program courses is:

90-100	A
80-89	B
70-79	C
60-69	D
<60	F

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Expectations include:

- 100% assignments completed
- Achievement of greater than or equal to 70% on comprehensive written final course examination; one final exam retake is allowed with a maximum achievable score of 70%, even if the actual score is higher; a retake is allowed only if there is a mathematical possibility for the student to attain an overall passing grade in the course
- 70% on all coursework (C)
- Fulfill all requirements of a course (i.e. retaking lab or written tests)

## **ACADEMIC PROGRESS AND ACADEMIC STANDARDS COMMITTEE**

The Academic Standards Committee (ASC) is composed of faculty of the Department of Respiratory Therapy and appointed by the Program Director to uphold academic and professional performance and monitor progress throughout the respiratory therapy curriculum. This committee meets once at the midterm of a semester and once at the conclusion of the semester to assist in identifying students with academic or behavior concerns and to consider evidence to aid in informing decisions executed by the program director related to student progression.

### **Compliance Criteria & Recommendations**

#### ***Probation with Action Plan***

*Students who meet any of the following criteria will be placed on probation with an action plan:*

- In any semester of the program, semester failure of 2 or more tests in the same course.
- Failure to pass a cumulative semester course examination with a score of greater than 70.00%.
- Cumulative GPA < 2.5 (3.0 for graduate students) during any one semester (fall, spring, or summer).

***Action Plan:*** The student and course instructor must create an action plan within 2 weeks of notification. The action plan should be signed by the student and course instructor and submitted to the Program Director. ***It is the student's responsibility to create and fulfill an agreed upon action plan (with advisor and/or course instructor).***

#### ***Dismissal From Program With the Option of Appeal***

*Students who meet any of the following criteria will be dismissed from the program with the option of appeal:*

- In any semester of the first year (fall, spring, and summer semesters) of the program a GPA of less than 2.00 (2.6 for graduate students).
- Failure to pass >1 cumulative semester examination with a score of greater than 70.00%.
- Second occurrence of probation during any part of the professional program.
- Academic dishonesty: e.g. cheating on written assignments, examinations, and misrepresenting, altering, or falsifying clinical records; intentional plagiarism; use of AI/ChatGPT.

- Repetitive failure to abide by Respiratory Therapy Program policies and procedures, in the classroom, laboratory, and clinical setting (see clinical/lab policies and course syllabi).
- Disclosure of confidential information about the Medical Center, its employees, or its patients. This includes casual conversations outside of the hospital setting in which a patient or former patients' hospital stay is discussed.
- Excessive unexcused absences for any reason.
- Insubordinate, derisive or otherwise disrespectful behavior, or the use of abusive, threatening, obscene, rude or profane language in the classroom, laboratory, or clinical settings during interaction with Respiratory Therapy Program faculty, classmates, adjunct clinical instructors, physicians, nurses, therapists, patients, visitors, and all other health care personnel.
- Abandonment of assigned clinical duties (e.g. leaving the immediate patient area or the physical building premises without permission), neglecting assigned responsibilities, or refusing to perform assigned work.
- Prolonged absence for any reason, excused or unexcused, that halts academic progress and prevents progression through the program with the rest of the class.
- Complaints from patients or former patients that a student (in or out of the hospital setting) engaged in uninvited casual conversation regarding the patient's condition or treatment procedures.
- Adverse information the Program receives from a routine background check.
- Impairment due to alcohol or any other chemical substance while in school.

*The ASC can recommend upholding the dismissal or recommend the creation of a plan for remediation. The student must notify the chair of the ASC within 48 hrs to schedule an appeal.*

### ***Dismissal From Program Without the Option of Appeal***

*Students who meet any of the following criteria will be dismissed from the program without the option of appeal:*

- In any semester of the first year (fall, spring, and summer semesters) of the program, a GPA of less than 2.00 (2.50 for graduate students).
- Two or more grades of D or one grade of F at any time in the academic program.
- Theft or destruction of medical center property or property of any individual in the medical center.
- Physical violence or sexual imposition directed toward any person in any setting.
- Falsifying any written records or reports, including those pertaining to the Respiratory Therapy Program, patient medical records, or other departmental records; this also includes falsification of clinical course attendance records.
- Release of confidential information about the medical center, its patients, employees, or its students. (See section on Confidentiality.)
- Possession of a firearm or other deadly weapon while on Medical Center premises.
- Terrorizing or threatening bodily harm to anyone in any setting.
- Conviction of a felony.
- Conduct or advances of a sexual nature involving patients or former patients, in or out of the hospital, whether consensual or unwelcomed.

- Any evidence of sexual misconduct or harassment in any setting, in or out of class.

**The student has the option to appeal at the level of the Dean (see University of Mary student handbook for appeal policy).**

### **Appeals:**

If the student and the Program Director disagree on the course of action, the student has the right of appeal to the Dean of the St. Gianna School of Health Sciences. If there is still disagreement, the final level of appeal at the University level is the Vice President for Academic Affairs.

Revised

2023

## **COMPLAINTS FROM OUTSIDE SOURCES**

On occasion, complaints from persons outside the organization regarding the Program, faculty and staff, or students that fall outside the realm of due process may occur. The purpose of this policy is to describe a mechanism to facilitate resolution of concerns, conflicts, disagreements or complaints about the Program or individuals associated with the Program and to describe the procedure for addressing such complaints.

### **Policy**

Persons with a complaint against the Program or against faculty, staff and students associated with the Program are encouraged to address conflicts or problems in direct communication with the individual with whom they disagree. If the conflict is not resolved, the person may file a written complaint within 30 calendar days of the event in question.

### **Procedure**

1. Information about who to contact with concerns and comments about the RT Program is posted on the Program's Webpage.
2. Persons should provide the Program Director with a written document describing the incident or issue at which the complaint is directed within 30 calendar days of the incident or issue. The Program Director will respond in writing within 30 calendar days to answer questions, to describe actions taken or to resolve the complaint.
3. If the person believes the complaint to be unresolved following procedure (1) above, or if the complaint is directed against the Program Director, he/she should contact the Dean of St. Gianna School of Health Sciences who will consider the complaint and act to address the concern.

Created

2023

## **DRESS CODE**

### **Introduction & Purpose**

In alignment with the mission and vision of the University of Mary and the St. Gianna School of Health Sciences (SGSHS), this dress code policy was created to support students as servant leaders.

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The purpose of this dress code is to assure a positive, professional image for University of Mary SGSHS students as they represent their professions while effectively serving the diverse needs of society. Student appearance is a form of nonverbal communication that impacts the relationships with clients and their family, clinical educators, and other members of the health care team either positively or negatively. While dress code policies may be perceived as prescriptive, the intent of this policy is to ensure safety and develop the professional dispositions of SGSHS students during clinical experiences.

### **Guidelines**

All SGSHS students will follow the SGSHS policy, the individual program policies, and the policy of the assigned clinical site related to student dress code. A dress code is a guide and cannot cover every potential circumstance. Apparel worn for medical, spiritual, cultural and/or religious reasons may be acceptable in the clinical environment. Students should consult their University of Mary course clinical faculty to seek clarification if questions arise or per direction in the accommodations note below.

- Students should be clean with no discernable odors including tobacco. The use of perfumes, fragrances, colognes, and tobacco is not recommended due to risk of triggering inflammatory or allergic respiratory events.
- Individuals may have varying perceptions regarding tattoos and piercings, and students should be prepared to conceal them upon request of an assigned clinical facility policy.
- Hair should be clean and neat. In certain clinical scenarios, hair should be pulled back to ensure safety. Facial hair should be neatly trimmed.
- To ensure safety and promote infection prevention, nails should be clean and clipped to ¼ inch or less.
- No t-shirts or other attire with lettering or drawings which depict sexually suggestive expressions or actions, profanity, obscenity, drugs, alcohol, or tobacco shall be worn.
- Undergarments that are visible are considered inappropriate attire.
- It is important for all students to project a professional image of the University of Mary, conducive to a private, Christian university, thus all clothing is best worn with the concept of “modesty” in mind. The SGSHS expects each student to use good judgment in following this policy, seeking clarification as necessary from faculty.
- Students will have additional dress code requirements depending on the program and or clinical site. These specific instructions will be provided as needed at the start of clinical course work.

### **Dress Code Accommodations**

Dress code accommodations will be considered upon student request. Examples may include but are not excluded to medical conditions, spiritual, cultural, and/or religious beliefs. Students seeking clarification on dress code should consult their University of Mary course clinical faculty if questions arise. The course clinical faculty will work with the student and program chair to determine a plan of resolution. As needed, an Associate Dean of SGSHS, the Dean of SGSHS and/or members of the University of

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Mary Diversity Committee will be consulted to verify the student's concern has been adequately addressed.

### **RT Program Classroom Dress Code**

Casual dress (business casual jeans in good condition without tears, fading or fraying; leggings worn with a fashionable shirt and flats or boots; sweatshirts; and appropriate t-shirts) are acceptable for the classroom/lab; however, clothing should be modest in order to respect peers. Yoga pants, tights, and shorts are not appropriate attire for the classroom/lab. Students should watch necklines and waist/back so that underwear or excess skin is not shown. Hats are not allowed during lectures/labs. Professional dress (dress pants, closed toe shoes, polos, blouses) are required when guest lecturers are scheduled. Please review the syllabus and schedule often to ensure preparedness. Professional dress is also required for outside lectures and for graded student presentations. Laboratory classes require closed toe shoes. Name Badges: All students are required to wear name badges in the classroom, clinical experiences, tours, and for community assignments. A CHI St. Alexius Health photo ID is issued to each student upon beginning classes, Students may also receive ID badges from other institutions.

Revised

2023

### **STUDENT EMPLOYMENT AND VARSITY ATHLETICS POLICY**

Frequently, students find it necessary to work while attending school, but they should be cautioned that work (especially full-time) during the professional program diminishes chances for academic success; likewise, part-time work often contributes to academic difficulties. In addition, too much priority given to varsity sports can infringe on study time and hinder academic performance. Program faculty members operate on the assumption that the student's highest priority is successful completion of the Respiratory Therapy Program. Faculty members further assume that students will negotiate schedules and athletic practice commitments with their employers and coaches that accommodate the program schedule. Under no circumstances are work commitments, job interviews, work orientations acceptable excuses for missing classes, tardiness, leaving class early, or for poor academic performance. Faculty members will make every effort to accommodate student participation in varsity sports; with the highest priority being success in the program.

Reviewed

2023

### **COMMUNITY SERVICE REQUIREMENT**

Twenty (20) hours of documented, unpaid volunteer community service performed after entry into the professional program at CHI St. Alexius are required for graduation. (Previous volunteer community service acquired while enrolled in prerequisite courses at the University of Mary or other college or university does not count toward meeting this requirement.) The purpose of this service requirement is to raise the consciousness of students about their obligations to contribute to the welfare of their local communities. As health professionals in training, respiratory therapy students are in a unique position to render community service relevant to wellness and health care. As participating citizens of society, it is also appropriate for students to engage in other kinds of community service that benefit the general public, especially the socially, physically and economically disadvantaged populations.



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**Community Service Definition:** For purposes of the Respiratory Therapy Program requirement, community service is defined as activity for which no payment is received that benefits the general public or sub-populations of the public; examples include socially, physically, or economically disadvantaged groups, or groups suffering from chronic illnesses. Some examples (not an all-inclusive list):

- Volunteer hours serving publicly focused health groups, e.g. American Cancer Society, American Heart Association, American Lung Association, Tobacco Free ND, March of Dimes, Red Cross, etc.
- Volunteer hours completed at community agencies such as PRIDE, HIT, Ronald McDonald House, Habitat for Humanity, Ruth Meyers Hospitality House, Abused Adult Resource Center, Enable, Meals on Wheels, Soup Kitchen, Salvation Army, or any other agency focused on service to a disadvantaged population.
- Volunteer hours at a nursing home or hospital.
- Mentor Squad (previously known as Big Brother/Big Sister)
- Church-sponsored events that provide services or raise funds for a charitable purpose that benefit the general public beyond congregational members or people who attend church meetings
- Respiratory Therapy Club activities aimed at benefiting the general public for which no payment or tips are collected.
- Pertinent website for identifying volunteer opportunities:  
<http://www.volunteerbisman.com/>

Examples of activities that do not count as community service: respiratory therapy club-sponsored entertainment events; donation of blood; community service that is part of an assigned class project; babysitting for a church; time spent swimming, running or walking in a fundraising event; etc. Questions about what constitutes community service should be directed to the Program Director. All community service hours must be documented in writing on a form supplied for that purpose, verified by the signature of an appropriate third party. Students are responsible for keeping this documentation as part of a portfolio that they will submit to the faculty for review at the end of the program (see Professional Portfolios section).

Revised 2023

## **STUDENT JOURNALS**

Students are required to submit informal monthly journals of their overall experiences during the program; the purpose of journaling is to help students reflect on and make sense of their experiences. Students have complete freedom to determine their journal's content and format, but it should incorporate learning experiences as well as feelings and questions about what is learned, seen and experienced. Students are asked to submit their journals to faculty members at the end of each month; faculty may make comments, ask questions, or merely acknowledge receipt of the journal. Journaling is mandatory, students will receive credit for journaling various courses throughout the program.

Reviewed 2023

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## PROFESSIONAL PORTFOLIOS

Students in the Respiratory Therapy Program develop leadership through three key areas: the Competence Experience, the Benedictine Experience, and the Servant Leader Experience. These three areas of experience are synthesized into a respiratory therapy student portfolio that is introduced during the first year of the professional program (junior year for undergraduate students) and continues throughout the program. This portfolio provides students with an opportunity to discuss and reflect on their academic experiences, highlighting their accomplishments and learning. This portfolio is useful as an initial professional portfolio helping prepare the student for interviews.

The purpose of developing a professional portfolio is to help students be mindful of their learning experiences as they proceed through the program. The portfolio should document the student's best work (e.g. papers, essays, projects, clinical evaluations, presentations, etc.), demonstrating the scope of learning, student creativity, initiative, and individual accomplishment. Students are free to include any work they feel exemplifies their best performance over their course of study. Portfolios should also include the student's professional resume and a reflective statement describing personal vision and goals. Portfolios are excellent resources students can share with prospective employers during job interviews. Satisfactory completion of the portfolio is a graduation requirement; portfolios are due at the end of the program and will be reviewed by faculty and returned to students.

Reviewed

2023

## EXTENDED ABSENCE FOR MEDICAL/PREGNANCY/MILITARY/PERSONAL REASONS

If circumstances require a student to withdraw from a class or from the program, they should discuss their options with the program director. A temporary short-term leave may be granted without jeopardizing program standing if, in the opinion of the program director, they have a good chance of making up for the missed classroom or clinical experiences. Extended absence from a class or classes, regardless of the cause, will result in an administrative withdrawal from the program if missed time prevents them from graduating with their classmates.

If a student decides to withdraw from the program for any reason, they are required to do so by a written notice of resignation addressed to the Program Director.

Reviewed

2023

## CELL PHONES AND PERSONAL COMPUTERS

**Cell phones:** Cell phones need to be turned off or put on silent during class time. Cell phone activities not related to classroom activities are not permitted during class time, whether it is lecture, lab, presentations, or discussion. The faculty expects full attention at all times.

**Computers:** Computers are permitted for classroom activities only. Students may not use computers during class time for activities not related to the classroom. During class discussions and presentations, computers need to be closed out of respect for other students and faculty.



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## **Appropriate use of Audio, Video, and Photography for Classroom and Lab Activities:**

Students are not allowed to photograph or take video of any classroom or lab activity. The only exception would be if the faculty instructs the student to photograph or video an activity. Any student or guest who is photographed or put on video must sign a release (see photo release form).

It is up to individual course instructors to grant approval for students to audiotape a classroom or lab activity. Students must receive consent from each instructor, including guest lecturers, prior to the scheduled class session.

- The audiotaping must not be disruptive to other students in the class
- The audiotape must solely be used for individual educational purposes and must not be posted or shared without written consent from the instructor.

Revised

2023

## **Social Media Policy**

Students should also review the University policy on social media. The University of Mary Respiratory Therapy Program abides by the Standards of Conduct in Social Media as adopted by the University of Mary. A student in breach of this policy is subject for review by the Academic Standards Committee. Faculty are aware that many students subscribe to online social media, such as LinkedIn, Facebook, Twitter and Instagram. Students are encouraged to revisit sites for pictures and information that they have posted to determine if current content reflects appropriate professional standards. The following guidelines should be considered:

1. Complaints regarding other persons, employers, teachers, worksites, peers, should not be posted.
2. Students should not post anything in their profile that they would not want instructors, family, colleagues, supervisors, future employers, or future clients to see.
3. Student should add applications, photos, friends and join groups selectively
4. Students should not use foul, demeaning, threatening or discriminatory language.
5. Students should be knowledgeable and respectful of the principles of patient privacy and confidentiality in safeguarding identifiable patient information as it relates to social media.
6. Students should be knowledgeable about clinical training sites' published policies on social media.
7. Students should consider whether to interact with patients on social media or create separate personal and professional social media profiles.
8. Names of supervisors, staff, administrators, comments or criticism about clinical sites, or information about what is happening at sites are not appropriate for public social network sites.
9. Students should refrain from misrepresentation when speaking for themselves, the University of Mary, other organizations, educational institutions, clinical sites, or employers.
10. Students should review any posted content that appears unprofessional so that it can be removed or take other appropriate action.

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11. Students should demonstrate appropriate conduct in accordance with the Code of Ethics for the Respiratory Therapist.

Created 2023

## **PRINTING/COPYING POLICY**

Printing: Students may print a single copy of a journal article or materials relevant to assigned course activities by using the classroom printer; for multiple copies (e.g. for all class members), students should email the instructor of the course to print copies using the photocopier in the Education Center workroom as the printer. Generally, faculty members post handouts and articles on the U-Mary Learning Management Site (CANVAS), accessible to students through their U-Mary usernames and passwords.

Reviewed 2023

## **LIBRARY SERVICES**

Access to current literature is central to the RT profession and successful undergraduate and graduate education. Upon presentation of proper credentials, students and faculty have access to the collections of Bismarck Public Library, Bismarck State College Library, Mandan Public Library, and the North Dakota Library.

Welder Library participates in local, regional, and national networks providing access to over 75 million volumes. Databases in nursing, medicine, and related fields provide full text for thousands of journals. Free electronic interlibrary loan service is available for all students. Students can receive instructional or reference help in the library, via phone, or email.

Reviewed 2023

## **COMMUNICATION/RESOURCES**

### **Students' Names, Address and Email Address**

A list of students' names, current addresses, email addresses and telephone numbers will be obtained in classes and kept in Faculty Offices for faculty use. It is a student's responsibility to inform the faculty of any changes in name or address as soon as the change is made. Many communications to students are sent by mail; it is important that data is accurate.

### **UMARY Email/Course Announcements**

Most course/division information will be posted on my.UMARY.edu website. Students must check UMARY email and course announcements on Canvas daily for critical information. Students are responsible for all posted and emailed information.

### **Student Mailboxes**

First year and second year students are assigned a mailbox in the RT Classroom. Papers, newsletters, and other forms of communication are placed there for students. Students must check their mailboxes frequently for timely information.

Reviewed 2023

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## **GRADUATION, DEGREE, AND CERTIFICATES OF COMPLETION**

At graduation, the University of Mary awards the B.S. or M.S. degree in Respiratory Therapy. The Respiratory Therapy Program also grants a Certificate of Completion that documents the fulfillment of professional program requirements. (This Certificate is granted only if the University of Mary degree requirements are met.)

Graduation and Certificate of Completion Criteria:

1. Completion of all Respiratory Therapy Program professional courses (those with an RTH prefix) with a minimum grade of "C" in each course, including satisfactory demonstration of all clinical cognitive, performance and behavioral competencies.
2. Completion of University of Mary B.S. or M.S. degree requirements (See the University of Mary undergraduate or graduate catalog).
3. Payment of all outstanding tuition, fees, library fines, etc. Diplomas will not be granted if tuition payments are outstanding.
4. Demonstration of personal behaviors and qualities consistent with the profession's code of ethics and CHI St. Alexius/University of Mary expectations.
5. Compliance with all policies and regulations of the Respiratory Therapy Program, CHI St. Alexius Health, and University of Mary.
6. Students must successfully complete standardized comprehensive web-based multiple-choice self-assessment examinations in the last semester of the final year of the program.
7. Students are required to complete at least 20 hours of community service while enrolled in the professional phase of the Respiratory Therapy Program (See section on Community Service Requirements.)

Reviewed

2023



# LAB POLICIES AND PROCEDURES

**Policy/Expectations**

**Skill Checklist Procedures**

**Simulation Experience**

**Personal Protection from Injury**

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## **POLICY/EXPECTATIONS**

The purpose of the laboratory is to provide students the opportunity to gain clinical skills in a simulated setting before actual patient contact in clinical courses. Students must be "checked off" on all clinical procedures by faculty to verify basic competence before they may perform such procedures in the actual patient care setting. The laboratory also exists to allow various structured activities required by laboratory courses.

The laboratory is critical to student success. Each student is expected to make extensive use of the lab outside of regularly scheduled lab class times. It is impossible for students to gain adequate practice and familiarity with equipment function during scheduled class time alone. Failure of students to make sufficient use of the laboratory will almost certainly result in inadequate preparation for lab skill "check-offs" and clinical courses. The program operates under semester time constraints, and failure of students to acquire clinical skills and progress in a timely fashion may result in probation or referral to the Academic Standards Committee, which may lead to dismissal from the Program.

## **SKILL CHECKLIST PROCEDURES (Pre-Clinical)**

Laboratory practice of respiratory therapy procedures in a simulated environment is necessary for students to acquire the basic, minimum competency needed to perform safely in real clinical circumstances. Each clinical procedure is characterized by steps that are critical to proper, safe performance. Students are required to achieve satisfactory marks for those steps which are critical to the procedure's correct, safe performance. All pre-clinical (laboratory) proficiency

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competencies (RTH 320, RTH 430, and RTH 441) must be successfully passed to continue in the Respiratory Therapy Program. If a student fails to pass a skills lab procedural check-off one repeat attempt is allowed to be scheduled at the instructor's discretion. Failure of the repeat attempt may result in probation or referral to the Academic Standards Committee, which may lead to dismissal from the Program..

Comprehensive clinical procedure competency assessments are generally conducted in the laboratory as near to the beginning of actual clinical experience as possible. This timing is important for student retention of recently acquired skills, and for increased safety and chances of success during actual clinical practice.

Laboratory skill competency check-offs are not designed to be teaching situations; students are responsible for preparing themselves for these competency evaluations well in advance of the evaluation, through both structured and independent laboratory practice. Success in all competencies is a requirement for entering clinical practice courses.

## **SIMULATION EXPERIENCE**

During student participation in simulation exercises at CHI St. Alexius/University of Mary, students will be both an active participant in patient care scenarios and an observer of others involved in similar situations (either in real time or on videotape). Participants are required to maintain strict confidentiality regarding both their own performance and the performance of others, whether witnessed in real time or on videotape. It is unethical to share information regarding others' performance outside the simulation setting.

While students are free to discuss in general terms, the technical and behavioral skills acquired and practiced during simulation, they are required to maintain strict confidentiality regarding the specific scenarios to which they are directly and indirectly exposed. The development of challenging scenarios is extremely labor intensive and any foreknowledge by participants of what is to be presented to them will defeat the purpose of this type of education.

### **Simulation Conduct/Behavior Guidelines**

1. All lab/simulation users must act in a manner that does not disturb the academic activities occurring in the lab.
2. No lab user shall infringe upon the privacy, rights, privileges, health, or safety of other lab users.
3. All faculty, staff, and students must complete an orientation to the lab and equipment prior to use.
4. Lab/simulation equipment shall not be used for any purpose other than specified; anyone who fails to comply with this request will be asked to leave the lab/simulation.

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5. Any equipment malfunction or abuse must be reported to the lab instructor or RT faculty immediately.
  6. The mannequin will not be removed from the bed, unless instructed to do so.
  7. All electronics including cell phones, PDAs, cameras, camera phones, and video recorders are prohibited during lab/simulations unless specified by the instructor.
  8. No eating or drinking is allowed in the Simulation Lab or patient rooms.
  9. Students and faculty should wash hands with soap and water prior to touching simulators/mannequins.
  10. Students are responsible for leaving labs in the same condition they are found.
  11. Students are responsible for putting equipment away in the same condition it is found.
  12. Students are responsible for bringing their own lab supplies and assessment equipment.
  13. If it is open it, close it; if it is raised it, lower it; if it is turned on, turn it off; etc....
  14. Ensure that all air/oxygen flowmeters are disconnected from the wall prior to leaving the lab.
  15. Be a good steward, do not waste supplies.

### **Student Behavior Standards**

1. The patient will be given the same consideration as any patient in the clinical setting. This includes the principles of patient privacy, confidentiality, and safety.
2. The scenarios are not to be discussed outside of simulation and debriefing sessions. This is to protect the value of the experience for those who will eventually take part in the clinical scenarios. If a student does so, it is considered cheating and the student may be placed on probation or referred to the Academic Standards Committee, which may lead to dismissal from the Program.
3. Students should approach the patient in the simulation setting using the same dress and behavior standards required for all inpatient clinical settings, consistent with the Respiratory Therapy Student Handbook. This includes standards of dress, communication, and preparedness for clinical experiences.
4. Levels of student interaction are determined by the facilitator and the student's level of progress in the Respiratory Therapy Program. Students may be expected to perform some activities in the simulation lab that they are unable to do in the clinical setting (ie. blood administration, physician communication, code situations, newborn resuscitation, etc.).
5. Students are expected to perform at their highest ability at all times, in all assigned roles.

## PERSONAL PROTECTION FROM INJURY

TOPIC	DISCUSSION
<b>Hand washing</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> To be performed before and after direct client contact and after touching contaminated articles, after glove removal for at least 10 seconds with soap.</li> <li><input type="checkbox"/> Antibacterial hand cleanser may be used if there is no obvious soiling</li> </ul>
<b>Personal Protective Equipment</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Goggles/face shield must be used whenever spraying of blood or body fluids is anticipated</li> <li><input type="checkbox"/> Gowns must be used if soiling to own clothing is anticipated.</li> <li><input type="checkbox"/> Gowns are to be discarded immediately after use in the proper receptacle.</li> <li><input type="checkbox"/> Masks are indicated for patients with respiratory illness. Special high filtration masks are indicated for patients with tuberculosis.</li> </ul>
<b>Linens</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> All used linen is placed in clear plastic laundry bags and secured by tying shut.</li> </ul>
<b>Lab Specimens</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Must be placed in labeled container with lid securely closed, then place in clear plastic bag</li> <li><input type="checkbox"/> Do not send specimen with needle attached.</li> </ul>
<b>Universal or Standard Precautions</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Treat all blood and body fluids as if infectious</li> </ul>
<b>Needles and Syringes</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Needles must not be bent, broken or recapped (unless a one-handed technique is used).</li> <li><input type="checkbox"/> Needles and syringes must be deposited in puncture resistant containers.</li> <li><input type="checkbox"/> Containers must not be over-filled. Use needleless systems whenever possible to avoid needle stick injuries.</li> </ul>



<b>Food, Beverages, Application of cosmetics</b>	<input type="checkbox"/> Prohibited in work areas when there is potential for exposure to blood or body fluids.
<b>Broken Glassware</b>	<input type="checkbox"/> Clean by using mechanical means such as brush and dustpan, tongs or forceps.
<b>Regulated Waste</b>	<input type="checkbox"/> Any liquid or semi-liquid blood or other potentially infectious materials need to be placed in a red bag, or double-bagged for disposal.
<b>Environmental Hazards</b>	<input type="checkbox"/> Students must be aware of allergies and sensitivities and take the proper precautions to prevent exposure to them. <input type="checkbox"/> Students also need to take proper action to prevent/minimize exposure to hazardous materials such as radiation (x-ray) by using proper shielding and limiting exposure time, radioactive dye, cleansers, latex, and anesthetic gasses. <input type="checkbox"/> Pregnant students need to avoid clients with infectious diseases.
<b>Falls or muscle injury</b>	<input type="checkbox"/> Proper body mechanics must be practiced at all times. <input type="checkbox"/> Adequate personnel must be present for transport or ambulation of clients.
<b>Assault</b>	<input type="checkbox"/> Adequate personnel must be present to control and care for combative clients. <input type="checkbox"/> Students should not go into potentially dangerous situations alone.



## **CLINICAL POLICIES AND PROCEDURES**

### **Clinical Education Instruction & Overview**

#### **Clinical Education Courses**

#### **Clinical Instruction**

#### **Information Related to Clinical Instruction**

##### **Clinical Instructor's Role**

##### **Clinical Instructor Guidelines**

##### **Clinical Instructor Rights**

#### **Communication in Clinical Education**

#### **Attendance**

##### **Make-Up Clinical Time**

##### **Leaving the Clinical Setting during**

##### **Scheduled Clinical Time**

#### **Temporary Dismissal from the Clinical**

#### **Facility**

##### **Facility Policy & Procedures**

#### **Attitudinal and Behavioral Expectations**

#### **Confidentiality in the Hospital**

#### **Professional Boundaries in the Clinical**

#### **Setting**

#### **Communicable Disease Policy**

#### **Undergraduate Liability Insurance**

#### **Clinical Sites**

#### **Travel Policy**

#### **Clinical Hours**

#### **Officially Sanctioned Hours in Lieu of**

#### **Clinical Hours**

### **Clinical Documentation & Assessment**

#### **Time & Attendance**

#### **Skill Log**

#### **Student Evaluation**

#### **Clinical Instructor Evaluation**

#### **Faculty Evaluation**

#### **Clinical Site Evaluation**

#### **Competencies (Comp Exams)**

### **Grading in Clinical Education**

#### **Written Assignments**

#### **Mastery & competence in Clinical Skills**

#### **Comprehensive Oral & Written Exams**

#### **Director of Clinical Education**

#### **Evaluation**

#### **Student Evaluation by the Clinical Instructors**

### **Dress Code for Clinical Practice**

#### **Name Tags**

#### **Guidelines**

#### **Attire**

#### **Jewelry**

#### **Cologne**

#### **Clinical Equipment**

#### **Dress Code Accommodations**

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## CLINICAL EDUCATION INSTRUCTION & OVERVIEW

Clinical education is an integral part of the Respiratory Therapy Program. In this document, the policies and procedures that govern clinical education are explicitly stated.

Each respiratory therapy student, in the professional phase of their education, must successfully complete four clinical practicum courses resulting in a total of approximately 1,000 hours of clinical experience. Students will be allowed to observe in the clinical setting for approximately 20 hours during the first semester of the professional phase of the Respiratory Therapy Program. Clinical Practicum I is taken during the second semester. Clinical Practicum II is taken during the third semester. Clinical Practicum III is taken during the fourth semester. Finally, the fourth clinical practicum experience, the Specialty Clinical Practicum, is taken during the fifth and final semester of the Respiratory Therapy Program. It is expected that each student will have experience in the areas of routine adult care, routine neonatal/pediatric care, adult intensive care, neonatal/pediatric intensive care, pulmonary function, pulmonary rehabilitation, sleep, home care, and airway management as well as experiences at long term acute care facilities, critical access facilities, and the pulmonary clinic with the Respiratory Therapy Program's Medical Director. All students must be in good academic standing and complete all training related to clinical experience prior to the initiation of any hands-on clinical experiences. The timing and length of a clinical experience may be modified if suggested by the academic standards committee and approved by the program director.

## CLINICAL EDUCATION COURSES

### **RTH 320: Clinical Practicum I**

Supervised clinical experience in the therapeutic modalities and procedures covered in RTH 305 and RTH 307. Proficiency in each area is required to progress in the program. Meets 16 hours per week, 2 days per week.

### **RTH 430: Clinical Practicum II**

This is the second of three clinical experience courses in the program. This semester includes seven weeks of clinical rotations (40 hours/week). These weeks stress previously learned material from the Semester I & II didactic and clinical courses.

### **RTH 441: Clinical Practicum III**

Supervised clinical experience in adult intensive care, pediatric intensive care, neonatal intensive care, hemodynamic monitoring, cardiology, long-term acute care, sleep lab, pulmonary function testing, home respiratory care, and medical rounds with the program medical director are included. Meets 36-40 hours per week, 3-5 days per week for eight weeks (mid-October-mid-December).

### **RTH 428: Specialty Clinical Practicum**

This clinical specialty course allows students to improve technical proficiency, increase professional competency, and enrich knowledge in areas of personal interest. Activities include practical clinical experience, and may also include observational and educational activities such as field trips and seminars.

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## CLINICAL INSTRUCTION

The Director of Clinical Education (Clinical Coordinator) is responsible for designing and implementing all clinical courses and coordinates the clinical teaching activities of all clinical instructors (CI's). Job descriptions for all respiratory therapy staff include the task of serving as clinical instructors for the Respiratory Therapy Program. The Program's Director of Clinical Education schedules all student rotations in collaboration with the clinical sites. Students may be assigned to 1) Director of Clinical Education; 2) another program instructor; 3) staff respiratory therapists; and 4) other healthcare professionals.

All RT's function as bedside clinical instructors (CIs). Their tasks include supervising students, evaluating technical skills, evaluating student clinical knowledge, evaluating student human interaction and communication skills, and evaluating overall clinical competence. A very important function of the CI is to teach students how to evaluate clinical information, draw conclusions, and take appropriate action. Thus, the CI's role is not only to monitor student performance, but also to teach. As students gain experience, CI's may allow students to function more independently without constant supervision.

Clinical instructors are expected to regularly check up on their students to teach, quiz, answer questions, etc. For example, it is inappropriate for CI's to assign students a workload and then leave the student with the instructions "page me if you need me". CI's are not expected to be passive in the clinical instruction process; likewise, students are expected to take an active role in their own learning.

Feedback from students to the Director of Clinical Education and Program Director is extremely important in evaluating the effectiveness and appropriateness of clinical instruction. Students should notify program faculty immediately if they feel that they are not appropriately supervised in the clinical setting. Students are encouraged to provide candid feedback regarding their perceptions of clinical instruction. Students are required to complete evaluations of their CI's on the Trajecsys Clinical Tracking System at the end of each clinical shift.

## INFORMATION RELATED TO CLINICAL INSTRUCTION

### **Clinical Instructor's Role**

The respiratory therapy student practices under the respiratory therapy license of their clinical instructor, therefore, the clinical instructor holds ultimate responsibility and accountability for the patient. Clinical instructors should complete one patient assessment per shift. Clinical instructors should also document any other pertinent assessments, interventions, outcomes, etc. as warranted. To ensure that charting accurately reflects the quality of care the patient received, the outcome of that care, and the treatment still needed, the clinical instructor will review the respiratory therapy student's documentation.

Additional role responsibilities include:

- Welcome the respiratory therapy student, introduce themselves, and include the student as a full participant in patient care
- Share & role model the respiratory therapist's value and contribution to patient care including professionalism, positive behaviors, and appropriate clinical judgment
- Engage students to learn through observation as well as direct and indirect patient care

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- Identify opportunities that help students link their learning with practice
  - Provide frequent feedback to the student regarding their performance
  - Highlight safety and reliability aspects of patient care
  - Support, guide, and mentor the student
  - Display respect for students and value their contributions to patient care
  - Retain/maintain patient care accountability/responsibility
  - May limit student skill participation based on observed competency

### **Clinical Instructor Guidelines**

- Direct line-of-site supervision by a clinical instructor is required for the following:
  - A. If the student has not successfully passed a clinical performance competency for a given procedure
  - B. If the clinical instructor is unsure of the student's ability
  - C. If the student is unsure of their ability after successfully completing a clinical performance competency
  - D. For ventilator set-up and initiation (adult, pediatric, and neonatal)
  - E. For ventilator change of mode (clinical instructor must double check to ensure proper procedure and machine function)
  - F. For spontaneous breathing trial initiation
  - G. For extubation
  - H. For securing the endotracheal tube
  - I. For all hemodynamic monitoring set-ups and procedures, including but not limited to wedge pressure, cardiac output, a-line insertion/set-up, and a-line draws.
  - J. For continuous nebulization of bronchodilator therapy set-up and delivery
  - K. For arterial blood gas puncture, a-line draw, and analysis
  - L. For neonatal resuscitation and surfactant administration
  - M. For heel stick/capillary stick and umbilical artery catheter draws
- The clinical instructor is obligated to be cognizant at all times of impending activities noted in D and J above and be immediately available to the student (within earshot).
- In the NICU, there will be continuous supervision of students during all procedures, even after procedural competencies have been performed and completed with demonstration of competence.
- Students may not accept verbal orders from physicians
- Students are not allowed to enter orders.
- All written and/or patient care documentation including medication administration, completed by the student must be reviewed and co-signed by the clinical instructor.
- Changes in clinical schedules or make-up clinical must be approved by the Director of Clinical Education of the Respiratory Therapy Program.
- All clinical instructors are required to register and complete training for Trajecsys, the clinical tracking system
- Clinical instructors are required to attend/complete training sessions/modules as they become available.

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- Clinical instructors are required to complete, in a timely fashion, all written student evaluation documentation, including performance competencies, and the overall student evaluation.

### **Clinical Instructor Rights**

Clinical instructors have the right to:

- Be assigned a student who is appropriately prepared
- Skilled support from the Director of Clinical Education if the student is experiencing difficulty
- Have a student temporarily dismissed from the clinical facility

## **COMMUNICATION IN CLINICAL EDUCATION**

The Director of Clinical Education (DCE) is the liaison between the academic faculty and the clinical sites. The students, clinical instructors, and site clinical coordinators are invited to communicate with the DCE anytime they feel it is necessary via email, letter, or phone call.

If a situation arises that requires critical attention by the DCE during the clinical education experience, the chain of events should be as follows:

- The DCE and site clinical coordinator are notified of the situation by phone or email as soon as possible. The DCE will assist as much as possible to give suggestions on ways to resolve the situation at that time.
- The student, clinical instructor, and site clinical coordinator (if applicable) will meet to resolve the problem.
- If the problem is still not resolved, a conference call between the DCE, site clinical coordinator, clinical instructor, and student will take place or the DCE will make a personal visit to resolve the situation.
- If appropriate, a learning contract will be drafted, agreed upon, and signed by all parties. Students who fail the contracted agreement fail the clinical education experience and incur full consequences of such failure.
- If the situation is not able to be resolved, the student may be temporarily dismissed from the clinical site. This dismissal will count as a clinical absence and the appropriate clinical grade adjustment will be made. If appropriate, the student will be referred to the Academic Standards Committee.

## **ATTENDANCE**

Successful clinical education is highly dependent on the amount of patient contact and clinical learning situations that the student experiences. Therefore, consistent attendance and completion of respiratory therapy clinical practice hours are essential and mandatory. Attendance is documented on the web-based clinical tracking system, Trajecsys, with students logging in and out daily.

Absences of greater than 20% of the total number of clinical practice hours, regardless of the reason, will result in failure of the clinical practice portion of the course and subsequent failure of the course.

Absence Less than 20% of the total number of clinical hours are required to be rescheduled and completed. It is the student's responsibility to negotiate rescheduling hours with the DCE.

Rescheduled hours do not negate the total number of hours missed.

The following clinical attendance policy is strictly enforced:

1. For each incidence of unexcused absence, 5% will be deducted from the Director of Clinical Education's grade.
2. For each incidence of late arrival to clinical (later than 10 minutes) from the scheduled starting time) 2.5% will be deducted from the Director of Clinical Education's grade.
3. For each incidence of leaving clinical early from the scheduled ending time, 2.5% will be deducted from the Director of Clinical Education's grade.

For example: If a student at the end of a semester accrues one tardy time (-2.5%) and one unexcused missed day (-5%), a total of 7.5% will be deducted from the final Director of Clinical Education's grade. If the student had a 94%, the 7.5% reduction would result in a final Director of Clinical Education's grade of 86.5%

It is understood that certain circumstances constitute a valid reason to miss a clinical day or to be late (e.g. death in the family, illness, car-related breakdowns, accidents, etc.) In such cases, students may appeal to the Program Director and Director of Clinical Education (DCE) for an exception. To gain favorable consideration, however, students are responsible for contacting their assigned clinical instructor and the Director of Clinical Education before the clinical day begins, to the extent possible: a) if tardiness will occur (more than 10 minutes) b) if absence will occur. Favorable consideration results only in waiving grade reductions. Absence for any reason requires missing days to be made up at the DCE's discretion. If illness causes an absence, written evidence of a physician's visit may be requested. Students may also be released from clinical practice with no grade penalty if, in the clinical instructor's judgment, they pose an infection risk to patients.

Absence for reasons of vacation or other recreational activities – whether or not the activity was “preplanned” before the beginning of a semester – does not constitute a legitimate reason for missing clinical days and will be considered an unexcused absence with associated penalties. It is the students responsibility to make sure they do not plan vacations and/or recreational activities during regularly scheduled classes or clinical practicums. Further, if a student is dismissed from the clinical setting for one day because of inadequate preparation or behavioral/attitudinal problems, the absence is considered unexcused and will accrue the appropriate grade penalty (see section: "Dismissal From Clinical Facility").

### **Make-Up Clinical Time**

If, in the judgment of the DCE, enough absences have occurred (even if waived for grade reduction purposes) to compromise the student's ability to achieve the clinical course objectives, make-up time will be scheduled at the discretion of the DCE. Under **no** circumstances may students independently (without DCE consultation) reschedule clinical time in order to cover for unauthorized clinical absences. Clinical instructors are not obligated to accommodate students in such circumstances, and such unauthorized make-up days will not release the student from a grade penalty.

### **Leaving the Clinical Setting during Scheduled Clinical Time**

During assigned clinical hours, students are functionally a part of the Respiratory Therapy Department and are not free to leave the clinical environment. As such, leaving the clinical setting during scheduled clinical times, even during breaks or lunch, is strictly prohibited. Students may not go to their cars or the parking lot, or any place outside of the hospital, during scheduled clinical shifts. Leaving the clinical environment without permission from the Director of Clinical Education is



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considered abandonment of responsibilities and may result in probation or referral to the Academic Standards Committee, which may lead to dismissal from the Program.

### **TEMPORARY DISMISSAL FROM THE CLINICAL FACILITY**

A student may be dismissed from clinical for any of the following reasons at the discretion of the Clinical Instructor or Director of Clinical Education. (This dismissal will count as a clinical absence and the appropriate clinical grade adjustment will be made):

1. Failure to comply with Respiratory Therapy Program, clinical policies and procedures, or specific clinical site policies and procedures.
2. Insubordination toward any faculty or other professional in the clinical area.
3. Inconsiderate or unethical action toward a patient or patient family, or health professional in the clinical area, including breach of confidentiality.
4. Lack of interest, poor attitude.
5. Improper dress: failure to adhere to dress code.
6. Failure to be prepared for clinical activities of the day.
7. Leaving the clinical environment for any reason except a bona fide emergency or prior approval by the Director of Clinical Education.
8. If, in the judgment of the clinical instructor or other program faculty, the student poses any danger to patient care.
9. Incomplete prerequisite coursework and/or lab competencies.

(The above is not an exhaustive list.)

### **Facility Policy & Procedures**

Students are expected to adhere to all policies and procedures of the clinical facility at which they are completing their clinical rotations. Failure to comply with the facility policies and procedures may result in removal of the student from the clinical facility. If a student is removed from the clinical facility for these reasons, it may result in probation or referral to the Academic Standards Committee, which may lead to dismissal from the Program.

### **ATTITUDINAL AND BEHAVIORAL EXPECTATIONS**

Students enrolled in the professional Respiratory Therapy Program undergo preparation to function in key positions on the healthcare team, often in critical life-and-death situations, in concert with other health professionals. The Respiratory Therapy Program faculty expects students to exhibit positive attitudes toward their tasks, their patients, their student colleagues, their clinical instructors, the program faculty, and other hospital health care personnel.

Students should exhibit behaviors that promote class harmony and that reflect emotional maturity, positive self-image, respect for others, and enthusiasm for learning. Specifically:

1. Students are expected to show by word and action respect for all persons in teaching roles
2. Students are expected to afford courtesy, politeness, and good will toward all persons with whom they come into contact throughout the educational program, including their classmates
3. Students will avoid the use of vulgarities and profanity in all areas of the hospital

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Students may be counseled regarding the exhibition of inappropriate behaviors that do not reflect a positive professional attitude. Persistent serious deficiencies in this area that do not improve with counseling may result in probation or referral to the Academic Standards Committee, which may lead to dismissal from the Program.

Display of effective human interaction skills and a positive attitude, regardless of personal differences, are expected and are components of the clinical grade.

## **CONFIDENTIALITY IN THE HOSPITAL**

Respiratory therapy students necessarily have extensive exposure to patients' medical records. These records contain privileged information and are strictly confidential. The patient's right to privacy must be respected. Sharing patient record information with other health care personnel is only appropriate if there is a legitimate need to know by the other persons; for example, giving shift reports, communication with physicians, nurses, and clinical instructors about the patient's condition. When students present case studies in the classroom, the name of the patient should not be revealed. In no circumstance is it appropriate to casually discuss patient information with persons inside or outside of the medical center during general conversation; such conversations constitute gossip and a breach of confidentiality, and may result in probation, suspension, or referral to the Academic Standards Committee, which may lead to dismissal from the Program. (see section: "Dismissal from the Program"). General points to keep in mind are: 1) Maintaining confidentiality is a reflection of our value to treat people with respect. 2) Computers containing patient data may not be accessed for reasons of curiosity or to access personal or family patient data; such information may only be accessed for clearly defined, job specific, "need to know" purposes. 3) Refrain from discussing patient information in hallways, cafeterias, or any place where the "public" may overhear. 4) Do not seek, use, or give out confidential information for purposes of curiosity, gossip, goodwill, or even concern for others.

## **PROFESSIONAL BOUNDARIES IN THE CLINICAL SETTING**

Professional boundaries are the spaces between the therapist's power and the patient's vulnerability. Boundary violations can result when there is confusion between the needs of the therapist and those of the patient. Examples of boundary violations include, but are not limited to, excessive personal disclosure by the therapist, secrecy between the patient and therapist, favoritism of a patient, flirtations, spending inappropriate amounts of time and visits to the patient when off duty, gifts given or accepted from patients. Actions that overstep established boundaries to meet the needs of the therapist, not the patient, are boundary violations. The therapist should avoid situations where the therapist has a personal or business relationship at the same time as a professional one.

Boundary violations are extremely complex. They are often ambiguous and difficult to evaluate. Any situation in which the therapist feels uncomfortable about the therapist/patient relationship or maintains secrecy regarding the relationship may be a boundary violation. Boundary violations can cause distress for the patient, which may not be recognized or felt by the patient until harmful consequences occur. Professional sexual misconduct is an extremely serious violation of the therapist's professional responsibility to the patient. It is a breach of trust.

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It is the therapist's responsibility to identify and maintain boundaries. The therapist should examine any boundary crossing, be aware of its potential implications and avoid repeated crossings. Therapists must be knowledgeable regarding professional boundaries and work to establish and maintain those boundaries. Therapists need to practice in a manner consistent with professional standards and always act in the best interest of the patient.

If a student is suspected of being in violation of this professional boundary policy, the student will meet with the Director of Clinical Education and others as appropriate. Disciplinary action for violation of this policy may include probation or referral to the Academic Standards Committee, which may lead to dismissal from the Program.

### **COMMUNICABLE DISEASE POLICY**

During the course of clinical experience, students may encounter patients in their care who have communicable diseases. Provision of health care entails an inherent risk to the provider. This risk can be minimized with proper infection control measures which are taught in the Respiratory Therapy Program and followed by all clinical facilities.

This risk is an unalterable aspect of the health professions and can therefore never be justifiably used as a basis for refusing to treat a patient. The Respiratory Therapy Program policy is that no student will be excused from administering therapy to an assigned patient even if the patient has a communicable disease, except in the case where exposure to a disease presents risk to an unborn fetus. Proper observance of infection control policy and procedure will always be enforced, greatly minimizing the possibility of acquiring a communicable disease from a patient. Students who refuse to treat assigned patients may result in probation or referral to the Academic Standards Committee, which may lead to dismissal from the Program.

### **UNDERGRADUATE LIABILITY INSURANCE**

A group policy of liability insurance is provided by the University of Mary. As a practice discipline, respiratory therapy deals with the public and may be subject to litigation. Therefore, liability insurance is mandatory for juniors and seniors. A separate fee will appear on the student's financial billing statement.

### **CLINICAL SITES**

Before beginning a clinical rotation, all students will go through the clinical site's hospital orientation. Students will also receive a tour of the facility and an overview of the Respiratory Therapy departmental and Medical Center policies and procedures as applicable.

#### **Anne Carlsen Center**

- 701 3<sup>rd</sup> St. NW, Jamestown, ND 58401
- Distance: 103 miles\*

#### **CHI St. Alexius Health – Bismarck**

- 900 E. Broadway Ave., Bismarck, ND 58501
- Distance: 0.4 mile\*

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**CHI St. Alexius Health – Dickinson**

- 2500 Fairway St., Dickinson, ND 58601
- Distance: 101 miles\*

**Jamestown Regional Medical Center**

- 2422 20<sup>th</sup> St. SW, Jamestown, ND 58401
- Distance: 99.4 miles\*

**Mayo Clinic**

- 1216 2<sup>nd</sup> St. SW, Rochester, MN 55902
- Distance: 512 miles\*

**Sanford Health – Bismarck**

- 300 N 7<sup>th</sup> St, Bismarck ND 58501
- Distance: 0.7 mile\*

**Vibra Hospital of the Central Dakotas**

- 1000 18<sup>th</sup> St. NW, Mandan, ND 58554
- Distance: 8.0 miles\*

\*All distances calculated from the Respiratory Therapy Classroom, located at 1310 E. Main Ave. Bismarck, ND

**TRAVEL POLICY**

Students are responsible for their own transportation to all clinical experiences. It is an expectation that students may have to travel a considerable distance to complete clinical practice and ensure a quality clinical experience. It is the sole responsibility of the student to make travel arrangements and incur any costs associated with travel to clinical experiences. The program does its best to work with clinical affiliates to provide lodging at a discounted rate whenever possible. Clinical rotations that occur at excessive distances are scheduled with more than one student when possible.

**CLINICAL HOURS**

Students will be assigned to day, evening, and night shift clinical rotations; students must report for clinical courses as follows:

**8 Hour Shifts:**

Day Shift: 6:00 a.m. - 2:30 p.m.  
Evening Shift: 2:00 p.m. - 10:30 p.m.  
Night Shift: 10:00 p.m. - 6:30 a.m.

**12 Hour Shifts:**

Day Shift: 6:00 a.m. – 6:30 p.m.  
Night Shift: 6:00 p.m. – 6:30 a.m.

\*Rotations through specialty areas will have shift times that vary from the above schedule. Clinical courses begin in the second semester (January) of the junior year and continue until graduation as follows:

RTH 320: Clinical Practicum I	January-April:	16 hours/week
RTH 430: Clinical Practicum II	June-July:	36-40 hours/week
RTH 441: Clinical Practicum III	October-December:	36-40 hours/week
RTH 428: Specialty Clinical Practicum	February-April:	36-40 hours/week

\*Students are prohibited from independently changing their clinical schedules. If a change is needed, the student should contact the DCE who will work with the student and their clinical schedule.

## **OFFICIALLY SANCTIONED HOURS IN LIEU OF CLINICAL HOURS**

Annually, students may be required to attend the ND State Society for Respiratory Therapy convention (or other activity) as an educational experience. In such cases, clinical classes are canceled to allow students to attend, and attendance is mandatory; students may not opt to "take the day off" or they risk incurring the same penalty assessed to a clinical absence (see section : "Attendance"). Registration, travel and lodging fees are the student's responsibility. In situations where students are not required to attend an educational meeting, but are given the option to do so, they may request to attend the meeting in lieu of scheduled clinical time. In so doing, students agree to be bound by the same attendance rules that apply to clinical hours. That is, they must actually attend the conference, and are required to present a report on conference sessions they attended. Registration fees, travel, meals, and lodging are at the students' expense.

Attendance at professional Respiratory Therapy meetings, whether state or national, is encouraged. Such meetings provide excellent opportunities for students to interact with established professionals in the field.

## **CLINICAL DOCUMENTATION & ASSESSMENT**

Clinical documentation will be completed on the web-based clinical tracking system, Trajecsys. Each student will receive an email with instructions for registering and paying for Trajecsys. Time and attendance, skill logs, student evaluations, clinical instructor evaluations, clinical site evaluations, and clinical competencies are tracked through this system. Documentation must be completed as scheduled; delinquent documentation will result in a grade penalty.

### **Time & Attendance**

Students are required to track their time in the clinical setting on a daily basis using Trajecsys. Students are responsible for clocking in and out at the beginning and end of each clinical shift. If a student is present in the clinical setting, but neglects to clock in and out for a shift and does not contact the Director of Clinical Education, it will be considered an unexcused absence and a grade reduction will be rendered unless the student self-corrects and provides independent documentation of his/her attendance (e.g. written verification from the assigned clinical instructor). However, upon the second occurrence, regardless of whether or not the student was actually in clinical and regardless of documentation provided, the grade reduction will be rendered.

### **Skill Log**

Students are required to complete a skill log every day that they are in clinical. The skill log documents what was seen or done in the clinical setting and tracks the level of student independence when performing each clinical skill.

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## **Student Evaluation**

Students are required to ask their clinical instructors to complete the student evaluation for them each day they are in clinical, all Clinical Instructors have access to Trajecsys for this purpose. In the event that a Clinical Instructor does not have access to Trajecsys (travelers, other health care practitioners) there are two options: 1) the Clinical Instructor can ask the Team Leader to log in to Trajecsys and facilitate the completion of evaluations and comp exams or 2) the Clinical Instructor can hand write and sign an evaluation in which they list any comp exams they feel the student is ready to complete. The student can then submit this hand-written document by placing it in the clinical mailbox in the RT classroom. The student evaluation form is located on Trajecsys; a copy will be distributed to each student at the beginning of RTH 320: Clinical Practicum I. Students should be familiar with the criteria for evaluation prior to their clinical experiences. Student evaluations will be reviewed to evaluate and document student progress.

## **Clinical Instructor Evaluation**

Students are required to complete the clinical instructor evaluation on their clinical instructor each day they are in clinical, all clinical instructors are listed in Trajecsys. In the event the clinical instructor is not listed in Trajecsys, the student can hand write and sign an evaluation. The student can then submit this hand-written document by placing it in the clinical mailbox in the RT classroom. The clinical instructor evaluation form is located on Trajecsys; a copy will be distributed to each student at the beginning of RTH 320: Clinical Practicum I. Students should be familiar with the evaluation criteria prior to their clinical experiences. Clinical instructor evaluations will be reviewed to evaluate and document the quality of clinical instruction.

## **Faculty Evaluation**

If the clinical instructor is a faculty member (Program Director, Director of Clinical Education, or Instructor), students will utilize the faculty evaluation. The faculty evaluation form is located on Trajecsys and is the same evaluation that is used for the clinical instructor evaluation. Students should be familiar with the evaluation criteria prior to their clinical experiences. Faculty evaluations will be reviewed to evaluate and document the quality of clinical instruction.

## **Clinical Site Evaluation**

Students are required to complete the clinical site evaluation one time for each different clinical rotation/location. The clinical site evaluation form is located on Trajecsys; a copy will be distributed to each student at the beginning of RTH 320: Clinical Practicum I. Students should be familiar with the evaluation criteria prior to their clinical experiences. Clinical site evaluations will be reviewed to evaluate and document the quality of the experiences provided at each clinical site.

## **Competencies (Comp Exams)**

Clinical skill evaluation is competency-based. Each technical task is associated with a detailed checklist of steps. A skill is considered mastered when a student receives a "satisfactory" mark on each step. Students repeat a skill as many times as needed to master it; no penalty is associated with repetition. Once mastery is achieved, students are considered minimally competent in that skill. Further clinical practice throughout the program increases the student's competency level. Achievement of minimal competency allows the student to practice the skill without constant instructor supervision. A master-list of clinical competencies must be successfully completed prior to graduation from the



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Respiratory Therapy Program; a copy of this list will be distributed to each student at the beginning of RTH 320: Clinical Practicum I.

Students are required to request documentation of each competency (skill) they successfully complete in the clinical setting. Students will discuss the competency (skill) with their clinical instructor. Then, after the student has demonstrated proficiency in that skill under the direct supervision of the clinical instructor, the clinical instructor will utilize Trajecsys to complete and submit the competency.

## **GRADING IN CLINICAL EDUCATION**

Clinical courses occur in consecutive semesters. Each course contains subcategories called clinical rotations. Each rotation emphasizes one major area of clinical competency, e.g. basic therapy; adult critical care; pulmonary function studies; newborn intensive care; home care, pulmonary rehabilitation, and so on.

### **Written Assignments**

Each clinical practicum is associated with a set of written assignments that must be completed by the student during that particular clinical practicum. These assignments will be graded and, together, will make up a portion of the final clinical practicum course grade.

### **Mastery & Competence in Clinical Skills**

Students and their clinical instructors must document, on the web-based clinical tracking system (Trajecsys), all clinical competencies acquired in their clinical rotations (see section “Competencies” under “Clinical Documentation and Assessment”). Although a rotation may be successfully completed, students may be required to demonstrate competencies of that rotation again in subsequent rotations or courses. Competencies must be achieved and documented in each clinical course in order to show growth and progression through the Program. In the final clinical course, clinical instructors will evaluate student competencies in a selected sample of areas representative of all clinical content in the program. Students must demonstrate competency in all selected areas to graduate from the program.

### **Comprehensive Oral & Written Exams**

At the end of each clinical rotation, students must pass a set of comprehensive oral and written examinations. If a student fails to pass a comprehensive oral or written exam, he or she is given an opportunity to retake the exam. Students failing a retake examination must meet with the Academic Standards Committee to determine a course of action. The scores of these exams will make up a portion of the final clinical practicum course grade.

### **Director of Clinical Education Evaluation**

The Director of Clinical Education will evaluate the student based on their observation of the student; clinical instructors’ evaluations and feedback for the student as documented in Trajecsys, or otherwise communicated to the Director of Clinical Education; professional characteristics; clinical documentation; and course-specific assignments. The score of the Director of Clinical Education’s evaluation will make up a portion of the final clinical practicum course grade.



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## **Student Evaluation by the Clinical Instructors**

The Director of Clinical Education will gather and evaluate the scores of all submitted student evaluations completed by clinical instructors during a particular clinical practicum. The Director of Clinical Education will convert the student evaluations into a score that will make up a portion of the final clinical practicum course grade.

## **DRESS CODE FOR CLINICAL PRACTICE**

A health professional's appearance, dress, and grooming influence the patient's trust and the acceptance of treatment. Family and visitors are likewise influenced. Health professionals have an obligation to dress and groom in a manner that inspires trust and acceptance. Appearance reflects pride in self, profession, CHI St. Alexius Health and the University of Mary. Faculty reserves the right to require that students change clothing if deemed inappropriate. Apparel worn for medical, spiritual, cultural and/or religious reasons may be acceptable in the clinical environment. Students should consult the Director of Clinical Education if questions arise.

### **Name Tags**

All students must always wear the CHI St. Alexius photo name tag (badge) or facility provided identification in the practice setting (unless otherwise instructed). The name tag must be positioned within 18" of the face to ensure visibility. Nothing is to be appended to the nametag.

### **Guidelines**

- To ensure safety and promote infection prevention, nails should be clean and clipped to ¼ inch or less.
- Hair should be clean and neat. In certain clinical scenarios, hair should be pulled back to ensure safety. Facial hair should be neatly trimmed.
- Smokeless tobacco (electronic nicotine delivery systems (ENDS), snuff, etc.) use is prohibited during scheduled clinical shifts; use of smokeless tobacco during breaks or mealtimes is prohibited and may result in probation or referral to the Academic Standards Committee, which may lead to dismissal from the Program.

### **Attire**

1. Respiratory Therapy Student Clinical Attire: Any time students enter the medical facility as a student, they are to wear assigned scrubs or their community attire.
2. The standard attire for respiratory therapy students in the acute care clinical practice setting consists of pewter gray scrub/uniform pants and top of the same color (optional white lab coat, or approved cover-up jacket). Uniforms must be wrinkle free, smoke free, and must be at an appropriate length.
3. The standard attire for respiratory therapy students in community practice sites will be dress pants (no jeans) and a polo shirt or T-shirt with the CHI St. Alexius/University of Mary logo and "Respiratory Therapy Program". In some circumstances, with permission from the Program Director or the Director of Clinical Education, the Program required pewter gray scrubs may be worn.
4. Clean shoes, including athletic shoes, are to be worn in all clinical practice areas. For safety reasons, shoes must be closed toe and enclosed heel in all practice settings. Shoes must have a professional look, be sturdy, and clean.

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5. Specific sites may vary from this uniform for specific reasons. In such cases, students should wear dress slacks or skirts, dress shirts (must be tucked in at the waistline), a white lab coat, and a name tag.
  6. Based on respiratory therapy practice facility policy or faculty judgment, students may be required to remove jewelry from multiple piercings and/or cover visible tattoos.

### **Jewelry**

Wearing of jewelry must not interfere with patient or student safety. Minimal use of jewelry is recommended.

### **Cologne**

Wearing of cologne or perfume including, but not limited to lotions and creams, is prohibited in the clinical setting; these odors are often offensive to patients, especially asthmatics.

### **Clinical Equipment:** (required for clinical attendance)

1. Watch with second-hand or digital seconds display.
2. Stethoscope.

Students should always be equipped with the above items to be adequately prepared for clinical experience. Additionally, students may carry pocket-sized respiratory therapy handbooks (part of required text purchases) in their lab coats, or other personally prepared notes and information.

### **Dress Code Accommodations**

Dress code accommodations will be considered upon student request. Examples may include but are not excluded to medical conditions, spiritual, cultural, and/or religious beliefs. Students seeking clarification on dress code should consult their University of Mary course clinical faculty if questions arise. The course clinical faculty will work with the student and program chair to determine a plan of resolution. As needed, an Associate Dean of SGSHS, the Dean of SGSHS and/or members of the University of Mary Diversity Committee will be consulted to verify the student's concern has been adequately addressed.