

***WEBER STATE UNIVERSITY
RESPIRATORY THERAPY PROGRAM***

***RESPIRATORY THERAPY STUDENT HANDBOOK
Academic Year 2024-2025***

The purpose of this handbook is to acquaint students with respiratory therapy curricular design, objectives, and unit policies and procedures. The faculty and staff believe that students successfully attain educational goals through an understanding of their responsibility and an adherence to established policies.

*Policies are subject to change as needed. Students, by serving on committees and working with the student organization, have input for change and modification of existing policies.

The WSU Respiratory Therapy Baccalaureate Program is fully accredited by the Commission on Accreditation for Respiratory Therapy Care

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*This handbook includes all Respiratory Therapy courses and is subject to change with adequate notification.

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SECTION I - MISSION STATEMENT AND PHILOSOPHY

The mission of WSU Department of Respiratory Therapy is to prepare graduates for the practice of Respiratory Therapy in a variety of healthcare settings. We offer career mobility through an articulated ladder approach to Respiratory Therapy education. WSU Respiratory Therapy faculty provides Respiratory Therapy education to **students** residing in urban and rural areas, building a foundation for lifelong personal and professional learning.

As an integral part of Weber State University and the Dumke College of Health Professions, Respiratory Therapy faculty assumes responsibility for maintaining broad university and college missions and objectives which include: teaching, community service, and leadership development in education, administration, and research. Changing needs of society require varying patterns of practice and delivery of health services occurring in a variety of health care environments. A respiratory therapist must be sensitive to these changing social needs. Therefore, faculty believe in the value of integrating general education (basic to citizenship and personal growth) in a program promoting educational mobility through three separate, but coordinated, units of study. Education affords opportunity for individuals to develop in social, cultural, professional, and personal roles.

The Respiratory Therapy faculty has identified the following concepts as being pertinent to the mission/philosophy statements. These concepts are defined as: individuals, society, respiratory therapy, respiratory therapy education, and teaching/learning.

Individuals: Unique biological, thinking, and feeling beings. An individual cannot be fragmented into separate parts. An individual interacts holistically with the environment, and strives for balance and a sense of well being within personal and societal contexts. Individuals have the right and responsibility to make choices.

Society: Composed of dynamic and interactive systems involving individuals, families, groups, and communities. These systems interact to fulfill perceived needs. These needs are influenced by variables such as learned behaviors and cultural expectations. Respiratory therapists recognize and respect the human differences and **wide** populations within society.

Respiratory Therapy: An art and a science concerned with promoting and restoring health, rehabilitation, and support to the dying. Respiratory therapists provide care throughout the life-span. Respiratory therapists assess, diagnose, manage, and evaluate human responses to actual or potential health problems within a caring context. A holistic respiratory therapy perspective is enhanced by recognition of environmental factors and human needs. The use of skilled communication facilitates all aspects of holistic respiratory therapy care. All respiratory therapists are responsible and accountable for maintaining safe and effective respiratory therapy care within their scope of practice.

Respiratory Therapy Education: A lifelong process which promotes the development of knowledge, skills, and personal values. The process empowers learners to reach their fullest potential. Respiratory therapy education is based upon knowledge derived from liberal arts, respiratory therapy science, and social, biological, and physical sciences. Respiratory therapy education is concerned with helping individuals to understand and utilize the respiratory therapy process, and to incorporate standards of professional respiratory therapy practice. Through a process of self realization, adults assimilate and synthesize knowledge, cultivate critical thinking abilities, become adept with technical skills, develop respiratory therapy care strategies based on standards of care, evolve personal potential, and establish values.

Teaching/Learning: Faculty utilizes teaching and learning theories to organize and evaluate learning situations. Faculty believes learning is an inherent process which fosters the acquisition of knowledge, understanding, and skills. Higher-order learning can be facilitated when an individual gains a picture of the whole, assimilates the content, and integrates the information by comparison to past or recent experience. Faculty recognizes the need for individuals to develop the skills of creative/critical thinking for higher-order learning to occur.

Teaching is the process of providing guidance for learning. Teachers are given the charge of facilitating a student's natural ability to learn. Teachers use various models, theories and strategies for providing learning experiences. **The use of a variety of teaching strategies, combined with faculty members of various backgrounds,"**

Learning takes place more readily in an accepting and stimulating environment where students are free to express themselves. Sharing of ideas and experiences between faculty and students facilitates learning and encourages quality of student/faculty interaction. As facilitator and consultants for learning, faculties view each learner as unique.

Education: Learning is an integral part of life and a continuous process. Weber State University respiratory therapy faculty support educational mobility through three separate, but coordinated, units of study. The respiratory therapy faculty recognizes common foundations and areas of achievement for all respiratory therapists. An orderly progression from certified respiratory therapist to registered respiratory therapist is possible by building on respiratory therapy competencies at each preceding level. Education based on specific competencies at each level of respiratory therapy leads to measurable outcomes and will result in graduates who have the ability to function within an appropriate scope of practice.

PROGRAM OUTCOMES

Program outcomes are developed as performance indicators which give evidence that the WSU Respiratory Therapy Program is meeting the mission and goals set by faculty. Documentation of outcomes shows the effectiveness of the educational program and serves to guide maintenance and revision of components of the program. Program outcomes have been developed using the Commission on Accreditation for Respiratory Therapy Care criteria as guidelines. Outcomes are consistent with the mission and philosophy of WSU, Dumke CHP, and the Respiratory Therapy program. At the completion of their program of learning the graduate will:

- OUTCOME #1: Students will progress to graduation in a timely manner as identified by program policy. Graduates will be educated to be respiratory therapists who are prepared to be employed in **multiple** health care settings at the appropriate level of education as a registered respiratory therapist.
- OUTCOME #2: To prepare graduates with demonstrated competence in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains of respiratory care and practice as performed by registered respiratory therapists (RRTs).
- OUTCOME #3: AAS and BS program graduates, seeking such employment, will be employed in a health care setting within 6 months of graduation.
- OUTCOME #4: Students and graduates will be satisfied that the program of learning provides qualified faculty; adequate resources to meet educational mission; adequate clinical facilities to provide sufficient learning experiences; and the means to increase student skills in critical/creative thinking, communication, and therapeutic respiratory therapy interventions. Employers will be satisfied that the program of learning AAS level and BS level graduates to practice respiratory therapy at the appropriate level of preparation following graduation.
- OUTCOME #5 For those seeking Masters of Science in Respiratory Therapy (MSRT), prepare leaders for the field of respiratory care by including curricular content that includes objectives related to the acquisition of skills in one or more of the following: management, education, research, AND/OR advanced clinical practice.

SECTION II - RESPIRATORY THERAPY PROGRAM CURRICULUM FRAMEWORK AND MODEL

The *curriculum model* is a schematic representation which describes the concepts, beliefs and philosophy upon which the curriculum is organized and developed. The model serves as a guide for curriculum development and decision-making by faculty and as a resource to clarify and direct learning by students. The model illustrates the following central components of the curriculum framework.

Learners and educators interact in a process whereby students gain competency needed to function within their appropriate scope of *respiratory therapy practice*. The curriculum encourages a holistic view of the patient and fosters the learner's socialization into the health care system. Learner, educator and respiratory therapy practice are represented by intersecting circles. The intersecting area represents respiratory therapy practice developed by each learner through the teaching-learning process.

The overall goal or purpose of the curriculum is to prepare the learner (student) to practice the art and science of respiratory therapy. To accomplish this goal, faculty and students interact with each other in a purposeful, goal directed manner as dictated by the curriculum. Both the learner and the educator have distinct and separate responsibilities in this teaching-learning process.

The educator is a facilitator who promotes, directs and evaluates learning and the learner. The educator must be knowledgeable and competent in the practice of respiratory therapy and must be caring and committed to the goals of the learner and the curriculum.

The learner is a consumer of information but is responsible for his/her own learning, both in quality and quantity. As a consumer, the learner shares, evaluates and applies information as is appropriate. The learner, by seeking admission into the Weber State University Respiratory Therapy Program, accepts the responsibility of understanding and meeting curriculum goals and expectations. It is the responsibility of the learner to seek help when academic goals are not met.

The practice of respiratory therapy is dynamic, multi-faceted and flexible in order to be responsive to the needs of patients: it is therefore subject to reform and change when appropriate.

Provider of Care includes competence in therapeutic respiratory therapy interventions that are the substance of respiratory therapy practice.

Cognitive competence involves a sound base of theoretical knowledge, including that which is research based, and the ability to apply that knowledge to clinical practice. Cognitive competence guides judgments or evaluations and utilizes creative critical thinking, especially when confronting more complex problems. Creative critical thinking is higher ordered thinking characterized by openness of inquiry, ability to ask pertinent questions, production of new ideas,

flexible problem solving, examination of underlying assumptions and the ability to present **multiple** perspectives.

Technical competence is demonstrated by the ability to use equipment and supplies with confidence and skill, thus meeting patient needs with minimal distress. It also includes the ability to adapt procedures and equipment to meet patient needs in **multiple** situations and care settings. Technical competence requires study, practice and clinical experience to perform often complex tasks proficiently.

Interpersonal competence is the ability to apply concepts of communication and therapeutic interaction in building and maintaining relationships with patients, families and other members of the health care team. It promotes the significance of each individual, including their strengths and abilities, to achieve established goals. Interpersonal competence is dependent upon caring.

Ethical and legal competence is a framework of conduct which guides the practice of respiratory therapy. It revolves around ethical and moral behaviors, both professional and personal, which promote the interest of patients, families and communities. It adheres to established professional codes of ethical behavior and promotes the advocacy of patients. Legal competence includes behaviors which promote adherence to established standards, awareness of potential liability and actions which reduce the risk of litigation.

Manager of Care pertains to responsibility and accountability to the patient and work environment through a sound work ethic. Personal management is demonstrated through attendance, work within job description, performance of assigned responsibilities, effective use of time, management of conflict, team work and commitment to the vision and values of the health care organization. People management includes delegation, evaluation, conflict resolution and collaboration with other members of the health care team as respected and reliable colleagues to assure achievement of patient goals. Organization and direction of respiratory therapy care involves implementation of strategies to assure highest quality of patient care and a safe workplace. This involves incorporation into the patient care environment of current research findings in patient care, established standards of practice, institutional policies and procedures, scope of practice of the healthcare team and workplace laws and rules.

Professional Role Development encompasses preparation in the discipline and identification of the unique roles of the different levels of undergraduate respiratory therapy practice. It is demonstrated through commitment to the vision and values of the profession of respiratory therapy. Central to professional role development is an understanding of leadership, power, the process of empowerment and issues integral to being a member of the discipline of respiratory therapy.

CURRICULUM - CONCEPTUAL MODEL

The conceptual framework of the curriculum is based on concepts which include: *respiratory therapy care processes; human needs across the lifespan; caring; health care continuum*. Foundational concepts are intertwined within each of the threads of the practice of respiratory therapy. The large blocks at the base of the model represent these concepts.

Respiratory Therapy Care Processes involve the methodology of decision making that give direction and order to respiratory therapy care. The traditional components of the respiratory therapy process include patient *assessment, diagnosis, planning/implementation and evaluation*. They include patient and family in planning and providing therapeutic respiratory therapy interventions. Respiratory therapy care processes also involve interdisciplinary plans of care that promote consistency and provide optimal timing and sequencing of interventions for patients. Such plans conserve resources and time while maximizing the quality of patient care.

Human Needs Across the Lifespan encompasses the **various** elements required by each individual including a safe, effective care environment, physiological integrity, psychosocial integrity and health promotion and maintenance. Human needs are recognized as changing across the lifespan. Information and experiences that integrate developmental milestones and health risks over the lifespan are included throughout the curriculum. Human needs are the motivating factors for all human behaviors. *A safe, effective care environment* embraces the need for environmental and personal safety, right to confidentiality, respect for cultural and religious differences and a right to continuity of care.

Caring is the recognition and acknowledgment of the value of individuals, families and communities. Caring is an altruistic philosophy of moral and ethical commitment toward the protection, promotion and preservation **of human dignity**. Caring does not happen by chance but can and must be learned and practiced. It is an intentionally focused process based on the inherent worth of people. Caring is expressed through competence. Caring is identified by behaviors that advocate for patients, foster trust and ensure actions that promote the patient's well being.

Health Care Continuum identifies the unique practice areas of health promotion, restoration of health and rehabilitation. *Health promotion* consists of respiratory therapy interventions designed to support the vitality of individuals, families and communities. Primarily, respiratory therapist are involved in strengthening and promoting active strategies to assist others in attaining and maintaining personal, social, cultural and environmental well-being. *Restoration of health* involves activities that are designed to recognize early signs and symptoms of impaired well-being and remove causative factors. Interventions are focused on the treatment of disorders and prevention of complications. *Rehabilitation* is focused on promoting optimal function of individuals, families and communities despite disability or dysfunction.

SECTION III - RESPIRATORY THERAPY COMPETENCIES

ROLE AS AN APPLIED ASSOCIATE RESPIRATORY THERAPY CRT:

Demonstrates cognitive competence by assuming responsibility for own learning, by applying theoretical knowledge to clinical practice and by applying concepts of beginning or basic problem solving to clinical decision making.

Demonstrates technical competence through the appropriate, skillful use of basic equipment to provide interventions and/or therapies according to established standards.

Demonstrates interpersonal competences through interactions and/or relationships that promote achievement of goals yet affirm the worth of all individuals involved. In addition, demonstrates interpersonal competence through the use of caring behaviors including verbal communication, non-verbal communication, look and touch that conveys respect, acceptance, trust, shares information, and provides mutual enrichment.

Demonstrates ethical and legal competencies by functioning according to the professional code of ethical behavior and individual personal moral code: such codes ensure accountability for personal practice, patient advocacy, confidentiality and the use of legal safeguards.

ROLE AS A MANAGER OF CARE:

Demonstrates personal management skills by planning and by utilizing time appropriately and by acting efficiently and in a goal directed manner. With guidance as needed, establishes priorities for managing patient care.

Demonstrates responsibility and accountability to the workplace by meeting schedules and shift assignments, by promoting cost containment, by awareness of potential safety and/or legal problems, and by reporting or intervening to alleviate problems when possible. Works as a member of the health care team by helping others to provide care when necessary and by actions which promote the goal of the health care setting rather than only personal goals.

PROFESSIONAL ROLE DEVELOPMENT:

Understands and complies with the Scope of Practice as outlined in the Respiratory Therapist Practice Act of the state in which licensed.

Adheres to the AARC Respiratory Therapy Code of Ethics.

Understands and functions within the role of the licensed respiratory care practitioner in various health care settings.

Assumes responsibility for personal improvement by identifying strengths and weaknesses and seeks education and/or help as needed.

Assumes responsibility for professional growth and improvement by identifying educational opportunities and consideration of career mobility.

Understands and supports the purpose and the goals of professional organizations.

Works to promote respiratory therapy and health care through political, economic, and societal activities.

ROLE AS AN AAS DEGREE RESPIRATORY THERAPY GRADUATE:

Demonstrates cognitive competence through the use of creative/critical thinking in solving clinical problems and making clinical decisions. Is able to consider alternatives. Utilizes knowledge gained from reading basic research reports, journals and attending workshops to elevate personal respiratory therapy practice.

Demonstrates technical competence through the skillful use of complex equipment and procedures to provide care for acutely ill patients.

Demonstrates interpersonal competence through the use of therapeutic communication skills and caring behaviors to provide respiratory therapy care to complex, difficult patient problems and/or situations.

Demonstrates ethical and legal competencies by being self-motivated in ensuring ethical/legal practice and by teaching and/or evaluating ethical/legal standards to other respiratory therapy personnel. Works to resolve ethical problems encountered in practice.

ROLE AS A BACCALAUREATE RESPIRATORY THERAPY GRADUATE:

Demonstrates Personal Management Skills by utilizing principles of time management when planning and setting priorities for respiratory therapy care for patients, and by ensuring continuity of care within the employing institution. Uses constructive criticism and suggestions for improving respiratory therapy practice.

Demonstrates Responsibility and Accountability by delegating care to other workers commensurate with their educational preparation/ability, by being accountable for their actions and by reporting concerns regarding quality of care to the appropriate person.

Demonstrates People Management Skills by evaluation of other workers, including their personal and professional actions and abilities, and by encouraging/promoting excellence in co-workers.

PROFESSIONAL ROLE DEVELOPMENT:

Values professional respiratory therapy as a career and values own practice.

Understands and functions within the role of the respiratory care practitioner in various health care settings.

Participates in research programs when possible and actively promotes the use of research in respiratory therapy care.

Serves as a role model regarding health to patients, families, communities, and peers.

Understands values and promotes the concept of the professional role of respiratory therapy.

SECTION IV - RESPIRATORY THERAPY PROGRAM EXPECTATIONS

PROGRAM EXPECTATION RELATIVE TO PROFESSIONAL COMMUNICATION WITHIN THE CLINICAL SETTING

The Respiratory Therapy student is expected to acknowledge and comply with the administrative authority of the assigned clinical faculty while practicing in the clinical setting. Students are expected to comply immediately, without dispute, with all clinical faculty and/or on-duty respiratory care practitioner instructions related to patient care.

If conflict does occur, the student and faculty will approach the conflict and communicate effectively on a professional level. This performance expectation includes to communication with patients, peers, Respiratory Therapy department staff, and other members of the healthcare team.

FUNCTIONAL REQUIREMENTS FOR STUDENT SUCCESS

Weber State's Respiratory Therapy Program values **all** the students who wish to enter the profession of Respiratory Therapy. Students interested in entering the Respiratory Therapy program must be **aware of functional requirements, environmental factors, and psychosocial demands** that must be met to be considered as a candidate for the Respiratory Therapy profession.

1. Functional requirements include, but are not limited to:
 - a. Must be able to independently push, pull, and lift a medically fragile adult when positioning or transferring.

- b. Must have the ability to palpate body structures and be able to differentiate and report subtle variations in temperature, consistency, texture and structure.
 - c. Must be able to identify and distinguish subtle variations in body sounds such as breathing.
 - d. Must be able to read, understand, and apply printed material which may include instructions printed on medical devices, equipment and supplies.
 - e. Must be able to visually distinguish subtle diagnostic variations in physical appearance of persons served. An example would be "pale color".
 - f. Must be able to distinguish subtle olfactory changes in physical characteristics of persons served.
 - g. Must be able to walk and stand for extended periods of time.
 - h. Must possess the ability to simultaneously and rapidly coordinate mental and muscular coordination when performing respiratory therapy tasks.
 - i. Must be able to effectively communicate in English, in both written & verbal format.
2. Environmental factors include:
- a. Protracted or irregular hours of work.
 - b. Ability to work in confined and/or crowded spaces.
 - c. Ability to work independently as well as with coordinated teams.
 - d. Potential exposure to harmful substances and/or hazards.
3. Psycho social demands include:
- a. Ability to maintain emotional stability during periods of high stress.
 - b. Ability to work in an emotionally charged or stressful environment.

*CLINICAL CONDUCT EXPECTATION RELATED TO STUDENT PRACTICE OF
RESPIRATORY THERAPY*

Respiratory Therapy behavior (acts, knowledge, and practices) which fails to conform to accepted standards of the Respiratory Therapy profession and which could jeopardize the health and welfare of people constitutes unprofessional conduct and is subject to Respiratory Therapy Program policies/procedures related to unsatisfactory student behavior.

Such behaviors include but are not limited to the following:

- 1. failure to safeguard a patient's right to privacy as to the patient's person, condition, diagnosis, personal effects, or any other matter about which the licensee is privileged to know because of the licensee's position or practice as a respiratory therapist;
- 2. failure to provide respiratory therapy service in a manner that demonstrates respect for the patient's human dignity and unique personal character and needs without regard to the

- patient's race, religion, ethnic background, socioeconomic status, age, sex, or the nature of the patient's health problem;
3. engaging in sexual relations with a patient during any:
 - a. period when a generally recognized professional relationship exists between the respiratory therapist and patient; or
 - b. extended period when a patient has reasonable cause to believe a professional relationship exists between the respiratory therapist and patient;
 4. exploitation of the patient
 - a. a licensee exploiting or using information about a patient or exploiting the licensee's professional relationship between the licensee and the patient;
 - b. exploiting the patient by use of the licensee's knowledge of the patient obtained while acting as a respiratory therapist;
 5. unlawfully obtaining, possessing, or using any prescription drug or illicit drug;
 6. unauthorized taking or personal use of respiratory therapy supplies from an employer;
 7. unauthorized taking or personal use of a patient's personal property;
 8. knowingly entering into any medical record any false or misleading information or altering a medical record in any way for the purpose of concealing an act, omission, or record of events, medical condition, or any other circumstance related to the patient and the medical or respiratory therapy care provided;
 9. unlawful or inappropriate delegation of respiratory therapy care;
 10. failure to exercise appropriate supervision of persons providing patient care services under supervision of the licensed respiratory therapist;
 11. employing or aiding and abetting the employing of an unqualified or unlicensed person to practice as a respiratory therapist;
 12. failure to report to the Utah State Board of Respiratory Therapy known facts regarding unprofessional or unlawful conduct by any health care professional licensed under the laws of this state.

13. applying for eligibility to take the qualifying examination without having successfully completed a respiratory therapy education program;
14. failure to destroy a license which has been expired due to the issuance and receipt of an increased scope of practice license;
15. attending clinical in an impaired state (extreme fatigue, illness, drugs, alcohol, etc.).

STUDY EXPECTATIONS

Weber State University Respiratory Therapy faculty has set a minimum study expectation of two to four hours of study per week for each credit hour enrolled. This means that for a 4 credit class, students are expected to spend a minimum of 8 hours and a maximum of 16 hours studying outside the classroom per week.

EXTERNAL WORK EXPECTATIONS

1. The Respiratory Therapy Program at all levels is an intensive program. Besides requiring in-class, in-lab, and clinical time, the individual study time commitment is extensive. Students who work outside of the school day are encouraged to keep the number of hours within the limits of good health, allowing adequate time for rest, recreation, study, and extracurricular activities. It is **strongly** recommended that students in the AAS and BS levels not commit to more external work than **8-10 hours per week**. Bachelor level students have equally heavy time commitments and are encouraged to confine work to 24 hours per week. External work detracts from individual study time and may impact the student's success in the program and licensure exams.
2. The respiratory therapy program will **not excuse students from class or clinical experience due to employment schedules, including on-call**. Students are expected to meet their obligations to the course of study. Absences and tardiness due to employment are not acceptable and will be subject to faculty review.
3. The respiratory therapy program will not sanction students working a full shift immediately preceding a program clinical shift. A student should have a **minimum of 12 hours off-duty time prior to attending a program clinical**. For the safety of the patients, students arriving at the clinical site impaired in any way (fatigue, illness, drugs, alcohol, etc.) will be asked to leave the clinical setting. Students arriving at any clinical experience being impaired by fatigue, drugs, alcohol, or other medications will not be allowed to practice in the clinical setting.
4. The respiratory therapy program prohibits completing clinical coursework as a healthcare employee in any position.

WRITTEN WORK EXPECTATIONS

Statements regarding university policy for maintaining academic ethics and honesty can be found in the Student Code. Activities that are prohibited include: cheating, plagiarism, collusion, and falsification.

Plagiarism is defined as the "unacknowledged (uncited) use of any other person or group's ideas or work" (WSU Student Code IV D2b). **Plagiarism** is basically copying verbatim, as well as paraphrasing, another's work and failing to provide citation of information source. (Although paraphrased information does not require quotation marks, it must also be cited.) While doing library research for assignments and papers it is important to identify all sources of your information. It is important when you take notes to avoid copying verbatim sentences from sources unless you use quotes and cite the source according to APA format as WSU respiratory therapy requires. Read your reference material and paraphrase the content, in your own words, into your notes. This practice will help you to avoid indirect copying of your reference material. Use the APA manual to assist you in formatting and referencing your paper.

All formal papers are to be typed and written in APA format. Quality work is an expectation. All students should obtain access to a current APA manual.

Requirements for written work are determined and distributed by individual faculty.

GRADE EXPECTATIONS

Grading performance constitutes a complex and difficult process. While human beings cannot be pigeonholed, they can be judged on the basis of their achievements. Grades reflect both effort and achievement, not effort alone. These descriptions attempt to explain why different students obtain different results. *(Adapted from John H. Williams, Pepperdine University, CA; used with permission).*

THE "A" STUDENT - AN OUTSTANDING STUDENT

Attendance: "A" students have virtually perfect attendance (includes orientations and both days at USRC Convention).

Preparation: "A" students are prepared for class. They always read the assignment. Their attention to detail is such that they may add enrichment to the class beyond the teacher expectation.

Curiosity: "A" students show interest in the class and in the subject. They look up or dig out what they don't understand. They often ask interesting questions or make thoughtful comments.

Retention: "A" students have retentive minds. They are able to connect past learning with the present. They bring a background with them to class.

Attitude: "A" students have a winning attitude. They have both the determination and self-discipline necessary for success. They show initiative. They do things that they have not been told to do.

Talent: "A" students have something special. It may be exceptional intelligence and insight. It may be unusual creativity, organizational skills, commitment - or a combination thereof. These gifts are evident to the teacher and usually to the other students as well.

Results: "A" students make high grades on tests - usually the highest in the class. Their work is a pleasure to grade.

THE "B" STUDENT - AN ABOVE-AVERAGE STUDENT

Attendance: "B" students are rarely absent from class. They are committed to the class and try to arrange their schedule to accommodate its demands (includes orientations and both days at the USRC Convention).

Preparation: "B" students are prepared for class. They have read the assigned material, generally being able to contribute to the class activity.

Curiosity: "B" students show interest in the class and the subject. They are willing to participate in the classroom discussion and to ask questions for clarification.

Retention: "B" students, with encouragement, can connect past learning with present learning. With probing, they are willing to share and explore similarities between their personal background and the topics of discussion in the classroom.

Attitude: "B" students have a positive attitude. They are willing to try new ideas and concepts. They have enough self-discipline to follow through with assigned material and generally succeed.

Talent: "B" students are usually talented. They may possess intelligence and insight, or may be creative with organizational skills and commitment. Some may even possess tremendous ability, but do not, or have not, emerged as a leader among the group.

Results: "B" students make high to moderately high grades on tests. Their assigned work is completed on time and is consistently neat. The work demonstrates a careful thought process and occasionally reveals creativity.

GRADES

1. Course requirements and expectations are outlined in each syllabus and are further explained by course faculty. Extenuating circumstances must be discussed with appropriate faculty.
2. All required respiratory therapy courses must be passed with a minimum grade of **75%**. **Anything less than 75% constitutes a failing grade.**
3. All support courses must be passed with a "C" (2.0) grade.
4. Students **must maintain a Respiratory Therapy GPA of 2.0.**
5. When exams and final grades are computed on a percentage, a .5 will be rounded up, i.e. 86.5 = 87%; a .49 will be rounded down, i.e. 86.49 = 86%.
6. A minimum score of "C" is required to pass any REST class. **Final exams are to be taken one time.**

Grades in all courses will be A through E according to the following:

A	=	93 - 100%	Excellent	C-	=	70 - 74.9	Substandard
A-	=	90 - 92.9	Excellent	D+	=	68 - 69.9	Substandard
B+	=	87 - 89.9	Good	D	=	65 - 67.9	Substandard
B	=	84 - 86.9	Good	D-	=	61 - 64.9	Substandard
B-	=	81 - 83.9	Good	E	=	less than 61	Failure
C+	=	78 - 80.9	Standard				
C	=	75 - 77.9	Standard				

*All respiratory therapy students must receive a 75% (C) or better to pass respiratory therapy courses and proceed in the program.

Any student who violates academic integrity as defined in the Student Code of Rights and Responsibilities (such as collusion, plagiarism, or cheating) will receive a failing grade in any course in which this act (or these acts) has contributed to the course grade.

Examinations will be scheduled per course syllabus by the instructor and may be administered during class time or in the testing center. Examinations will be available only during scheduled times. Exceptions to the examination schedule may be granted by the instructor. The maximum score possible on examinations taken after the designated testing time will be 75%. **The minimum grade on any respiratory therapy class final is a 75% to pass the course.**

7. **No credit for late homework or tests given in the WSU Respiratory Therapy program.**
8. **No extra credit is allowed unless specified in class syllabus.**

Grade Change Petitions

Students must complete all course work and examinations within the published academic calendar. If a student feels a grade has been issued unfairly or was miscalculated, the student should exercise his/her due process rights to petition a grade change.

PROGRAM PROGRESSION & COMPLETION

NOTE: Students must pay required tuition and fees by the dates outlined in the WSU Catalog to avoid being dropped from the class rolls. Failure to meet these established deadlines may result in a student losing their place in a specific respiratory therapy course. Continuing Education funded programs will be charged a delivery fee.

1. While in the Respiratory Therapy Program, if a **record of convicted criminal action comes to our attention**, it may affect your continuation in the WSU Respiratory Therapy Program. The student must realize that they may be **expelled** from the program and will **not be entitled to any refunds of tuition dollars or other fees.**
2. Student receiving a failing grade (anything below C) in **any respiratory therapy** course including respiratory therapy electives and **upper division requirement for REST BS** must successfully repeat the failed course prior to further progression in the program. When failure occurs, progression will be reviewed and recommendations made by the WSU Faculty.
5. **Failure of two respiratory therapy courses mandates involuntary termination from the program; regardless of subsequent retake with passing grade.**
6. **Incomplete (I) or (T) grades in clinical courses must be completed before registering for another clinical course.**
7. Failure to register for consecutive semesters without notifying program regarding academic status/intentions will be considered a voluntary program withdrawal. Readmission to the program is subject to Readmission Policy. Readmission to the respiratory therapy program is not guaranteed and will be subject to space availability.
8. AAS LEVEL program must be completed WITHIN ONE YEAR OF OFFICIAL ACCEPTANCE TO THE PROGRAM INCLUDING WITHDRAWALS OR TERMINATION/READMISSIONS. **A passing score of 70% on the CRT Self Assessment examination (SAE) is required to complete the AAS level program.**
9. The BS Program must be completed WITHIN ONE YEAR OF OFFICIAL ACCEPTANCE TO THE PROGRAM, INCLUDING WITHDRAWALS OR

TERMINATION/READMISSION. A passing score of 70% on the RRT Self Assessment examination (SAE), completion of the REST BS year curriculum and BS general education requirements required to graduate with a BS in REST DEGREE.

10. Attendance to the two day Utah Society for Respiratory Care (USRC) Convention is a program requirement for AAS and BS program students.

TERMINATION/WITHDRAWAL/READMISSION TO THE RESPIRATORY THERAPY PROGRAM

Students who have been terminated or who have withdrawn from the AAS, or B.S. respiratory therapy program may be considered for readmission within the following program completion guidelines. Consideration for readmission to the respiratory therapy program requires the student to submit a letter requesting readmission to the program. The letter requesting consideration for readmission must be addressed to the Respiratory Therapy Program. Each case is considered individually and the student is not guaranteed readmission.

Withdrawal, termination, and readmission forms may be obtained from faculty advisor or respiratory administrative support. These forms must be completed when changing your status and/or requesting readmission to the Respiratory Therapy Program.

Readmission to a specific respiratory therapy level of the respiratory therapy program **IS GRANTED ONE TIME ONLY** and considered under the following conditions:

1. A student in good academic standing that voluntarily withdraws from the program will be granted inactive status and considered for readmission by the Admissions and Advancement Committee. Readmission to the respiratory therapy program is not guaranteed and will be granted on a space available basis.
2. **Students who have either been involuntarily terminated** or placed on an involuntary Leave of Absence from the program **MUST WAIT ONE ACADEMIC YEAR BEFORE ELIGIBLE TO APPLY FOR READMISSION**. Each student's case will be reviewed by the Admissions & Advancement Committee only after receipt of all documentation requested of the student. Readmission to the respiratory therapy program is not guaranteed and will be granted on a space available basis.
3. A student experiencing a non-disciplinary Leave of Absence will be permitted, upon resolution of circumstances that prompted the non-disciplinary Leave of Absence, to resume program progression at the earliest opportunity (progression based on "space availability").

PROFESSIONAL APPEARANCE/UNIFORMS

1. Professional appearance and behavior is expected **in the clinical and classroom areas.** Dress code criteria will be defined by respiratory therapy faculty for each clinical area. Failure to meet criteria may result in excusing student from respiratory therapy practice area. If a difference exists between Respiratory Therapy Program policies and agency policies, the Respiratory Therapy Program will conform to the agency policies.
 - a. No visible facial jewelry (body piercing) is allowed (i.e., tongue, nose, chin, etc.).
 - b. Students may wear only 2 (two) conservative earrings in each ear.
 - c. Hair color and styling will be conservative (i.e., not blue, green, unnatural red, etc.). Extreme hairstyles and colors are inappropriate.
 - d. Students are not permitted to wear artificial nails, extenders, and/or long finger nails and must keep natural nail tips less than 1/4 inch-long and nails should be short enough to clean underneath them and not cause glove tears. Students not in compliance with this policy may be required to leave clinical setting. (This requirement is necessary to protect patients from infection).
 - e. Students are not permitted to wear underwear that is visible through uniform pants.
 - f. Students wishing to wear a shirt under their scrub top must comply with the following guidelines:
 - 1) The shirt must be solid white or solid purple.
 - 2) The shirt must not have any logos or printing on it.
2. When appropriate, all students, while in university sponsored clinical activities, will wear the appropriate scrubs and white lab coat. All uniforms should be neat and clean.
 - a. The **official designated picture ID name tag** is required as part of the uniform and **must be purchased by students.**
 - b. Grooming and personal hygiene are an essential part of professional behavior. A student may be asked to leave the clinical area for any issues concerning grooming or hygiene at the discretion of the faculty.

SECTION V - RESPIRATORY THERAPY PROGRAM POLICIES AND PROCEDURES

DISABILITY STATEMENT

Any student requiring accommodations or services due to a disability, must contact Services for Students with Disabilities (SSD) in room 181 of the Student Service Center (phone 801-626-6413). SSD can arrange to provide course materials in alternative formats if necessary. Physically challenged and learning disabled students must register with the disability office prior to starting the Respiratory Therapy Program if special assistance is required. Students who believe they have learning or testing disability are encouraged to contact the WSU Counseling Center or SSD Office for support and guidance.

REGISTRATION

Students **MAY NOT** register for courses scheduled to be taught on a campus different from the campus to which they were formally accepted. Students with extenuating circumstances may request a change in campus. Permission is granted by level coordinators and is dependent on space availability, etc.

ATTENDANCE AND ABSENTEEISM

1. **Students are required to meet all class and clinical requirements as outlined in course requirements.** Because the acquisition of knowledge and skill in respiratory therapy is cumulative, both in theory and clinical areas, class attendance and participation is necessary. This aids in the monitoring and evaluation of the student's progress through the program of learning. Regular and prompt attendance is required at all classes and clinical experiences to meet CoARC criteria and college requirements.
2. **Tardiness in lab, clinical or theory is unacceptable** and will be subject to **faculty review.** It reflects irresponsible behavior, lack of respect for faculty and other students, and serves as a distraction to others.
3. Respiratory therapy students must attend each lab and clinical experience. In case of unavoidable absence on the assigned day, the faculty and the assigned clinical area must be notified, personally, prior to the student's scheduled time. Calling the clinical area alone is not sufficient notice. **Absences from lab or clinical will be cause for review by the faculty with possible failure for the semester and/or dismissal from the program.** Absences will need to be made up to allow a passing clinical grade.

4. Respiratory therapy students are not permitted to bring children into clinical facilities (during performance of respiratory therapy course clinical practice), evaluations, examinations or respiratory therapy practice lab at any time.
5. Students not officially enrolled in the Respiratory Therapy Program will not be permitted in the respiratory therapy practice labs.
6. If it is absolutely necessary to **leave the clinical area early**, the student **needs to obtain permission from their assigned WSU clinical instructor prior to leaving the clinical setting**. Missed clinical hours will be required to be made up.
7. In the event of student illness on a scheduled clinical day, the following options are available:
 - a. All students should report personal illness or exposure to communicable diseases to his/her instructor immediately. On a case-by-case basis, the instructor will determine if a student who is ill or has been exposed to a communicable disease is able to continue to participate in the clinical area.
 - b. If the student is disallowed from the clinical assignment, he/she must leave the clinical area and will be listed as absent. Missed clinical hours must be rescheduled to make-up missed hours and to complete the clinical assignment.
 - c. A physician's release pertaining to health status may be required depending on origin of illness.
8. In case of **inclement weather**, WSU campus may be closed. The student should listen to the local media for the announcement.
9. In the event of **student illness on a scheduled theory course day**, the student is encouraged to **contact the faculty prior to the missed class** for possible options for make-up work.
10. **Attendance to the two day Utah Society for Respiratory Care (USRC) Convention is a program requirement for the AAS and BS program.**

RESPIRATORY THERAPY POLICIES

1. Tuition and fees are due and payable on or before the first day of class unless other arrangements are made with the Director of Financial Aid.
2. Students are covered by Weber State University liability/malpractice insurance once they are registered in a course. **DUE TO THE LIABILITY ISSUE, STUDENTS MAY NOT PARTICIPATE IN HANDS-ON CLINICAL EXPERIENCE PRIOR TO REGISTERING.**

3. Failure to comply with the home study guidelines established by the respiratory therapy program will disqualify you from progressing/starting in the program.
4. **PLEASE KEEP CELLULAR PHONES and PAGERS TURNED OFF IN CLASS.**
5. **Students must notify (in advance) the faculty AND the clinical agency of clinical schedule changes.**
6. **Completion of designated clinical hours is mandatory for program completion.** Clinical hours missed must be re-scheduled and completed.
7. Because of the special nature and purpose of classroom instruction at Weber State University, children are not allowed in classes unless prior approval (24 hours in advance) is obtained from the instructor of each class. If permission to bring the child into the class is obtained and the child becomes disruptive, the person responsible for the child must immediately remove the child from the classroom. In emergency situations, where prior approval cannot be obtained before coming to campus, the student shall seek approval before the start of class and abide by the decision of the instructor.
8. **Students are to consult syllabi prior to first day of class.**
9. Clinical or classroom punctuality is an expectation at all times. **Clinical lateness may result in a failing clinical course grade.**
10. Paid work hours related to a student's employment may not be used for clinical hour completion.
11. **All clinical hours completed for credit must be approved, prior to the experience, by the clinical faculty and must be associated with outcome oriented objectives.** Clinical credit is **not given for travel time** to and from clinical sites or for associated classroom experience.
12. **Students are not permitted to transport patients via private vehicles** per WSU legal counsel. If this policy is not complied with, the student will assume full liability if an incident occurs.
13. Students are to note the disclaimer in the semester schedules, regarding clinical times/days, stating: **"Please do not set up child care or work schedules based on the [semester schedule] printed schedule. Updated information will be provided at the respiratory therapy Orientation for each campus."** Last minute changes are sometimes unavoidable.

14. All course enrollments will be reviewed the last week of the current semester for enrollment of the next semester (i.e. spring semester enrollment will be reviewed the first week of December). **Respiratory therapy courses with ten (10) or fewer students registered may be canceled.** We encourage **ALL** students to register in a timely manner.
15. **The respiratory therapy program will not excuse students from class or clinical experience due to employment schedules.** Students are expected to meet their obligations to the course of study.
16. In accordance with the handbook, students participating in field trips held under the auspices of Weber State University, whether as a part of a course of study or as an extracurricular activity, are automatically covered by insurance. A list of students attending the field trip must be submitted to the University Cashier's office indicating location and length of time of the field trip.

Additional field trip fees to cover the cost of the field trip will be assessed to the student. Amount of fees will be determined by the nature of the trip. Students may not participate in field trips until all fees are paid.
17. **Students who are unable to complete a course due to illness or other circumstances beyond their control, may receive an "incomplete (I)" after consulting with the instructor. Course work must be completed satisfactorily no later than the date determined by the instructor or the "I" changes to an "E."**

RESPIRATORY THERAPY DEPARTMENT STUDENT DRUG SCREEN POLICY

1. PURPOSE:

The WSU Respiratory Therapy Program enters into *Affiliation Agreements* with multiple healthcare facilities throughout the state. These agreements provide WSU respiratory therapy student and faculty authorized access to facility resources and patients. In response to stipulations contained within one or more of these Agreements, the WSU Respiratory Therapy Program requires students admitted to the respiratory therapy program to submit to a urine drug screen analysis for the presence of controlled and/or illegal substance(s). This screening process has been mandated by the WSU Respiratory Therapy Program in an effort to more effectively protect the safety and well-being of the patients, clients, and residents of those facilities, and is fully supported by the Dumke College of Health Professions Executive Committee, the Respiratory Therapy faculty, and the Advisory Committee of the Respiratory Therapy Program.

In order to remain in compliance and good standing with our partners in healthcare delivery, the DCHP Respiratory Therapy department has contracted with IHC WorkMed to perform the required urine drug screen on our students entering the program(s). IHC WorkMed is

an approved testing site which meets standards of testing and reporting of results to the Program.

2. POLICY:

Prior to beginning the respiratory therapy program all students must submit to and provide evidence of a negative drug screen. If the drug test reveals the presence of a non-prescribed controlled substance, then the student may be prevented from beginning the respiratory therapy program. If extenuating circumstances result in the drug screen results being returned after the first day of class, and found to be positive for non-prescribed controlled substance(s), the student may be expelled from the respiratory therapy program and will be subject to the WSU policy guiding refund of tuition and fees.

3. PROCEDURE:

All students who wish to apply for admission to the WSU Respiratory Therapy Program(s) are informed in writing that they are required to submit to, and pass, a urine drug screen.

- A.1 The following written information and instructions are found in the both the admission and acceptance packets: “If your drug test reveals the presence of a non-prescribed controlled substance it may affect your eligibility to enter as, and/or remain a student in the WSU Respiratory Therapy Program.”
- A.2 If the urine drug screen is positive for metabolites of controlled substances, the student may be required to provide medical documentation of the prescribed controlled substance(s).
- B.1 Students are provided an instructional document providing instructions for obtaining the urine drug screen at an approved testing facility.
- B.2 The student is responsible for the cost of the urine drug screen.
- C.1 If a student’s results return indicating a “**dilute**” sample, testing must be repeated at the student’s expense.
- C.2 A **second “dilute”** test result will be interpreted as a positive screen, and the student may not be allowed to enter and/or continue in the program.
- D.1 Drug screen results that read as “positive” for metabolites of non-prescribed controlled substances will result in the student not being allowed admission, or being withdrawn from the program.

- D.2 Students have the option of requesting a re-screen by a different, state approved, drug screening agency.
- D.3 The re-screen will be at the student's expense.
- E.1 A student who refuses to submit to the urine drug screen or who does not have the screening performed by the date indicated on the admission form may forfeit his/her position in the Respiratory Therapy Program.
- F.1 The Program reserves the right to ask any student(s) in the respiratory therapy program(s) to submit to additional testing throughout the duration of their WSU Respiratory Therapy Program experience. This action will be engaged if a student appears to be intoxicated or under the influence of drugs, narcotics, or chemicals. Respiratory Therapy faculties, in consultation with other respiratory therapy faculty and/or health care professionals, are authorized to make this determination. If it is determined that the student is impaired, in order to avoid a potential threat or risk to the public health, safety, or welfare, the student will be required to leave the clinical setting. The cost of additional urine drug screens will be the responsibility of the student.
- G.1 Students who test negative on the urine drug screen have passed the drug screen criteria for program admission.
- H.1. A student who wishes to grieve the Program decision relative to the actions taken in response to the results of his/her urine drug screen are referred to WSU Policy Section 6-23 thru 33; Student due process policy and procedures. (Outlined on page 40 of the handbook)
- H.2 A student pursuing a grievance process will be placed on an approved program leave-of-absence until the final outcome of his/her grievance is determined.

RESPIRATORY THERAPY DEPARTMENT STUDENT CRIMINAL BACKGROUND CHECK POLICY

1. PURPOSE:

The WSU Respiratory Therapy Program enters into Affiliation Agreements with multiple healthcare facilities throughout the state. These agreements provide WSU respiratory student and faculty authorized access to facility resources and patients. In response to stipulations contained within one or more of these Agreements, the WSU Respiratory Therapy Program requires students admitted to the Respiratory Therapy program to submit to a FBI level criminal background check. This screening process has been

mandated by the WSU Respiratory Therapy Program in an effort to more effectively protect the safety and well-being of the patients, clients, and residents of those facilities, and is fully supported by the Dumke College of Health Professions Executive Committee, the Respiratory Therapy faculty, and the Advisory Committee of the Respiratory Therapy program.

2. POLICY:

Prior to beginning the respiratory therapy program all students must submit to and provide evidence of a **FBI level criminal** (the variety of background checks are subject to change) background check (CBC). If the CBC reveals history of convicted criminal actions, the student may be prevented from beginning the respiratory therapy program. If extenuating circumstances result in the CBC results being returned after the first day of class, and found to be positive for convicted criminal actions, the student may be expelled from the respiratory therapy program and will not be entitled to any refund of tuition dollars and other fees.

3. PROCEDURES:

All students who wish to apply for admission to the WSU Respiratory Therapy Program(s) are informed in writing that they are required to submit to a FBI level criminal background check.

A.1 The following written statements, as well as instructions for obtaining the CBC are found in both the admission and acceptance packets:

“If your record reveals prior criminal convictions, it may affect your eligibility to begin and/or remain in the respiratory therapy program. Actions which would preclude an individual from admission to, or continuance in the respiratory therapy program include: aggravated assault, spouse or child abuse, sexual predatory behavior, financial related crimes such as identity theft, and issue of moral turpitude (reference Utah Department of Professional Licensing). This list is not inclusive of all criminal convictions that will prevent program admission and/or progression, and the program reserves the right to review each student’s record on an individual basis.

A.2 If your background check documents a criminal conviction, it may be required of you to obtain official verification that the charge(s) have been expunged.

B.1 Students are provided an instructional document providing step-by-step instructions for obtaining a FBI level criminal background check.

B.2 Students are responsible for the expense associated with this documentation. This information is attached.

- B.3 Disclaimer included in the admission and orientation packet states:
“Students are encouraged to have their criminal record expunged prior to seeking criminal background check.”
- C.1 The Utah Division of Occupational and Professional Licensing Act (58-1-401 and 58-1-501) explains License Denial and Unlawful and Unprofessional conduct for Respiratory Care Practitioners.
- http://www.dopl.utah.gov/licensing/respiratory_care_sub_page.html#respsatutes
- C.2 Students whose criminal background checks reveal evidence of prior convictions will be reviewed on a case-by-case basis to determine if they will be allowed to enter/progress in the respiratory therapy program.
- C.3 Students who have committed a felony, but have successfully petitioned to reduce the conviction to a misdemeanor charge, will be reviewed on a case-by-case basis to determine if they will be allowed to enter/progress in the respiratory therapy program. Students who have criminal convictions in which actual or potential physical, emotional, or financial harm to another individual was involved will be treated as stated in C.1.
- D.1 Students already progressing in the respiratory therapy program are required to report any pending criminal charge(s) at the time that they occur (this includes throughout the entirety of their respiratory therapy educational program).
- D.2 The Program reserves the right to place the student reporting a pending criminal charge on an approved program leave-of-absence until the courts have made a decision regarding the criminal actions.
- D.3 If criminal charge(s) are dismissed, the student will re-enter the respiratory therapy program at the earliest date possible.
- D.4 If the courts determine that the charges are valid and a conviction is made, the student’s status in the respiratory therapy program will be reviewed on a case-by-case basis. Procedures outlined in Items C.1 - C.3 will be the basis for the program’s response.
- D.5 Students placed on an approved program leave-of-absence until the courts have made a decision regarding the criminal charge(s) will have a “T” grade placed on their educational record.

- D.6 If the charge(s) are dismissed, or the program determines that the students may progress to completion, the student will be allowed to resume the respiratory therapy course work without financial loss and the “T” grade will be converted to actual grade earned.
- D.7 If the charge(s) are not dismissed and the program determines that the student is to be dismissed from the program, the student will be subject to the WSU policy guiding refund of tuition and fees.
- E.1 Information obtained in the criminal background check may be disclosed on a need-to-know basis to instructors, administrators, and contracted clinical facilities.
- F.1 A student who wishes to grieve the Program decision relative to the actions taken in response to the results of their criminal background check are referred to WSU Policy Section 6-23 thru 33; Student due process policy and procedures.
- F.2 A student seeking such action will be placed on an approved program leave-of-absence until the final outcome of his/her grievance is determined.
- F.3 As always, the safety and well-being of patients, clients, and residents of our contracted clinical facilities remain our first consideration.

SECTION VI - STUDENT RECORDS, DOCUMENTATION, ADVISEMENT, GRADUATION

MAINTENANCE OF STUDENT RECORDS

1. A confidential, cumulative record is kept on each student. This record contains grades, evaluations, and other pertinent information.
2. The student and clinical faculty will review and sign a clinical evaluation. This form is a part of the student's permanent record.
3. Records of individual student conferences, warnings, disciplinary actions, etc., will be maintained in the confidential cumulative record. These forms will be read and signed by the student and faculty prior to this record becoming a part of the student's cumulative record. Student signature does not establish agreement with information recorded on

form, simply that student has read and understands information, conditions of warning and/or discipline; and understands program response if conditions related to warning and/or disciplinary action are not fulfilled by student.

4. Students seeking access to the confidential, cumulative file are referred to the student records section of the Weber State University Student Code and the Family Educational Rights and Privacy Act of 1974. Further information can be obtained from the office of the Dean of Admissions and Records.
5. Advisors can refer students to the counseling center or other appropriate resources when indicated.

STUDENT DOCUMENTATION OR ENTRANCE PORTFOLIO

In addition to advisement notes and other communication records, each student file contains documents which each student must provide to the Respiratory Therapy Program through an online system. The following documents must be uploaded as instructed:

- a. Application
- b. Information and Immunization Form
- c. CPR Acknowledgment and copy of CPR card
- d. Hepatitis B Form
- e. Health and Accident Insurance Form
- f. Waiver of Hepatitis B or Health insurance if applicable
- h. Criminal background check
- i. Drug screen results

Due to the importance of these documents and legal issues, **NO STUDENT WILL BE CLEARED FOR CLINICALS UNTIL HIS/HER DOCUMENTS HAVE BEEN TURNED IN.**

HEALTH INSURANCE, HEPATITIS B VACCINE, TITER, PREGNANCY, AND OSHA REGULATIONS

1. Students may, in the fulfillment of program required clinical practice, be exposed to bloodborne pathogens. Use of universal precautions is a standard for practice and expected of all students in the clinical setting.
2. Students are considered interns while in clinical settings--as such, students are "volunteer workers" of the sponsoring institution of higher education and are eligible to receive Workman's Compensation benefits for injuries acquired during clinical time. Students are advised to be enrolled in a personal health insurance plan. Students who do not choose to carry health insurance must sign a waiver.

3. Hepatitis B vaccine and/or titer is strongly recommended for all students. Students who do not choose to receive the Hepatitis B vaccine or be tested for the titer must sign a waiver.
4. PPD - Results from tuberculosis PPD test must be submitted to the respiratory therapy program secretary at the beginning of each year.
5. Varicella titer or proof of immunization.
6. All students are required to comply with OSHA regulations. Students exposed to contaminated Blood and Body Fluids must notify faculty member immediately.
7. Students who are allergic to latex need to notify the Respiratory Therapy Director of Clinical Education of their program and the clinical faculty so that provisions can be made.
8. The student who becomes pregnant should notify the Respiratory Therapy Department as soon as possible. The pregnant woman and/or fetus may be susceptible to certain infectious, as well as chemical agents. Faculty will not knowingly assign a pregnant student to a client whose condition(s) may place the pregnant student and/or fetus at risk. Reasonable attempts will be made to build a flexible clinical rotation around anticipated date of birth. The student and appropriate faculty will meet to develop guidelines delineating the student's plan to complete course requirements pre- and post-delivery.
9. Should a student be injured during clinical or have his/her health endangered, it should be reported immediately to the instructor and to the appropriate cooperating agency personnel. An incident report will be filed. Students are responsible for any expense not covered by Workman's Compensation incurred due to injury or illness in the college or clinical area.

BASIC LIFE SUPPORT - CLASS C (HEALTH CARE PROVIDER)

Documentation of expertise in cardiopulmonary resuscitation must be kept current by all students. Students must submit evidence of current certification that will last through the entirety of the program. It is preferable that BLS come from the American Heart Association. If you hold any other CPR certification besides the BLS for HealthCare Providers, please contact the Respiratory Therapy Department for validity.

STUDENT ADVISEMENT AND COUNSELING

1. Each student is assigned a faculty academic advisor upon entering the respiratory therapy program. Students are encouraged to become acquainted with the advisor during available time and bring academic problems to the advisor as soon as recognized. The advisor is available to the student for counseling on grades and progress toward graduation. The student must see his/her advisor within the first two weeks of each semester. **It is the responsibility of the student to schedule these required meetings with the advisor.**
2. Each student is responsible for meeting all course requirements for graduation. If a student wishes to discuss any particular course, he/she is to confer with the instructor of that course. Each respiratory therapy student is assigned a faculty advisor to guide and assist with graduation requirements. It is your responsibility to meet with your advisor each semester and review personal progress. **Failure to meet with your advisor is documented and absolves faculty of any responsibility relative to advisement toward fulfillment of the students' graduation requirements.**
3. Each student is responsible to check their WSU wildcat email, WSU Canvas email, and WSU REST website Bulletin Board at least weekly. This is necessary to maintain effective communication within the Respiratory Therapy program.

GRADUATION PROCEDURES

Students must complete University, core, and general education requirements to be eligible for graduation. These requirements are listed in the appropriate WSU catalog for, AAS, AS, or BS. It is the student's overall responsibility to ensure they have all the appropriate core and general education requirements completed for graduation.

PROCEDURES FOR GRADUATION:

<http://www.weber.edu/graduation/>

All students graduating with an AAS or BS will need to complete a graduation application online through their eWeber portal. Students who will be graduating Spring Semester, must apply for graduation by February. Students graduating Fall Semester, must apply for graduation by October. Students graduating Summer Semester, must apply for graduation by June.

SECTION VII - PROCEDURES FOR LICENSURE

OBTAINING UTAH LICENSURE FOR PRACTICE

In order to be licensed as a certified or registered respiratory therapist in the State of Utah, applicants must be in conformity with the Utah Respiratory Therapist Practice Act. The Utah Respiratory Therapist Practice Act and licensing forms are available on the Internet at <http://dopl.utah.gov/index.html>.

SECTION VIII - STUDENT REPRESENTATION(S)

Students have the unique opportunity to develop organization skills which will help them serve effectively within their professional association after graduation. There are several events and ongoing activities throughout the academic year which require representation and involvement of respiratory therapy students. These activities include:

1. Service on the area Council (College of Health Professions), an extension of the WSUSA.
2. Representation on the Board of Directors of the Utah Society for Respiratory Care (USRC).
3. Representation on the program Advisory Board.
4. Volunteer activities and representation at community Health Fairs.
5. Involvement in Health Professions Emphasis Week, National Respiratory Care Week, and other recruitment activities; e.g., Career Fest, Major Fest, etc.

The Student Services Coordinator for the Respiratory Therapy Program, Mich Oki, has the overall responsibility for providing direction, guidance, and support to students in these roles and activities. Throughout the year, Mich will keep students informed of various activities and will seek volunteer nominations from the students for the fulfillment of these honors and obligations. Participation and leadership in such activities will be considered as part of the criteria for student awards and scholarships.

STUDENT ORGANIZATIONS AND ACTIVITIES

- A. Weber State University believes in student participation in the government of the institution. As constituents of the academic community, students are encouraged individually and collectively to express their views concerning policy to the administration. The WSUSA constitution establishes the governing bodies for students of the University by a delegation of authority through the President of the University.
- B. Student organizations may be established within the University for any lawful purpose. All organizations must register with the WSUSA. By virtue of registering as a student organization, such organizations do not become official agencies of Weber State University.

SECTION IX - RESPIRATORY THERAPY PROGRAM POLICIES & PROCEDURES RELATED TO

UNSATISFACTORY STUDENT PERFORMANCE

The purpose of the WSU Student Code is the promotion of professional conduct and personal integrity on the part of all students. (A copy of the WSU Student Code is available on the WSU Home Page, <http://documents.weber.edu/ppm/6-22.htm>) Violation of the WSU Student Code may result in dismissal from the Respiratory Therapy Program.

WSU DISCRIMINATION AND HARASSMENT POLICY (PPM 3-32)

Weber State University is committed to providing an environment free from harassment and other forms of discrimination based upon race, color, ethnic background, national origin, religion, creed, age, lack of American citizenship, disability, status of veteran of the Vietnam era, sexual orientation or preference, or gender, including sexual/gender harassment. Such an environment is a necessary part of a healthy learning and working atmosphere because such discrimination undermines the sense of human dignity and sense of belonging of all people in an environment.

ACADEMIC INTEGRITY EXPECTATIONS

DUMKE COLLEGE OF HEALTH PROFESSIONS (DCHP) CHEATING POLICY

Weber State University Respiratory Therapy Students will maintain academic standards, ethics, and honesty; including Institutional, School/Departmental/Program, and individual course standards. The following policy statement does not replace, but rather defines the WSU cheating

policy (WSU Student Code No. 6-22) as it relates to all students using the WSU DCHP building and resources.

WSU DCHP Faculty equates unethical and/or dishonest behavior as demonstration of a potential for harmful and life-threatening behavior in the clinical setting. Therefore, cheating in any of its forms will not be tolerated.

To this end, the following activities are specifically prohibited and will warrant a warning, reprimand, probation, temporary or prolonged suspension, failure or reduction of grade on exam, or permanent expulsion for the WSU DCHP Programs. (WSU Student Code No. 6-22).

CHEATING, which includes but is not limited to:

- 1) Copying from another student's test paper;
- 2) Copying from another student's assignment without faculty approval for collaboration;
- 3) Using materials, or inappropriate procedures, during a test not authorized by the person giving the test;
- 4) Collaborating with any other person during a test without faculty approval for collaboration;
- 5) Knowingly obtaining, using, buying, selling, voluntarily revealing transporting, or soliciting in whole or in part the contents of any test, without authorization of the appropriate official;
- 6) Bribing any other person to obtain any test;
- 7) Soliciting or receiving unauthorized information about any test;
- 8) Substituting for another student or permitting any other person to substitute for oneself to take a test
- 9) Giving, selling, or receiving unauthorized course or test information.
- 10) Using any unauthorized resource or aid in the preparation or completion of any course work, exercise, or activity.

PLAGIARISM: The unacknowledged (uncited) use of any other person or group's ideas or work.

COLLUSION: The unauthorized collaboration with another person in preparing work offered for credit.

FALSIFICATION: The intentional and unauthorized altering or inventing of any information or citation in an academic exercise, activity, or record-keeping process.

COPYRIGHT VIOLATIONS: Infringing on the copyright law of the United States which prohibits the making of reproductions of copyrighted material except under certain specified conditions.

RESPIRATORY THERAPY PROGRAM RESPONSE TO VIOLATION OF CHEATING POLICY

1. If the cheating incident **cannot be verified** beyond a reasonable doubt, a **written warning will be issued**. This warning provides notice to a student that his or her conduct may be in violation of WSU and WSU Respiratory Therapy Program rules and regulations and that the continuation of such conduct or actions may result in further disciplinary action.
2. **If a verifiable act of cheating occurs**, program response may include **failure of the course(s)** associated with cheating incident and subject to respiratory therapy program policies/procedures related to unsatisfactory student behavior.

RESPIRATORY THERAPY PROGRAM & INSTITUTIONAL SANCTIONS ASSOCIATED WITH UNSATISFACTORY STUDENT BEHAVIOR

In addition to the WSU Institutional Sanctions contained in the WSU Student Code, the following Respiratory Therapy Program sanctions apply:

1. **Behavioral Performance Warning & Contract:** A behavioral performance warning may consist of a verbal and/or written warning to a student that his or her conduct may be in violation of WSU Respiratory Therapy Program rules and regulations. Continuation of such conduct or actions may result in a program contract and further disciplinary action. Warnings and Contracts include a specified period of observation and review of conduct during which the student must demonstrate compliance with WSU Respiratory Therapy Program rules and regulations. Generally, the first-time an incident occurs in which a student behavioral performance violates the WSU Respiratory Therapy Program rules and regulations, a verbal or written program warning will be initiated. If a student repeats the action that generated the program warning, or fails to comply with the conditions outlined in the warning, the resulting action will be that of a disciplinary contract. However, a student that behaves in manner that constitute verbal/physical abuse and/or safety risk to patients, other students, or faculty and staff will not receive a program warning. Such behavior will result in the immediate initiation of a disciplinary contract and/or immediate expulsion from the respiratory therapy program.

Counseling or participation in specific courses or workshops may be required. Terms of probation and the probationary period will be determined at the time the sanction is imposed. Appropriate WSU officials shall be notified of the imposition of the sanction.

2. **Academic Performance Warning and Contract:** An academic performance warning consists of a written report that indicates failing scores in either a **clinical** or **theory** course. This report is generally a mid-term evaluation, but may occur at any time during the semester. An academic contract occurs when a student fails a respiratory therapy course. A student who receives a failing grade in any respiratory therapy course must successfully repeat the failed course prior to further progression in the program. (Refer to Program Progression and Completion.)
3. **Involuntary Leave of Absence (Suspension):** Separation of the person from the WSU Respiratory Therapy Program for a specified or indefinite period of time. Temporary and/or permanent notification may appear on the student's transcript. Participation in any university sponsored activity or the person's physical presence on the campus may be restricted.
4. **Personal Development Sanctions:** Either **requirements or recommendations for counseling, enrollment in specific campus courses or workshops may be made.** If requirements are not met, probation and further sanctions may result.
5. **Temporary Interim/Emergency Sanctions:** In special circumstances, any sanction listed above may be temporarily implemented prior to hearing. Such circumstances include situations where there is reasonable cause to believe the continued presence of the student/student group on campus or in the respiratory therapy program sponsored clinical practice setting poses an unreasonable risk of harm to the health, safety, or welfare of the university community, or individuals in the clinical practice setting such as:
 - a. Inflicting bodily harm on oneself or others;
 - b. Inflicting serious emotional or mental distress on oneself or others;
 - c. Creating a substantial disruption of normal campus functions including campus instruction;
 - d. Presenting a threat to the stability and continuance of any normal university function;
 - e. Being formally charged with a felony.
 - f. Actions as defined in "Clinical Conduct Expectations" Section V of this handbook
6. **Expulsion:** Permanent termination of the person from the WSU Respiratory Therapy Program. Permanent notification will appear on the student's Respiratory Therapy Program file. Circumstances that may necessitate such an action include situations where there is evidence that the student poses an unreasonable risk of harm to the health, safety,

or welfare of the individuals involved in University sponsored Respiratory Therapy Program activities and/or Respiratory Therapy Program clinical activities, such as:

- a. Inflicting bodily harm on oneself or others;
- b. Resisting/disregarding faculty and/or registered respiratory therapist guidance regarding patient care and safety;
- c. Negligence related to the care of clients and/or patients;
- d. Performance of clinical/patient care activities that exceed the student's scope of practice and/or supervising respiratory therapist's scope of practice;
- e. Performance of invasive and/or potentially life threatening procedures without faculty or supervising respiratory therapist's participation/approval;
- f. Inflicting serious emotional or mental distress on oneself or others;
- g. **Creating a substantial disruption of normal campus/clinical function, including campus/clinical instruction,**
- h. Presenting a threat to the stability and continuance of any normal university, respiratory therapy program, and/or clinical function;
- i. Being convicted of a felony
- j. Leaving assigned clinical area and/or assigned patient without first obtaining respiratory therapy faculty and/or supervising respiratory therapist's approval.
- k. Actions as defined in "Clinical Conduct Expectations" Section V of this handbook

STUDENT INCIDENT REPORTS

A Student Incident Report is completed and maintained by the Respiratory Therapy Program when an incident occurs that may result in untoward effects on the student and/or patient; or one in which the safety of the patient is jeopardized. It may involve an act of commission or omission.

MISCONDUCT LEAVE OF ABSENCE/EXPULSION

An involuntary Leave of Absence or expulsion in response to documented student misconduct is issued following continued unsatisfactory behavior relative to Respiratory Therapy Program policies and/or failure to comply with the plan for correction as outlined in the Student Academic and/or Behavioral Misconduct Warning & Contract. Expulsion or suspension from the Respiratory Therapy Program may be for either a specified or indefinite period of time.

WEBER STATE UNIVERSITY STUDENT DUE PROCESS POLICY

(PPM 6-23 thru 6-33)

The purpose of due process is to afford students all rights guaranteed to citizens by the Constitution and laws of the United States and the state of Utah. Students are obliged to obey these laws as well as rules and regulations of Weber State University and recognized standards of the program and profession for which they are being educated.

Problems between a student and the University generally are in the areas of academics or misconduct. Students should refer to the Weber State University Policy and Procedure Manual (6-23 thru 6-33) when confronted with concerns about their rights and appropriate due process procedure.

Students are encouraged to consult with their faculty when they feel they are having problems meeting program goals, objectives, or academic requirements.

The WSU Policy & Procedure Manual (6-23 thru 6-33) provides students the opportunity to appeal decisions concerning clinical/academic performance sanctions and/or misconduct warning.

Every attempt should be made for informal resolution.

1. Initial conference with faculty.
2. If no resolution can be reached, referral of problem to Program Level Manager.
3. If no resolution can be reached, referral of problem to Program Chair.
4. If no resolution can be reached, referral of problem to Dean, Dr. Ezekiel R. Dumke College of Health Professions.
5. If an informal resolution cannot be reached, any party in the dispute may request access to the due process system by contacting the Due Process Officer and initiating the hearing process. (See WSU Policy & Procedure Manual or check WSU Home Page: <http://documents.weber.edu/ppm/6-22.htm>).

Weber State University
Dr. Ezekiel R. Dumke College of Health Professions
Respiratory Therapy Program

Student Incident Report

An incident is any occurrence that may result in untoward effect on the student and/or patient. If the occurrence involves activities that are not consistent with the educational practices of the Respiratory Therapy Program, or one in which the safety of the patient is jeopardized (it may involve an act of commission or omission), it must be accompanied by a student Misconduct Warning or Contract.

Student Name:
Date of Incident:
Clinical Agency:
Date of Report:
Clinical Agency Medical Record Report Number:
Course Number:
Description of Incident:
Description of any action taken to rectify incident:
Describe action taken to prevent recurrence:
Student Signature:
Faculty Signature:

Weber State University
 Dr. Ezekiel R. Dumke College of Health Professions
 Respiratory Therapy Program
 Student Academic Performance Warning or Contract

Student Name:	Faculty Member /Program Administrator:	Date:	Course:
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Indicate if this document constitutes a Academic Performance Warning ____ or Contract ____

This document represents a binding, written agreement between a Respiratory Therapy Program faculty member and/or program administrator and student that identifies the following:
 1) Unsatisfactory student academic performance; 2) A written plan for correction of unsatisfactory student academic performance, Outcome measures for evaluation of student compliance to written plan for correction of unsatisfactory student academic performance, and time line for ongoing evaluation of student progression relative to the plan for correction; 3) Length of a warning or contract period; and 4) Final evaluation relative to outcome of warning or contract. The length of the warning or contract period will be determined by the faculty member and/or program administrator and specified at the time the warning or contract is written.
 Documentation of all Student Academic Performance Warnings & Contracts will remain as a permanent record in the student’s Respiratory Therapy program academic file.

Description of Unsatisfactory Academic Student Performance (be specific):

Written Plan for Correction of Unsatisfactory Student Academic Student Performance (Include time line for evaluation of student compliance with plan for correction):

<u>Student Action</u>	<u>Outcome Measure</u>	<u>Time-line for Evaluation</u>

Contract Period: From _____ To: _____
Upon completion of the warning or contract period, faculty member and/or program administrator required to complete, sign, and date the “Final Outcome of Academic Performance Warning Contract” section below.

Student Name:	Faculty/Administrator:	Course:	Date:
<p><i>I understand the terms of the academic performance warning or contract and understand that failure to fulfill the identified plan for correction may result in either suspension and/or expulsion from the WSU Respiratory Therapy Program. Furthermore, I have been informed of my WSU Student Right to due process and hearing and have been provided information regarding WSU Student Process procedures. (Student signature does not indicate he/she is in agreement with description of unsatisfactory performance.)</i></p> <p>Student Signature: _____ Date: _____</p>			
<p>Faculty Member and/or Program Administrator Signature: _____</p> <p>Date: _____</p>			
<p>Final Outcome of Academic Performance Warning or Contract:</p>			
<p>_____ Student <u>has</u> satisfactorily fulfilled plan for correction as defined above.</p> <p>Faculty / Administrator Signature: _____</p> <p>Date: _____</p>		<p>Comments:</p>	
<p>_____ Student <u>has not</u> satisfactorily demonstrated/completed the above plan. Institutional Sanctions will be implemented.</p> <p>Faculty/Administrator Signature: _____</p> <p>Date: _____</p>		<p>Comments:</p>	

Weber State University
 Dr. Ezekiel R. Dumke College of Health Professions
 Respiratory Therapy Program
 Student Behavioral Performance Warning or Contract

Student Name:	Faculty Member /Program Administrator:	Date:	Course:
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Indicate if this document constitutes a Behavioral Performance Warning _____ or Contract _____

This document represents a binding, written agreement between a Respiratory Therapy Program faculty member and/or program administrator and student that identifies the following:
 1) Unsatisfactory student behavioral performance; 2) A written plan for correction of unsatisfactory student behavioral performance, Outcome measures for evaluation of student compliance to written plan for correction of unsatisfactory student behavioral performance, and time line for ongoing evaluation of student progression relative to the plan for correction; 3) Length of a warning or contract period; and 4) Final evaluation relative to outcome of warning or contract. The length of the warning or contract period will be determined by the faculty member and/or program administrator and specified at the time the warning or contract is written.
 Documentation of all Student Behavioral Performance Warnings & Contracts will remain as a permanent record in the student’s nursing program academic file.

Description of Unsatisfactory Behavioral Student Performance (be specific):

Written Plan for Correction of Unsatisfactory Student Behavioral Student Performance (Include time line for evaluation of student compliance with plan for correction):

<u>Student Action</u>	<u>Outcome Measure</u>	<u>Time-line for Evaluation</u>

Contract Period: From _____ **To:** _____
Upon completion of the warning or contract period, faculty member and/or program administrator required to complete, sign, and date the “Final Outcome of Behavioral Performance Warning Contract” section below.

Student Name:	Faculty/Administrator:	Course:	Date:
<p><i>I understand the terms of the behavioral performance warning or contract and understand that failure to fulfill the identified plan for correction may result in either suspension and/or expulsion from the WSU Respiratory Therapy Program. Furthermore, I have been informed of my WSU Student Right to due process and hearing and have been provided information regarding WSU Student Process procedures. (Student signature does not indicate he/she is in agreement with description of unsatisfactory performance.)</i></p>			
Student Signature:		Date:	
Faculty Member and/or Program Administrator Signature:			
Date:			
Final Outcome of Behavioral Performance Warning or Contract:			
<p>_____ Student <u>has</u> satisfactorily fulfilled plan for correction as defined above.</p> <p>Faculty / Administrator Signature:</p> <p>Date:</p>		<p>Comments:</p>	
<p>_____ Student <u>has not</u> satisfactorily demonstrated/completed the above plan. Institutional Sanctions will be implemented.</p> <p>Faculty/Administrator Signature:</p> <p>Date:</p>		<p>Comments:</p>	

SECTION X - PROGRAM RESOURCES FOR STUDENT SUPPORT

STUDENT RESOURCES

The following resources are available to all WSU Respiratory Therapy students. Outreach student access provided through cooperative agreements with local educational and/or community resources. Student communication/information exchange is available to all students via the Internet. Specific resource description varies according to campus location.

OGDEN CAMPUS

1. **Student Communication/Information Exchange**

All students have a personal file in MH 309. The purpose of this file is to facilitate communication between faculty, program administration, and the student.

Communication and information relating to Respiratory Therapy studies, policy changes, activities, and course work can be found in individual student files located in MH 310; on Canvas sections, Respiratory Therapy bulletin boards; and from the Respiratory Therapy Offices located in room MH 309, (626-7071). Students are advised to check Canvas and/or Wildcat email weekly.

2. **Learning Resource Center**

The Dr. Ezekiel R. Dumke College of Health Professions, Learning Center, is located in MH 111. It provides a computer lab with computers available for general student use. Students have access to additional computer labs as well as those in the main library on campus.

3. **Library**

The Stewart Library provides a number of types of respiratory therapy materials including books, periodicals, and audiovisuals. On-line information retrieval services, interlibrary loan, and access to other state university libraries are available to all WSU students.

4. **Writing Center**

The Writing Assistance Center is located in Elizabeth Hall, room 210. Writing tutors are available to assist students with idea generation, composition, outlining, and constructive critique of drafts. Students are strongly encouraged to use this resource. Please check operating hours at telephone 626-6463.

5. **Computer Center**

Weber State University provides numerous computer labs available for student use. Hours vary from 7:30 AM to 4:30 PM. NOTE: All students are assigned a Wildcat account. It is YOUR responsibility to assign a password to your account immediately. Assigning a password to your account will prevent someone else from using it.

FINANCIAL AID/SCHOLARSHIPS

All WSU respiratory therapy students, no matter the campus location, may obtain Financial Aid from the WSU Financial Aid Office. Financial assistance information can be obtained from Financial Aids Office, Student Services Building (626-7131). A growing number of scholarships and financial awards are available for WSU students.

In addition to a number of available Respiratory Therapy scholarships, WSU offers a wide variety of general scholarships. However, in order to be qualified to be awarded one of these scholarships, all Respiratory Therapy students must first complete and FAFSA as well as the online WSU Scholarship application.

SECTION XI WSU RESPIRATORY THERAPY PROGRAM INFORMATION

CLINICAL ATTENDANCE AND SCHEDULING

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

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

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

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

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

Students may be assigned to clinical rotations at any of our affiliated institutions and during any shift (days, afternoon, or nights). It is the responsibility of the student to arrange for transportation to and from clinical assignments. Under adverse driving conditions, if the student

determines the road conditions to be too hazardous to travel, he/she is required to notify the appropriate faculty and make up the clinical day.

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

Attendance to the two day Utah Society for Respiratory Care (USRC) is a program requirement for the AAS and BS program.

Clinical Tardiness

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

Clinical Absences

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

Clinical Absence With Proper Notification

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

1st absence per clinical course = no grade penalty.

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

Clinical Absence Without Proper Notification

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

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

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

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

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

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

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

At the beginning of each academic year the students will be charged **\$5 for a WSU** name tag for use during their clinical practice. A \$5.00 fee will be charged for replacement of name tags.

LABORATORY PRACTICE POLICIES

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

1. You are responsible for your own learning.
2. Learning means accomplishing the objectives--being able to know or do what is intended for each unit. Most of the skills you learn will be tested in the lab before you perform

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

SUPPLIES AND TEXTS

Supplies and texts for the program are the responsibility of the student. You can order textbook from the WSU bookstore by going to their website <http://bookstore.weber.edu/> and clicking on textbooks. Find your class and instructor and click on it! The faculty has selected appropriate texts for classes on the basis of their value rather than cost; however, we have tried to keep it to a minimum. Used books are rare since most students keep their texts for future references throughout their professional career.

- A. Books will be available through the Bookstore(s) according to WSU school policy. Each semester the Bookstore will order required texts to fulfill the requirements for each course. A number of standard texts have been identified for use throughout the entire

program. Students are encouraged to purchase textbooks in a timely manner; some Bookstores return un-purchased texts after the third week of the semester.

- B. Supplies required for the program are:
1. Official student name badge.
 2. One good quality stethoscope.
 3. Lab kit.
 4. Watch, pocket watch, or stopwatch with a second-hand or digital second display for monitoring physiological parameters.
- C. Handouts and forms will be distributed to students, students are responsible for these items once they have been received. Replacement costs for lost handouts and forms are:
1. \$1.00 per page for handouts (course outlines, course syllabus, etc.)
- D. Photocopying services for students are available in the Union Building, Stewart Library, Room 106 in the MH building, and by coin operated machines located across campus.

PROFESSIONAL ORGANIZATIONS

The following professional organizations have significant impact upon the field of respiratory care. Students are strongly encouraged to become familiar with the purpose, philosophy and function of each organization as they will influence students to a great degree in their professional careers.

- I. American Association for Respiratory Care (214) 243-2272 <http://aarc.org>

The AARC is the professional organization for the profession. WSU students are required to join this association. Applications are available online.

- II. Utah Society for Respiratory Care
c/o W.S.U. Respiratory Therapy, 3904 University Circle, Ogden, UT 84408-3904
<http://www.utahsrc.org>

The U.S.R.C is the local (state) affiliate of the A.A.R.C. The U.S.R.C. provides at least one 2-day conference each year as well as periodic half-day conferences around the state.

- III. National Board for Respiratory Care (913) 599-4200 <http://nbrc.org>

This is the certifying body which tests and certifies the competency of therapists. The NBRC also provides practice examinations for the CRT and RRT examinations and one practice clinical simulation problem. These examinations are available at no cost and are accessed via the web site.

IV. Lambda Beta Honor Society <http://www.nbrc.org/Lambda>

The respiratory profession has established a national honor society for recognition of graduates of accredited programs. During spring semester of each year, the program shall nominate the top 25% of each graduation class for membership in the honor society based on cumulative GPA. These nominees are recognized during commencement ceremonies and honored by displaying the Lambda Beta honor cords. Membership requires a \$15.00 initiation fee. The program has purchased honor sashes which are available for graduates to use during commencement.

- V. Division of Occupational and Professional Licensing
160 East 300 South, Salt Lake City, Utah 84111
Phone: (801) 530-6628 • Toll-Free in Utah: (866) 275-3675
Fax: (801) 530-6511, Monday – Thursday 0700 – 1800.
http://www.dopl.utah.gov/licensing/respiratory_care.html

Prior to entering practice as an employed RCP in Utah, you MUST be licensed by the D.O.P.L. Licensure requires the CRT or RRT credential, proof of program completion, and completion of appropriate applications and payment of fees.

Once you take your boards, if you have the required information you can go straight to DOPL and pick up your license. You will need a sealed copy of your official transcripts from WSU. You can pick this up from the Registrar's Office on the Ogden or Davis Campus. The WSU Registrars phone number is 801-626-6100,
<http://www.weber.edu/Records/default.html>

The application for the RCP license can be found at http://www.dopl.utah.gov/licensing/respiratory_care.html. Take the completed application and your NBRC CRT Test results to the DOPL in SLC. **DOPL is a state agency, so they will be closed on Fridays.** DOPL hours are as follows: Monday – Thursday 0700 – 1800. Please check the DOPL website for changes in DOPL department hours.

SELECTION INTO THE BS RESPIRATORY THERAPY PROGRAM

General Protocol

1. To be eligible for admission to the BS Respiratory Therapy Program, applicants must have a cumulative GPA of 2.75, have an AAS in Respiratory Therapy and have appropriate pre-requisite courses completed.

2. Applicants must indicate intent to apply for the BS in Respiratory Therapy by no later than the **second week of their last semester of their AAS level year** (or the date established per program); Applicants will be notified of selection results by email.

PROGRAM COMPLETION REQUIREMENTS

To become eligible to sit for the NBRC CRT/RRT exam.

- A. Complete all specific program course requirements.
- B. Complete an AAS and BS in Respiratory Therapy.
- C. **Maintain competence in all skills required for lab and clinical courses. Students who are unable to perform skills which have been previously demonstrated may be required to complete additional lab or clinical practice prior to receiving a degree or certificate of completion.**
- D. Comply with ethical standards of the program and WSU. **Students are required to attend both days of the annual Utah Society for Respiratory Care convention to fulfill the professional standard.** Student membership is also a professional standard required by the program.
- E. Complete a graduation application and submit the graduation fee to the university Graduation Office according to deadlines established by W.S.U. **Fall commencement applications are usually due the first week of October; spring commencement applications are usually due the second week of February and summer is the first week in July.** See the following WSU graduation website for specific dates and details:

<http://departments.weber.edu/registrar/graduation/>

In the event students are approved for concurrent (AS and BS) graduation, they must apply for graduation for both degrees.

**WEBER STATE UNIVERSITY
RESPIRATORY THERAPY PROGRAM
AGREEMENT**

I, _____ voluntarily agree to participate in the planned and supervised learning experiences of the Weber State University Respiratory Therapy Program.

I understand that there might be a slight risk involved with some procedures, but I agree not to blame Weber State University for any negligent or careless acts committed by me or any other participant.

I certify that I have received a copy of the Weber State University Respiratory Therapy Student Handbook. I further certify that I agree to follow the standards outlined within the handbook and realize that deviation from these standards will be cause for disciplinary action.

PLEASE SIGN BELOW.

Learning Experiences

Student Handbook

Student's Signature

Student's Signature

Date

**Weber State University
Respiratory Therapy Program**

BACKGROUND CHECK AGREEMENT

I, (please print) _____ verify that my background check will be clear of any Felony Convections. I understand that if my background check shows any Felony Convictions I will be dismissed form the program and I will forfeit my tuition. I also understand that I will not be issued a clinical grade until my unopened formal background check has been received and verified by the Respiratory Therapy Department at Weber State University.

PLEASE SIGN BELOW.

Student's Signature

Date

* Any Felony charges that have been dismissed may require supporting documentation from the court in which it was dismissed.

WSU RESPIRATORY THERAPY ARTERIAL BLOOD GAS EDUCATION

ARTERIAL BLOOD GAS PUNCTURE CONSENT

As a student in the Weber State University Respiratory Therapy Program, I _____ (students name) understand part of my training is to learn how to perform invasive procedures such as Arterial Blood Gas and Capillary Punctures before I am deemed competent to perform these invasive procedures on the patient population in the WSU Respiratory Therapy Clinical rotations. To facilitate this learning experience, I have the opportunity to perform the ABG Punctures and Capillary Sticks on my fellow classmates. I understand that my fellow classmates will also be performing these same invasive procedures on me. I also understand that these procedures will not be performed unless an Instructor is present to offer critique and guidance. I agree to carefully follow the procedure steps as outlined for me by the text and my instructors.

I understand the risks associated with these procedures and give consent to have these invasive procedures performed on me as a part of my lab experience. I release the WSU Respiratory Therapy Department, faculty and fellow students from liability associated with injury as a direct result of these procedures during these procedures. I also understand that my participation is not required, nor will I be graded on my willingness to participate or my ability to puncture the radial artery while performing this skill.

I give consent to have these invasive procedures performed as part of my training.

Student's Signature

Date