University of Nebraska Medical Center

Master of Respiratory Care Program
Entry to Practice
Handbook

Class of 2024

August 20, 2024

Welcome Letter

Dear UNMC Master of Respiratory Care (MRC) Students,
The Master of Respiratory Care faculty is excited to welcome you to the inaugural MRC class and congratulate you on being selected to be enrolled in a future-forward, as well as an innovative medical profession.

You will be part of an elite group of respiratory therapists who practice at an elevated level within the respiratory scope of practice. The UNMC program is part of a growing number of colleges and universities across the nation that recognize the value, and expertise, of the registered respiratory therapist, in accordance with state licensing laws.
While the MRC is groundbreaking with opportunities beyond that of an entry to practice education, you will be prepared to sit for the National Board of Respiratory Care (NBRC) exam. The priority of the program is a quality program dedicated to understanding the fundamentals of respiratory care practice while immersing the student in innovative opportunities such as state of art simulation, interprofessional education, management of chronic diseases, invasive diagnostic procedures, management of acute diseases, evidence-based medicine, high-level patient assessment, respiratory care protocols, awareness of research data related to health outcomes, leadership skills, professional communication, critical care, and critical thinking, evaluation of therapies, and health care policy requirements.

The goal of the program is to produce a student that can critically think and embrace the opportunities in modern healthcare from bedside to global pandemics. The clinical experience will address the boundless opportunities of a future-forward profession, respiratory therapy. We ask that you confirm your understanding of the MRC program expectations by signing the last page of the handbook.
You will be a trailblazer for the future of practice in respiratory therapy at a master's level. We hope that you enjoy the journey. The program is rigorous and requires dedication and commitment to your academic studies and clinical rotations. We look forward to educating you on this pathway into respiratory care.

Sincerely,

Dr. Lisa Fuchs, EdD, MHA, RRT, CTTS, CHWC, ACUE
Associate Professor and Program Director

MEET THE FACULTY, MEDICAL DIRECTORS, AND SUPPORT STAFF

FACULTY – MEDICAL DIRECTORS -SUPPORT STAFF

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Program Director | Bio

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Respiratory Care Administration

The program has qualified program officials which include a Program Director, a Director of Clinical Education, and a Medical Director(s), who oversee the Master of Respiratory Care program. All faculty members have met the credentialing requirements as outlined in the most recent Standards and Guidelines for Respiratory Education as established by the Commission on Accreditation for Respiratory Care.

The majority of both the didactic and clinical respiratory classes are taught by Registered Respiratory Therapists (RRTs) who may hold academic ranks within the University of Nebraska educational system. Interprofessional learning will be at the core of the MRC program with appreciating team members' diverse experiences, expertise, cultures, positions, power, and hierarchical roles towards improving team function to promote effective care and health outcomes. Professors with expertise in each area will incorporate complementary expertise and teaching to meet the rigor of the coursework in the program. Guest lectures are provided by members of the UNMC clinical and scientific faculty, as well as outside experts.

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I. Mission and Goals of the UNMC MRC Program

A. Mission

To prepare competent respiratory care practitioners by offering educational and clinical opportunities at the highest level of practice. Students will learn from innovative technology, advanced diagnostic testing, and interprofessional, evidence-based medicine, to care for diverse and rural communities.

B. Goals

The Master of Respiratory Care program expects: "To prepare graduates with demonstrated competence in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains of respiratory care practice as performed by registered respiratory therapists (RRTs)."

"To prepare leaders for the field of respiratory care by including curricular content with objectives related to the acquisition of skills in one or more of the following: management, education, research, and advanced clinical practice to include obtaining advanced certification in a specialty credential.

C. Student Learning Outcomes

Graduates of the *Entry to Practice* Master of Respiratory Care Program students should be able to:
1. Identify unique roles and experiences of various healthcare professions, promoting a team-based partnership with patient care and assessment. *(Behavior)*
2. Demonstrate critical inquiry skills through evidence-based medicine, in the classroom, lab, and clinical settings through exams and clinical competencies. *(Skills)*
3. Apply knowledge to complex problems to meet the evolving healthcare needs of individuals and communities through technology, invention, research, advocacy, and outreach. *(Knowledge)*
4. Prepare for the National Board of Respiratory Care (NBRC) exam with matching exam outlines with teaching outcomes on the curriculum. *(Knowledge)*

MASTER'S DEGREE - In addition, Graduates of the *Master of Respiratory Care* Program students should be able to:
1. Articulate teaching methods, learning perspectives, and the role of a healthcare professional, theories, and determinants of learning. *(Education)*
2. Practice advanced critical care assessments, diagnosis, and treatment modalities with neonates, pediatrics, and older persons populations. *(Advanced clinical practice)*
3. Categorize principals for public health and population management to include engaging communities with health promotion and sustainable solutions to put into practice as a healthcare professional. *(Knowledge) (Civic responsibility)*
4. Recognize research related to a respiratory care profession by being able to read and interpret a research journal article and apply the methods and data to form a framework to organize and review each type of investigation. *(Research)*
5. Synthesize professional practice, leadership styles, and challenges with healthcare delivery and leveraging technology to promote influence in leadership roles. *(Leadership)*

6. Communicate collaboratively to advance their professional and interprofessional competency by developing an evidence-based practice approach to disease diagnosis, management, and the prevention of chronic conditions through education advocacy. (Interpersonal, Interprofessional Education and Communication)

Advanced certification is highly recommended in one of the specialty credentials through the AARC, NBRC, or a pulmonary-related clinical, leadership, or education certification.

II.   The Respiratory Care Profession

A.   Definition of a Respiratory Therapist

Respiratory Therapy (RT) is a healthcare discipline specializing in the promotion of optimum cardiopulmonary function, health, and wellness. Respiratory Therapists are educated, trained, and licensed professionals who employ scientific principles to identify, treat and prevent acute or chronic dysfunction of the cardiopulmonary system. See appendix

B.   Description of the RT Profession*

As healthcare professionals, respiratory therapists use critical thinking, patient and environmental assessment skills, and evidence-based clinical practice to enable them to develop and implement effective care plans, patient-driven protocols, disease-based clinical pathways, patient education, and disease management programs.[1] See appendix

C.   UNMC MRC Program Accreditation

Definition of CoARC (Commission on Accreditation for Respiratory Care) Accreditation
CoARC accredits Entry into Practice respiratory care programs at the Associate, Baccalaureate, and master's degree levels, as well as post-professional Degree Advancement respiratory care programs at the Baccalaureate and master's degree levels and Advanced Practice respiratory care programs at the graduate level.

D.   Definition of Provisional Accreditation

Provisional Accreditation status signifies that a program has demonstrated sufficient compliance with meeting CoARC Standards. The conferral of the Provisional Accreditation status denotes a developmental program, in which assurances are expected to be provided that the program may become accredited as programmatic experiences are gained once graduates have been produced and at least three (3) reporting years of outcomes have been collected and analyzed.
https://coarc.com/accreditation/overview-process/

University of Nebraska Medical Center MRC CoARC Accreditation Statement

The University of Nebraska Medical Center – College of Allied Health Professions is currently in the process of seeking CoARC accreditation for a respiratory care program. However, the University of Nebraska Medical Center (UNMC) can provide no assurance that accreditation will be granted by the CoARC.

E.   Interprofessional Education

The MRC Program will follow the Interprofessional Education Collaborative (IPEC) guidelines and goals in the following categories in the classroom, with simulation and outside of the classroom. Interprofessional practice is vital in preparing RT students to become active members of a healthcare team. In working together, the common goal becomes to care for the patient and improve the safety and quality of care leading to improved patient outcomes.

- **Values and Ethics** work with team members to maintain a climate of shared values, ethical conduct, and mutual respect.
- **Roles and Responsibilities** use the knowledge of one's own role and team members' expertise to address health outcomes.
- **Communication** communicates in a responsive, responsible, respectful, and compassionate manner with team members.
- **Teams and Teamwork** apply values and principles of team science to adapt one's own role in a variety of team settings.
  https://www.ipecollaborative.org/ipec-core-competencies

III.   Academic Policies

Program and college academic policies apply to all students and faculty regardless of the location where instruction occurs (i.e., didactic, laboratory, or clinical).

Possible remedial actions include but are not limited to:
- Academic Suspension
- Academic Dismissal
- Referral for UNMC Student Code of Conduct investigation

Students in the RT Program are expected to make satisfactory academic and professional progress toward completion of the degree requirements. Any student not making satisfactory progress may be referred to designated faculty and the Program Director to determine appropriate actions to further support the student's success.

A.   Evaluation of Student Academic Work & Standards of Academic Progress

Every student must meet the following standards of academic progress in each semester and/or enrollment period to be designated as making satisfactory academic progress in the Program and be considered "in good standing" in the Program. Failure to meet all standards in any semester will result in consequences as outlined in the student handbook Student Success and Academic Standing.
https://www.unmc.edu/cahphandbook/index.php/Student_Success_and_Academic_Standing

Letter Graded Evaluation

A final grade of "C" (to include C-) or better must be earned in all courses to meet the requirements for a Master of Respiratory Care (MRC) degree. All courses taken by students will be evaluated by a letter grade according to the approved standard University grading scale. The course syllabus will be the determinant of the final course grade. Grade Point Average (G.P.A.) is the ratio expressed by the sum of the quality points divided by the sum of credits attempted.

Grade	Quality Points	Grade	Quality Points
A+	4.00	C+	2.33
A	4.00	C	2.00
A-	3.67	C-	1.67
B+	3.33	D+	1.33
B	3.00	D	1.00
B-	2.67	D-	0.67
		F	0.00

Definition of:

A+, A, A-	=	Excellent performance
B+, B, B-	=	Very good performance
C+, C,	=	Satisfactory performance
C-, D+, D, D-, F	=	Unsatisfactory performance
I	=	Incomplete
NR	=	No report
WX	=	Administrative withdrawal
W	=	Withdrawal

Each student must receive a 75% or higher average with exams and an overall grade of a 70% in each respiratory care course to successfully progress to the next semester in the program. See respiratory care syllabi for clarification.

Every student must achieve a "Pass" or "Satisfactory" evaluation on all non-letter graded assignments and projects designated as "required."

1.a. Standard I: Letter Graded Evaluation

Every student must attain a final letter grade of C- or higher in each individual course. Any incomplete must be made up within one year at the next course offering in the successive order of the program.

1.b. Consequences of Substandard Performance Standard I: Letter Graded Evaluation

Each student must maintain a minimum grade of 75% or higher average on all exams in each course. If a grade of 75% is not attained, the course will have to be taken in the successive order of the program. An example would be the course is only offered every Spring. The student would return the next Spring to take the course. The overall course grade must be 70% or higher to pass a respiratory care course. If the course does not have a prefix of RESP, you will follow the instructor's guidelines for passing each course.

Professionalism Evaluation

Each student will be held to professional standards outlined in the UNMC Student Code of Conduct and academic professionalism standards of the Program in all educational settings, including but not limited to, the classroom, labs, off-campus activities, and clinical settings. Professionalism concerns depending upon the nature of the concern may result in disciplinary and/or academic consequences, including dismissal. Professionalism Standards are provided to all RT students upon matriculation in the Program via Canvas and/or email.
The Professionalism Policy can be found at: https://catalog.unmc.edu/pharmacy/code-professional-conduct/

B.   Failing to Meet Standards of Academic Progress

If a student fails to meet any of the relevant Standards of Academic Progress outlined in Section III.C at any point during the Program, the Program Director, in accordance with the College of Allied Health (CAHP) Student Success and Academic Standing Policy and the University of Nebraska Student Code of Conduct policy, will take action(s) or make the recommendation(s) of Academic Warning, Formal Remediation, Academic Probation, Required Leave of Absence, Deceleration, Academic Suspension, Academic Dismissal, and/or Referral for UNMC Student Code of Conduct investigation.

The CAHP policy can be found at
https://www.unmc.edu/cahphandbook/index.php/Student_Success_and_Academic_Standing.

The Student Code of Conduct policy can be found at https://catalog.unmc.edu/general-information/student-policies-procedures/code-of-conduct/code-of-conduct.pdf.

If a student is placed on probation and successfully completes all the requirements for the probationary period, the student will be returned to "in good standing" status in the MRC Program.

The student may be assigned required remediation activities by the Program Director, Director of Clinical Education, CAHP Conduct Officer, and/or faculty. Failure to successfully complete the remediation activities assigned will result in a recommendation for dismissal from the Program.

The student must agree to complete all conditions presented to them through this process. Failure to agree to the conditions offered will result in a recommendation for dismissal from the Program.

An Academic Suspension may initiate an immediate removal from academic and/or clinical activities, which may result in a delay in progression and/or graduation. The length of the delay will vary and is dependent on the circumstances involved.

C.   Program Dismissal

Program dismissal is the permanent removal of the student from enrollment in the MRC Program.

1. Academic Dismissal

If a student receives the recommendation of Academic Dismissal from the Program Director, the student will follow the procedure outlined in the College of Allied Health (CAHP) Student Success and Academic Standing Policy.

1.a. Academic Criteria for Program Dismissal

If any one or more of the following occur at any point during study in the Program, the student will be recommended for Academic Dismissal from the Program: Student Academic Policies can be found at: https://www.unmc.edu/cahphandbook/index.php/Other_Academic_Policies_and_Procedures

2. Student Code of Conduct

If a student receives the recommendation of Referral for UNMC Student Code of Conduct investigation from the Program Director, the student will follow the procedure outlined in the University of Nebraska Student Code of Conduct policy. The result may be dismissal from the Program and possibly the university.

Following the Student Code of Conduct investigation, a student may be additionally reviewed academically under Section III.C and III.D, which may include a recommendation for Academic Dismissal despite the outcome of the Student Code of Conduct investigation.

The Student Code of Conduct policy can be found at https://catalog.unmc.edu/general-information/student-policies-procedures/code-of-conduct/code-of-conduct.pdf.

D.   Appeals

The Respiratory Care Program's policy on appeals for academic and disciplinary actions conforms to the policies and procedures designated by UNMC and the College of Allied Health Professions. Students are referred to these policies for detailed information.

The CAHP policy can be found at https://www.unmc.edu/cahphandbook/index.php/Student_Success_and_Academic_Standing.

The Student Appeals of Academic Evaluation can be found at https://www.unmc.edu/cahphandbook/index.php/Student_Success_and_Academic_Standing

E.   Withdrawal

1. Program Withdrawal
(Adopted from CAHP Student Success and Academic Standing Policy)

The student must consult with the Program Director regarding the decision to withdraw prior to submitting a written Request for Withdrawal. The student must request a withdrawal in writing to the Program Director and the CAHP Director of Enrollment Management. Withdrawn is a final status. Notation of Withdrawn will appear on the student's academic transcript with the date that the withdrawal is effective. In the case of a student-initiated withdrawal, the student is eligible to reapply to the program.

Student Success and academic Standing Policy can be found at:
https://www.unmc.edu/cahphandbook/index.php/Main_Page#Student_Success_and_Academic_Standing

IV.   Program Policies

A.   General Policies

1. Professionalism

The concept of professionalism consists of the attributes of excellence, humanism, accountability, and altruism, with a dedication to service and a commitment to ethical principles. All students in the MRC Program are expected to move intellectually and attitudinally toward developing these attributes of professionalism and the shared values which reinforce greater service to humanity.

2. Personal Conduct

The Program regards the principles of academic integrity, self-respect, respect for others, and individual responsibility for all aspects of professionalism as basic to professional development. Students enrolled in the MRC Program assume an obligation to conduct themselves in a manner compatible with these principles. Should a student's personal conduct adversely affect other persons, the Program, the University, or the student himself or herself, the Progress and Promotion Committee will investigate and determine appropriate actions, as necessary.

Examples of conduct for which students are subject to disciplinary action include, but are not limited to, the following:
- Dishonesty in any form, such as cheating, academic misconduct, fabrication, plagiarism, misuse of identification card, and furnishing false information to the academic institution or clinical rotation sites.
- Obstruction or disruption of any academic, social, or administrative activity.
- Threats, physical harm, or verbal abuse of any person on institutional property or at institutional-sponsored activities.
- Theft of or damage to property of the institution.
- Unauthorized entry into UNMC facilities

- Violation of UNMC computer and internet use policies.
- Violation of rules governing institution facilities.
- Use, possession, sale or distribution of narcotics or abuse of drugs or stimulants.
- Drunkenness, or use, possession, sale, or distribution of alcoholic beverages on institution property.
- Gambling on institution property.
- Unauthorized possession or use on campus of explosives or firearms.
- Failure to comply with the directions of institution officials at UNMC and any affiliated training sites acting in the performance of their duties.

In addition to the above, all MRC students are subject to the rules and regulations for students matriculating to the University of Nebraska Medical Center as described in the University of Nebraska Medical Center Student Handbook, including the University of Nebraska Medical Center Code of Conduct.

Professional behavior is always expected in the classroom and clinical settings. Behavior in the classroom should promote comfort and enjoyment for everyone. Respect is to be shown for fellow students and instructors in all interactions.

3. Use of Electronic Devices

The occasional use of a cellular phone or other electronic devices by students while learning may be necessary for personal needs. However, this can become a significant distraction if the student engages in excessive use. In the classroom, all electronic devices should be dedicated to the topic of instruction. The use of electronic devices should not be distracting to other students and faculty. If emergency phone calls are anticipated, the student should notify the instructor prior to the class period and every effort should be made to limit the disruption of the class.

In clinical settings, cell phones/pagers should be silenced during all healthcare delivery activities and professional meetings unless the student has been specifically instructed to be available "on-call" by the clinical preceptor. The use of iPads in a clinical setting may be limited to a breakroom or space away from a patient care area.

4. Use of Live Models for Learning

The instruction of certain examination and procedural skills requires live models. Whenever possible, fellow students are asked to equally share the responsibility of serving as models, which gives the students helpful instruction from both the clinician's and the patient's perspectives. The student should always keep in mind that he/she represents UNMC, the MRC Program, and the RT profession. Due courtesy and respect should be always shown to patients, faculty, instructors, medical staff, and preceptors.

5. Leave of Absence

Under exceptional circumstances, a leave of absence may be granted or required for a period of no longer than one academic year. A Leave of Absence may be classified as one of the following types: Personal Leave of Absence or Required Leave of Absence. A leave of absence constitutes formal

permission to delay progression through the MRC Program but does not excuse the student from any course requirements. A Personal Leave of Absence is requested by the student and must be requested in writing from the student to the Program Director. A Required Leave of Absence is mandated by the Program for a period in which the student is required to discontinue academic enrollment in a program.

A leave of absence that extends the student's academic program beyond the usual length of the program curriculum will require the assignment of new program completion and graduation dates and may require assignment to a new cohort and program handbook, including, but not limited to, any new curriculum, policies, standards, and/or graduation requirements. The new graduation date will depend on the length of the leave and the official University graduation dates. A new completion date may delay eligibility for taking the NBRC exam and will delay the temporary and/or permanent licensing process in various states including Nebraska.

Student Leave of Absence Policy https://catalog.unmc.edu/general-information/student-policies-procedures/leaveofabsence-policy/

For all leaves of absence, the following will apply:
- The student is responsible for the financial consequences of taking a leave of absence. Students must review financial arrangements with the Business Office and the Office of Financial Aid prior to finalizing the leave of absence.
- When a leave of absence is granted, the Program may require that the student meet additional academic requirements for effective and safe reintegration into the classroom or clinical clerkships (e.g., remedial course work, ACLS/PALS course work) and/or submit specific documentation (i.e., a medical release to return to classes).
- When a leave of absence is granted, the student must notify the course instructors of all classes or all preceptors of clinicals in which they are enrolled regarding the leave.
- A student who has been granted a leave of absence is responsible for notifying the Program Director in writing of their intention to return to classes on the appointed date or no later than two months before the start of classes. Without this notification, the student's place in the class may be forfeited. Re-entry into the Program will then require re-application through the usual admissions process of the MRC Program.
- Upon re-enrollment following a leave of absence, the student is responsible for all missed coursework. The course director has the authority to verify the student's comprehension of course material upon re-enrollment. Additionally, the course instructor can include the integration of additional course material if new academic guidelines or recommendations are required for the course.
- Upon re-enrollment following a leave of absence, the student will be subject to all policies, procedures, standards, and expectations which pertain to the new class.

5.a. Personal Leave of Absence

A Personal Leave of Absence is requested by the student for either personal or medical reasons. For all types of Personal Leaves of Absence, the student request must be made in writing and addressed to the Program Director. The reason for the request should be stated clearly in the letter. The student should continue to attend classes, take examinations, and fulfill any other class assignments until the leave has been formally granted.

If a Personal Leave of Absence is being requested by a student for documented medical or ADA reasons, the student is responsible for supplying documentation to the Program Director at the time of written request from the UNMC Division of Student Success supporting the request. No medical documentation should be supplied directly to the program and will not be accepted. Failure to supply appropriate documentation will delay approval and may require a new written request if longer than 2 weeks before receiving sufficient documentation, and the student will remain responsible for all program and course requirements and assignments. In the event a course concludes prior to an approved leave of absence, the student will receive a final grade appropriate to the grading criteria in the syllabus.

When the approved written request for a personal leave of absence is received after the date designated by the Last Day to Withdraw from Classes found on the UNMC Academic Calendar, the current scores earned by the student for grading criteria outlined in the syllabus will remain the same upon returning from the leave of absence.

Review all information and criteria above that apply to all types of Leave of Absence (Section IV.A.5)

5.b. Required Leave of Absence

A Required Leave of Absence is mandated by the Program for a period in which the student is required to discontinue academic enrollment in a program.

6.   Student Society and Involvement in Professional Organization Sponsored Activities

The UNMC MRC program will be part of the Lambda Beta Society, which is the National Honor Society for the Respiratory Care Profession. It recognizes the scholarly achievement, service, and character of students, graduates, and faculty members of the profession. The purpose of being part of society is that it promotes high scholarly standards within the profession by looking at achievement and scholarship. A student can be nominated for a monetary scholarship award. https://www.lambdabeta.org/

Students are encouraged to participate in professional organization-sponsored activities, including membership and leadership activities related to Respiratory Care professional organizations at the local, state, or national level. With prior approval by the Program Director or respective course director, a student may miss required academic work due to involvement in professional organization-sponsored activities. However, the student is obligated to make up any missed assignments, quizzes, examinations, clinical days, or other academic work as determined by the Program faculty. The faculty may offer comparable substitute learning activities. Students enrolled in

coursework in academic departments outside the Respiratory Program must consult with the course directors for department policies regarding absences. The student must prove that they are in good academic/clinical standing prior to missing a day to attend an extracurricular event.

College of Allied Health Professions (CAHP) Student Ambassador (SA) creates and promotes a positive image for all programs by remaining sensitive to the needs, attitudes, and opinions of others. Under the direction of Enrollment Management and Student Affairs, SA may have opportunities to educate the public about CAHP programs through various speaking engagements and campaigns. SAs will promote wellness, recruitment, and community involvement to fellow students in CAHP to enrich their experience while at UNMC.

7.   Program Evaluations

All course, guest lectures, faculty, and program evaluations/surveys sent by the Program are mandatory unless otherwise noted. Communication regarding evaluations/surveys will be sent to the UNMC student email account on record and may occur any time during the semester with due dates occurring throughout the semester. It is the student's responsibility to check their email account a minimum of once every 24 hours. Completing the survey helps guest lectures and faculty prepare for future presentations.

8.   Social Media

The use of electronic social networking (e.g., Facebook, Twitter, etc.) allows instant widespread sharing of information, therefore, privacy and information security requirements regarding UNMC protected and confidential information apply. Sharing confidential UNMC information, including protected health information, on personal social networking websites is strictly prohibited.

Examples of prohibited disclosure include:
- Any references to a patient or patient care event, even if the patient's name is not included. Under the Federal Health Insurance Portability and Accountability Act (HIPAA), such information is considered protected health information.
- Photographs of patients at UNMC, Nebraska Medicine, or any clinical site attended while enrolled as a student at UNMC, even if the patient or his/her legal guardian has provided the picture. Patient photographs are protected health information under HIPAA, and documented, signed HIPAA authorization is required before any disclosure.
- Sharing any confidential UNMC business with others who do not have a need to know to perform their assigned duties on behalf of UNMC.

Under HIPAA, UNMC students can be found civilly or criminally liable for privacy and information security violations. Any student violating confidentiality will be subject to corrective action up to and including academic dismissal. Such events will be referred to the Progress and Promotion Committee for consideration and recommendation of action to the Program Director.

9.   Background Checks

Prior to the beginning of class instruction, each RC student is required to have a background check for a review of criminal or other illegal behavior as recorded by state or national agencies. The cost of the initial, and any subsequent, required background checks are the responsibility of the student. Results of the background check are required by many clinical rotation sites. If criminal or illegal behaviors are discovered that were not previously disclosed, UNMC will consider possible disciplinary actions that may include dismissal. Subsequent background checks may be required, and the cost borne by the student. The student background check policy can be found: https://catalog.unmc.edu/general-information/student-policies-procedures/background-check-pol

10. Reporting Health Information to Clinical Education Sites

UNMC is required to provide reasonable assurances to the clinical education sites that students participating in the program meet basic standards regarding health and immunization status. UNMC will provide the clinical education site with relevant health and immunization status of participating students. This information is compiled by UNMC Student Health. Students will access and upload this information found in MyRecords to EXXAT.

10.a. Maintaining Health Insurance

Details regarding health insurance can be found on the Student Health Insurance webpage
https://catalog.unmc.edu/general-information/campus-services/insurance/

Details regarding student health services can be found on the Student Health Services webpage
https://catalog.unmc.edu/general-information/campus-services/student-health/

All students are required to enroll in the University of Nebraska Student Health Services for outpatient, ambulatory care, and inpatient insurance or demonstrate equivalent insurance from another source. All students enrolled at UNMC will be enrolled through Student Health Services (Fund B) fees for outpatient services provided through the Student Health Center on the UNMC campus. Services provided through UNMC Student Health Center will have the deductible and coinsurance charges waived.

10.b. Acquisition of Off-Site Health Services

Details regarding the acquisition of off-site health services can be found on the Student Health Services webpage https://catalog.unmc.edu/general-information/campus-services/student-health/

Students outside a 50-mile radius for academic purposes requiring urgent/emergent care may be seen at an area outpatient facility. Students with United Health Care Student Resources should contact Student Health at 402-559-5158 within 48 hours of the incident to obtain a referral.

10.c. Accidental Exposure to Blood or Body Fluids

Details regarding accidental exposures to blood and body fluids can be found on the Blood and Body Fluid Exposure webpage https://www.unmc.edu/familymed/studenthealth/emergency-care-or-icc/bloodbodyfluidexposure.html

Immediately report blood or body fluid exposure. High-risk HIV exposures need post-exposure prophylactic medication within the first 1-2 hours after exposure.

If you are on the UNMC campus, do the following:
1. Immediately call the OUCH pager number *9-888-6824
2. The OUCH nurse will consult and advise you regarding necessary testing and/or treatment.
3. Call the DCE/ADCE within 24 hours of the incident.

If you are off the UNMC campus, do the following:
1. Report the incident immediately to the supervisor at the site of the off-campus rotation and follow the written protocol for BBP (blood-borne pathogen) exposures at the site where the rotation is being completed.
2. Immediately call the OUCH pager number at 402-888-6824 to report the exposure to the OUCH nurse. The location for follow-up care will be determined in consultation with Student Health Services along with implementation of referrals that are necessary.
3. Call the DCE/ADCE within 24 hours of the incident.

10.d. TB Exposure Procedure

Contact UNMC Student Health at 402-559-5158 to consult with a nurse within 48 hours. The nurse will advise you regarding necessary testing and/or treatment. The clinical site is responsible for assessing potential risk; if necessary, securing permission and a blood sample from the patient (faculty member or student) for testing; cost of blood testing; and securing medication required for emergency treatment of high-risk exposures. The faculty member or student is responsible for obtaining follow-up care and is liable for the expense.

11. Drug Screening

Rationale

All healthcare providers are entrusted with the health, safety, and welfare of patients. Healthcare providers have access to controlled substances and confidential patient information and operate in settings that require the use of good judgment and ethical behavior. Thus, an assessment of a student's possible impairment that could diminish the student's capacity to function in such a setting is imperative to promote the highest level of integrity in patient care.

Many clinical facilities that serve as educational and training sites for students require drug screening for individuals who provide services within the facility and for those individuals who provide patient care. Clinical rotations are required of all students in the Respiratory Care Program. In addition, many licensing agencies require individuals to pass a drug screen as a condition of licensure/employment. It is in the interests of both students and the University of Nebraska Medical Center (UNMC) RT Program to identify and resolve potential issues where a student may not be allowed to participate in a clinical rotation due to the use of a controlled or illegal substance.

The UNMC MRC Program's Technical Standards for students require all students to meet the physical and cognitive demands of the clinical setting and to exhibit sound judgment at all times. Students who are seriously ill, injured, or taking medication that impairs judgment (including, but not limited to, lawfully prescribed medications and medical marijuana) may not meet the Technical Standards, and therefore may not be suitable for the clinical environment where patient safety is the utmost concern.

Relevant Standards, Laws, and Policies

UNMC Standards of Conduct for Employees and Students Regarding Alcohol and Drugs

All University of Nebraska Medical Center (UNMC) students and employees are required to abide by the UNMC Standards of Conduct for Employees and Students Regarding Alcohol and Drugs. This policy is available at: https://wiki.unmc.edu/index.php/Student_Policies.

Students are also expected to abide by the UNMC Substance Use Disorders Policy and Procedures. This document is available at: https://wiki.unmc.edu/index.php/Student_Policies

UNMC MRC Program Policies and Procedures for Drug Screening

- All students enrolled in the UNMC MRC Program will receive information about the requirement for drug screening, deadline for compliance, results reporting, and associated fees from the MRC Program prior to matriculation.
- Students are responsible for all costs associated with drug screenings.
- At a minimum, all students must undergo a 10-panel drug screen performed at an accredited laboratory (e.g., CLIA, CAP, TJC, NLCP, FDT) or collection center associated with an accredited laboratory or as designated by UNMC or the clinical affiliate. Results must be provided to the MRC Program:
  - As laid out by the MRC Patient Assessment and IPE (RESP 612) Course Syllabus, prior to entering the Spring semester of MRC 1st year.
  - Completed and on-record prior to the start of clinical rotations during the MRC program Spring semester.
- Additional drug screens may be required for reasons including, but not limited to:
  - Drug screens that are reported as indeterminate or dilute
  - Requirements related to violating pertinent drug or alcohol-related policies or laws, or to fulfil treatment requirements for a substance abuse disorder.
  - Requirements by clinical facilities for additional drug screening of students who wish to do clinical rotations at those sites. Such screening may be required prior to commencing the clinical rotation, or during the clinical rotation in accordance with the policies and procedures of that facility.
- Students will receive specific instructions from the Program regarding the location of accredited vendors for drug screening and how to access the Drug Screen Authorization form, which provides the vendor with the student's authorization to release the test results to the UNMC MRC Program. Drug screen results must be conveyed directly from the accredited vendor to the Program Director in the MRC Program.
- A student has the right to review the information reported by the vendor for accuracy and completeness, and to request that the vendor verify the drug screen results.
- Drug screening results will be stored in compliance with FERPA standards and kept for no longer than two years after a student's separation from the program, after which such reports will be securely destroyed.
- Drug screen results may be reported to clinical rotation sites or clinical skills integration sites for clinical placements in compliance with agreement agreements.
- Students are responsible for keeping a copy of their drug screen results and having it readily available for any clinical rotation site if requested.
- Students who refuse to submit to any required drug screen will be subject to the same disciplinary procedures as those with a positive result on the drug screen.

Positive Screening Results

The UNMC Respiratory Care Program Director will review all cases of students who have a positive result on a required drug screen. Prior to taking any action that may adversely affect the student, the program will inform the student in writing of his or her rights, how to contact the designated vendor to challenge the accuracy of the report, and the role of the designated Drug Screening vendor in any decisions made by the program.

If the results of a drug screen indicate a student has violated a UNMC policy related to alcohol or drugs, the student is subject to disciplinary procedures. In that case, the program will proceed to file Misconduct Charges as specified in the "Procedural Rules Relating to Student Discipline", https://www.unmc.edu/cahphandbook/index.php/Other_Academic_Policies_and_Procedures The MRC Program may elect to share the disciplinary action imposed with a clinical site if one is involved.

Students may be referred for evaluation and treatment through UNMC Student Health, UNMC Counseling, and Student Development Office, or another designated program as a condition for remaining in the program. Any substance abuse evaluation or treatment recommended or required to remain in the program will be at the expense of the student.

Students who have had Disciplinary Actions imposed may refer to "Procedural Rules Relating to Student Discipline," of the UNMC Student Handbook for further information regarding their rights.

12. Policy on Student Work

Students should avoid any activity that might conflict with the professional and educational objectives of the UNMC MRC Program during the clinical time and avoid activity that substitutes themselves for regular staff. The following requirements protect the students from this misuse of their roles as learners.

- Students may not be hired as employees for any private or public health care practice to perform medical services while attending clinical or academic courses in the MRC Program curriculum including the student's clinical rotations.
- Students may not take the responsibility or place of qualified staff in any medical setting.
- Students may volunteer their medical services to charitable, humanitarian or community service organizations when such services are assigned or approved by the MRC Program.
- Students may work after academic hours of coursework, or clinical time as equipment techs, or in other areas applicable to work experience.

13. Attendance

Attendance at all classes is considered critical to the student's success in developing individual responsibility, professionalism, and academic achievement. The student's presence in all scheduled learning activities is essential to understanding the content, structure, and testing rationale of the rigorous, concentrated MRC Program curriculum. Any student's absence prevents class peers from benefiting from his or her engagement. Attendance, therefore, is mandatory for all courses, labs, and clinical experiences for the successful completion of the curriculum. The student should follow the attendance guidelines for each course located in the syllabus.

Emergent Absence Excuse

An excused absence will be granted for severe illness of the student, severe illness of a student's immediate family member or a death in the student's immediate family. In these instances, the student should follow the process outlined below. Failure to meet these criteria may result in an unexcused absence.

- The student must notify the appropriate course instructor(s) and Program Director as soon as it becomes evident that s/he will be unable to attend class.
- Whenever possible, notification should occur at minimum an hour prior to the scheduled class periods.

- If the request is approved, and the course director is not a member of the MRC Program faculty, the student must also seek approval for absence from the faculty advisor, who must also approve the absence for it to be considered approved.

- The student is obligated to complete any missed assignments or other learning activities assigned as a substitute for the absence. See the course syllabus for individual course timeframes.

- If the request is denied, the student is expected to attend all classes, clinical experiences, and program activities as scheduled. If the student chooses to be absent despite the decision, the absence will be considered unexcused.

Consequences for Excessive Absences

Excessive absences are sufficient reasons for considering a student to be academically deficient. The MRC program defines excessive absences as more than three absences per semester. Each course instructor is given the discretion to determine penalties for absences as outlined in the course syllabus. These may include a reduction of the final course grade which may result in failure of the course.

Excessive absences, whether excused or unexcused, will require a meeting with the Program Director and possibly the faculty. If the Program Director determines that a student's cumulative absences have substantially interfered with the student's education, a referral to the CAHP Student Success and Academic Standing policy or UNMC Student Code of Conduct policy, and a recommendation for possible dismissal from the Program may occur.

Requested Absence Excuse

Excused absences will be considered for approval for reasons other than the emergent situations noted above, including any necessary legal appearances.

The student should not directly ask a Preceptor for permission for an absence for any reason unless the Director of Clinical Education gives prior approval. Requests will be considered on a case-by-case basis. The student may not plan any absence unless the following processes are complete. The student must follow the procedures outlined below to obtain an excused absence. Failure to follow these procedures will result in an unexcused absence.
- Student must complete and submit a *Clinical Absence Request Form* located in Canvas to Director of Clinical Education as soon as they are aware of an absence. At a minimum, the request must be submitted at least two weeks prior to the requested absence date.
- Requests will be reviewed and approved or denied by the Director of Clinical Education and/or the Program Director.

- If the request is denied, the student is expected to attend all clinical activities and program activities as scheduled by the clinical instructor/DCE and MRC Program. If the student chooses to be absent despite the decision, the absence will be considered unexcused.
- The student is obligated to complete any missed assignments or other learning activities assigned as a substitute for the absence. See syllabus for guidelines.

14. Professional Appearance

University-wide standards of dress and behavior should be observed both on campus and in the classroom. Neatness and modesty are valued, with appropriate dress, grooming, and personal hygiene expected for students in all phases of the Program.

Personal grooming and appearance must be neat, and hygiene strictly maintained. The wearing of hats is not permitted in the classroom, except as a customary part of a student's cultural or religious wardrobe. Clothing may not display images or language considered lewd or obscene.

Summary:
- Professional in appearance
- Clean and neat
- Provide for the safety of both student and patient
- Allow full performance of all duties

The program provides a photo ID badge identifying the student as a Respiratory Therapy student from UNMC which is to be worn in all clinical settings on a white jacket of uniform style. In those settings, the student must always have the UNMC identification badge clearly displayed on their person for easy visual access by others (see Appendix 4. The student is responsible for the purchase and upkeep of the jacket. Students will be responsible for purchasing two pairs of scrubs prior to clinical.

Professional Conduct can be found on the following CAHP Handbook Link:
https://www.unmc.edu/cahphandbook/index.php/Professional_Conduct

B.   Credentials Awarded

UNMC MRC Program graduates are awarded the Master of Respiratory Care (MRC) degree. Program graduates are qualified to sit for the National Board of Respiratory Care National (NBRC) examination. administered by the NBRC.

Credentialing Process of the Respiratory Therapists:

National Board of Respiratory Care (NBRC website) - https://www.nbrc.org/

C.   Applies for a license to practice

After you pass the NBRC exam Therapist Multiple Choice (TMC) and Clinical Simulation exam if you obtain a high score, you will be a Register Respiratory Therapist (RRT). If you obtain a low score, then you will be a Certified Respiratory Therapist (CRTT). The next step is to apply for a state license depending on what state you reside in they may have different steps to obtain a license. During the months leading to graduation and NBRC testing an instructor will assist you with both applications with the necessary information for application. You will need an official copy of your UNMC transcripts, as well. The Nebraska State license website is: TITLE 172 (ne.gov)

D. Awarding Degrees with Honors

Awarding of degrees with honors is based on grade point average. The grades from the first four semesters of the Program will be used in the computation of the GPA for degrees with honors for all students (the last or fifth-semester grades of the Program will not be used in the computation). In conformity with the College of Allied Health Professions policy on honors, the following classifications apply to the MRC graduating class: Distinction requires a GPA of 3.70-3.79; High Distinction requires a GPA of 3.80-3.89; and Highest Distinction requires a GPA of 3.90 or higher.

V. APPENDICES

A. Appendix 1: Technical Standards

Technical Standards Master of Respiratory Care Program Technical Standards
The UNMC Respiratory Care Program is dedicated to the education of students who possess the rigor and stamina to become competent and empathetic practitioners of respiratory care. As a student, you must achieve certain technical standards of first knowledge than skill to successfully complete an advanced degree in respiratory care. The student must achieve satisfactory performance in all academic and clinical courses, as well as outside "non-academic," studies to provide a well-rounded education. The continuous evaluation process includes a curriculum involving physical, cognitive, and behavioral factors essential for the practicing respiratory professional.

OBSERVATIONAL
The act of using senses and visually observing a person to gain valuable information from a distance and at the bedside to integrate collected information for assessment and diagnosis and treatment planning.

Clinical Examples: Collecting a patient history, heart and lung sounds, nonverbal communication, viewing dials and knobs, respiratory apparatus, displays, responding to emergency situations, and audible alarms.

*Didactic Examples***:** Interpretation of the following: lectures, teamwork, interpreting diagnostic test results, and technology for learning.

COMMUNICATION/PROFESSIONALISM
The ability to engage in respectful and non-judgmental conversation with the patient, family, and interdisciplinary team. Professional communication occurs both verbally and non-verbally, and in written records.

Clinical Examples: Provide a clear hand-off report at end of a clinical daily rotation. Attend interdisciplinary care rounding and provide objective information about your patient in a group setting. Receive critical information and clearly respond to the appropriate medical team member constructively, to develop enduring relationships with patients, families, and the medical care team.

Didactic Examples: Communicate and engage in classroom, laboratory, and simulation settings, orally, in writing, reading, interpretation of data/tables, figures, computer/technology literacy, and in interpersonal channels.

COGNITIVE/CRITICAL THINKING
The student will use critical thinking to process, conceptualize theory, evaluate, apply, analyze, and synthesize gathered information to guide engagement with patient care and academic studies.

Clinical Examples: Current information gathering with patient assessment, leading to sound diagnostic modalities, and formulating a plan for treatment. Interdisciplinary discussion on ideas for

a patient's future care relating to the study of diagnostic test results and patient assessment following a treatment modality.

Didactic Examples: Applies high-level critical thinking to analyze research articles and utilize data to improve quality outcomes. Case Studies evaluation and application of evidence-based medicine in developing an education care plan for a specific pulmonary disease. Able to solve problems and generate new ways of processing or categorizing information.

AFFECTIVE
The student follows the *AARC Statement of Ethics and Professional Conduct* at clinical and in the classroom. The student should be able to cope in high-stress situations within the classroom and at a clinical site. The student always demonstrates integrity, trust, honesty, and ethical behavior.

Clinical Examples: Reflects UNMC with appropriate behavior and attitudes while attending clinical. Illustrates compassion, interest, and motivation as a health care professional, which will be assessed during the admission process, along with preceptor evaluation during clinical. A student must be flexible and able to adapt to changing situations in clinical settings, as they can be unpredictable at times.

Didactic Examples: Acknowledge and respect the views of members of your class when working on group projects. Demonstrate an optimistic outlook when working through conflict with a fellow student. Cope with the constant rigors of a mentally and emotionally demanding program and seek help when under duress.

PHYSICAL AND SENSORY FUNCTION
The student must have a sufficient motor and sensory function to perform a patient assessment including palpation, auscultation, percussion, breath sounds both gross and fine muscular movements, and functional senses such as vision, hearing, and touch.

Clinical Examples: The physical ability and rigor to perform cardiac compressions (CPR) and using an ambu bag for manual resuscitation, fine motor skills to draw blood out of the radial artery, at the appropriate angle, ability to provide therapeutic treatment, push equipment, and hear efficiently to listen to breath sounds. The student must be able to quickly transport themselves with speed for medical codes and emergencies. The respiratory care profession typically works at the bedside and may require 12-hour shifts of standing, bending, and lifting at various periods during a workday. However, it may include noticeably light work at a desk/counter with data entry/charting, writing care plans, providing education, and various administration compliance.

Didactic Examples:
Laboratory classes may require hand/eye coordination for drawing blood gases, intubation, turning knobs on equipment, lifting/pushing equipment, reaching over your head with plugging in equipment or adjusting settings, attending simulation training, application, usage of medication syringes vials blood gas syringes and other tools used for examination and therapy.

VI.   Appendix 2: Graduate Competencies

Graduates of the UNMC MRC Program are expected to demonstrate proficiency in the following competency areas.

Medical Knowledge, Clinical Reasoning, & Problem-Solving Abilities Medical knowledge includes the synthesis of pathophysiology, patient presentation, differential diagnosis, patient management, health promotion, and disease prevention, education, and critical thinking.

Upon completion of the MRC program, graduates should be able to:
1. Explain epidemiology, pathophysiology, risk factors, signs and symptoms, and the appropriate physical examination and pulmonary diagnostic workup, including expected findings, for emergent, acute, and chronic medical conditions.
2. Analyzes physical examination and diagnostic study findings to diagnose and correctly manage general medical and pulmonary conditions, including explaining the indications, contraindications, side effects, interactions, and adverse reactions of pharmacologic agents, deciding on appropriate patient disposition, and proper utilization of other treatment modalities.
3. Develop appropriate interventions for screening and prevention and care plans.
4. Formulate a differential diagnosis using appropriate history, physical exam, and diagnostic study findings.

Interpersonal & Communication Skills
Interpersonal and communication skills encompass the verbal, nonverbal, written, and electronic exchange of information. Respiratory Therapists must demonstrate interpersonal and communication skills that result in effective information exchange with patients, patient's families, physicians, professional associates, and other individuals within the health care system.

Upon completion of the MRC program, graduates will be able to:
1. Demonstrate effective and contextually appropriate communication, questioning, and writing skills to adequately and accurately elicit and document information in a manner that creates and sustains a therapeutic and ethically sound patient relationship, enables sound patient education, and records information for medical, legal, quality, and financial purposes.

2. Works effectively with physicians and other healthcare professionals as a member of a healthcare team, including demonstrating emotional resilience and stability, an understanding of human behavior, adaptability, and flexibility within the team and clinical environment.

Patient Care & Clinical and Technical Skills
Patient care includes patient-specific and setting-specific assessment, evaluation, and management. Respiratory Therapists must demonstrate care that is effective, safe, high quality, and equitable.

Upon completion of the MRC program, graduates will be able to:
1. Works effectively with physicians and other healthcare professionals to provide competent, equitable, evidence-based, patient-centered care, assist in and perform appropriate advanced diagnostic procedures, and provide preventive healthcare services aimed at maintaining health across the lifespan.

2. Demonstrates caring and respectful behavior when interacting with patients of all ages and their families, including collecting essential and accurate information, developing, and conducting patient treatment plans, and providing patient and family counseling and education.

Professionalism

Professionalism is the expression of positive values and ideals as care is delivered. Foremost, it involves prioritizing the interests of those being served above one's own. Respiratory Therapists must acknowledge their professional and personal limitations. Professionalism requires that RTs practice without impairment from substance misuse, cognitive deficiency, or mental illness. Respiratory Therapists must demonstrate an elevated level of responsibility, ethical practice, sensitivity to a diverse patient population, and adherence to legal and regulatory requirements.

Upon completion of the MRC program, graduates will be able to:
1. Explains the appropriate role of the respiratory therapist in collaborating with physicians and all members of the healthcare team while remaining committed to ethical principles, the confidentiality of patient information, and informed consent.
2. Demonstrates respect, compassion, and integrity to all patients, society, and the RT profession, including being sensitive and responsive to individual patients and recognizing and addressing health disparities that may exist.

Upon completion of the MRC program, graduates will be able to:
1. Locates, synthesizes, analyzes, and critiques evidence from scientific studies, technology resources, and current literature, including identification of gaps in knowledge, statistical and methodological validity, limitations, and biases, on diagnostic and therapeutic effectiveness and integrate this information into informed patient management.

Systems-Based Practice & Interprofessional Collaboration

Systems-based practice encompasses the societal, organizational, and economic environments in which health care is delivered. Respiratory Therapists must demonstrate an awareness of and responsiveness to the larger system of health care to provide patient care that balances quality and cost while maintaining the primacy of the individual patient. RTs should work to improve the healthcare system in which their leadership and management of resources are lean but delivered a high quality of care.

Upon completion of the MRC program, graduates will be able to:

The MRC student would be able to articulate/practice the following learnings:
- Articulate the roles and responsibilities of an interdisciplinary healthcare team.
- Deliver patient education with a new pulmonary diagnosis or chronic disease management.
- Manage patients that are critically ill with evidence-based medicine in metropolitan and rural settings.
- Practices with advanced technology as it relates to the diagnosis or treatment of patients. Assists the healthcare provider with high-end procedures such as bronchoscopy, lung ultrasound, line placements, and ECMO (Extracorporeal Membrane Oxygenation).

- Critically think through a safe space in simulation with an interdisciplinary team of health care professionals.
- Provide consultation from a respiratory medicine point of view and contribute to an interdisciplinary team.
- Synthesizes leadership styles, healthcare delivery, regulatory compliance, and promoting respiratory as a leader in the healthcare world.
- Understand and teach back all competencies related to equipment setup, delivery, and troubleshooting.

Graduation Requirements

Graduation requirements include successful completion of the following:

1. Pass, with an equal to or greater than 75% exam average on each Respiratory Care course, which aligns with the comprehensive written exams that focus on NBRC questions and knowledge for the entry to practice master's degree. A 70% or higher overall grade for each (RESP) course., as well as clinical competencies and skills in the clinical setting are needed to be successful in the MRC program.
2. Complete thorough and comprehensive evaluations that support courses taught through the MRC program as it relates to final assignments in each course.
3. The Capstone will be a culmination of the synthesis of the courses throughout the MRC program.

VII. Appendix 3: Curriculum Overview

A. Entry to Practice MRC

The MRC entry to practice curriculum in the **first** year introduces the student to the foundation of respiratory care principles including cardiopulmonary physiology and establishes relationships with health professionals prior to clinical, with simulation, patient assessment and professional shadowing, advanced communication skills, the biology of disease and interdisciplinary care for the patient. The student will learn, and practice introductory skill sets and finish off with advanced critical care diagnostics from neonatal to older persons patient populations.

The **second** year of education will present the student with interdisciplinary courses in perfusion, physician assistant, and the Master of Respiratory Care Respiratory degree completion students. The courses will be in an online format, in clinical IV days will be like a practicing respiratory therapist. The student will learn principles of teaching and learning, advanced clinical practice, and diagnostics, principles of public health, population management, organization of the public health system, social entrepreneurship, interprofessional leadership, quality improvement and leveraging technology to influence leadership roles, how to interpret a research article and apply data to introduce change at a healthcare organization or place of practice, principles of critical inquiry to analyze and interpret research primarily evidence-based medicine, current issues, and trends to include ethics and preparation for the NBRC national exam.

Clinical will include over 1,000 hours of time.

FIRST YEAR

FALL		CREDIT HOURS
RESP 610	FOUNDATIONS OF RESPIRATORY CARE	3
RESP 611	CARDIOPULMONARY ANATOMY & PHYSIOLOGY	3
RESP 612	PATIENT ASSESSMENT AND IPE	4
RESP 613	PROFESSIONALISM AND COMMUNICATION SKILLS	1
PAMM 690	BIOLOGY OF DISEASE	5
	Credit Hours	**16**
SPRING		
RESP 620	CLINICAL PRACTICE I	5
RESP 621	INTRO TO NEONATAL & PEDIATRIC DISEASE	3
RESP 622	INTRO TO ADULT CRITICAL CARE AND DIAGNOSTICS LAB	4
RESP 623	PULMONARY DISEASE IN ADULTS	3
RESP 624	RESPIRATORY CARE & PHARMACOLOGY	3
	Credit Hours	**18**

SUMMER		
RESP 630	CLINICAL PRACTICE II	6
RESP 631	ADVANCED NEONATAL & PEDIATRIC	3
RESP 632	ADVANCED CRITICAL CARE & DIAGNOSTICS	4
RESP 633	IPE AND THE HEALTHCARE TEAM	4
	Credit Hours	**17**

SECOND YEAR

FALL		
RESP 640	CLINICAL PRACTICE III	6
RESP 641	PRINCIPALS OF TEACHING & LEARNING	3
RESP 642	ADVANCED CLINICAL PRACTICE & DIAGNOSTICS	3
RESP 654	PRINCIPALS FOR PUBLIC HEALTH & PUBLIC HEALTH & POPULATION MANAGEMENT	3
CAHP 723	PRINCIPALS OF CRITICAL INQUIRY	2
	Credit Hours	**17**

SPRING		
RESP 650	CLINICAL PRACTICE IV	6
RESP 651	CAPSTONE PROJECT	4
RESP 652	RESEARCH JOURNAL REVIEW FOR RESPIRATORY PRACTITIONERS	3
RESP 653	CURRENT ISSUES AND TRENDS	1
	Credit Hours	**14**
	Total Credit Hours	**82**

First Year Clinical is three days a week with eight hours of clinical a day
Second Year Clinical is two days a week with 12 hours of clinical a day

Entry to Practice
MRC Mini-Clinical Rotating Internships

 Nebraska Medicine is a world-renowned medical center that affords exceptional clinical expertise, ground-breaking research, interventional diagnostic advancements, innovation, and doctors from around the world that make the internship rich with interprofessional sharing of knowledge, communication, and evidence-based practice for the entry-to-practice Master of Respiratory Therapy Student. The student may work with other allied healthcare professionals during Internships, which may take place outside of Nebraska Medicine with approval from the Program Director and Director of Clinical Education. Location sites will be available as the program further develops and gets closer to Spring of 2024.

Each internship will be four weeks in length with one internship per student.

Infections Disease + Pulmonary Research

Pulmonary Medicine + Interventional Pulmonary Diagnostics

Emergency Medicine & Management/Trauma + Bioterrorism/Decontamination

Sleep Medicine + ENT Group

Neonatal/Pediatric Pulmonary

Ethics/Palliative Care + Education

Innovation/Leadership/Interprofessional Education

VIII. Appendix 4: UNMC MRC Program Model of Professionalism

Throughout the UNMC MRC Program Student Policy Handbook, professionalism is emphasized as a primary value for the MRC Program. Here is presented an abbreviated model of professionalism that has been adopted by the MRC Program for its students and faculty and serves as the basis for the student Professionalism Evaluation.

A Definition Guiding the Assessment of Professionalism

Professionalism is demonstrated through a foundation of clinical competence, communication skills, and ethical and legal understanding, upon which is built the aspiration to and wise application of the principles of professionalism: excellence, humanism, accountability, and altruism.

**Definitions for the Four Principles of Professionalism**

Excellence begins with a commitment to competence in medical knowledge and skills, ethical and legal understanding, and communication skills. It includes a continual effort to exceed ordinary expectations in these areas through professional commitment, self-assessment, and lifelong learning. It focuses on dedication to the continuous improvement of the quality of care and the promotion of scientific knowledge and technology in the service of patients.

Humanism denotes a sincere concern for and interest in humanity rooted in the interaction between people in need of assistance and those offering it. Humanism includes respect, compassion, empathy, honor, and integrity in relationships with patients, colleagues, and other health professionals. These qualities also apply to a variety of activities including patient care, academic assignments, scholarly work, and research.

Accountability refers to the procedures and processes by which one justifies and takes responsibility for his or her activities. Responsibility involves the free acceptance of duty to serve one's patients and the public, to advocate for individual patients so they may receive the best possible care and to use systematic approaches to promoting, maintaining, and improving the health of individuals and populations. It also includes responsibility for professional competence and legal and ethical conduct.

Altruism is behavior designed to benefit another person. The essence of altruism involves actions aimed at increasing the welfare of others, particularly those in need. It is grounded in compassion with a deep sense of connection to others. It involves helping others out of a sense of regard and commitment. It demands that patient's best interests rather than the interests of the practitioner guide behavior.

Source: Stern, D.T. (Ed). Measuring Medical Professionalism. New York: Oxford University Press, 2006.
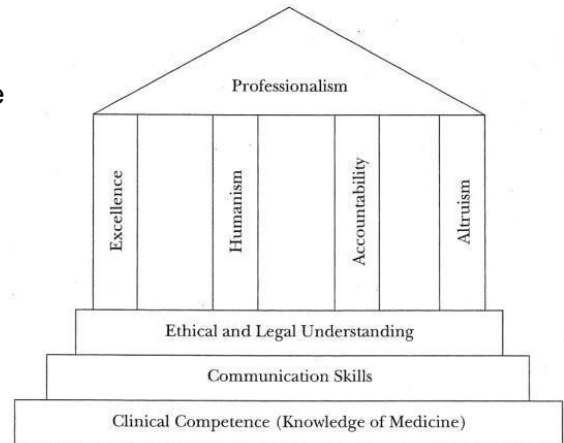
IX. Appendix 5: Professional White Coat

It is the responsibility of each MRC student to assure that patients, peers, other health professionals and the public all clearly understand the identity of the student as a physician assistant student at UNMC, distinguished from other health care professionals. In addition to consistently introducing oneself clearly as a physician assistant student, the proper appearance of the white coat further identifies the student as an RT student in clinical settings.

The white coat is a clear mark of professionalism and the additional emblems described below clearly and uniformly identify the RT students to all. The identifying items required by the Program for all RT students include 1) a standard white coat, 2) embroidery, and 3) an identification badge/card issued by UNMC to all students. This appendix provides guidance and clarification about the proper appearance of the coat and the proper display of identification items on the coat. Please make every effort to be sure that your coat and overall appearance conform exactly to the specifications detailed below.

White Coat

The standard white student coat is short, has buttons in front, and has one left breast pocket, and two waist pockets. The length of the coat should approximate that of a man's or woman's suit coat.
The sleeve length should be exact to avoid having to roll up the sleeves. Smocks, belted coats, long coats (i.e., extending to the knees or below) and colors other than white are not acceptable. The coat should be always absolutely clean, free of soil and stains, and neatly ironed or pressed for a crisp, neat look. It is suggested that students have two (2) coats to ensure that one is ready to always wear (additional coats may be purchased at the bookstore).

University of Nebraska Medical Center Embroidery

This is usually supplied with the coat when the coat is purchased at the UNMC bookstore. It is sewn or permanently affixed just above the left breast pocket of the coat.

University of Nebraska Medical Center Identification Badge/Card

The UNMC ID card must be always worn by RT students to identify themselves as currently enrolled students. The ID should be worn on the person for easy visual access by others, such as around the neck on a chain/cord or pinned to the breast pocket of the coat.

X.   Appendix 6: Definition of Terms Academic and Respiratory Care

Academic Dismissal -Refer to the College of Allied Health (CAHP) Student Success and Academic Standing Policy at
https://www.unmc.edu/cahphandbook/index.php/Student_Success_and_Academic_Standing.

Academic Probation - Refer to the College of Allied Health (CAHP) Student Success and Academic Standing Policy at
https://www.unmc.edu/cahphandbook/index.php/Student_Success_and_Academic_Standing.

Academic Warning - A cautionary notice from the Program Director that the student is not meeting minimum academic standards of the Program in a course or clerkship in progress. If improvements are not made, further academic consequences may result.

Good Standing - The student is currently meeting all requirements for satisfactory academic progress and all other requirements of the Program.

Leave of Absence - Refer to the College of Allied Health (CAHP) Student Success and Academic Standing Policy at
https://www.unmc.edu/cahphandbook/index.php/Student_Success_and_Academic_Standing.

Distance Education- Education that uses one or more technologies (i.e., Internet, telecommunication, video link, or other electronic media to deliver instruction to students with no physical assess to the instructor, and to support regular and substantive interaction between those students and the instructor, either synchronously or asynchronously.

Respiratory Care Terminology

CoARC	Commission on Accreditation of Respiratory Care
CRT	Certified Respiratory Therapist
NBRC	National Board of Respiratory Care
MRC	Master of Respiratory Care
RCP	Respiratory Care Practitioner
RRT	Registered Respiratory Therapist
RT	Respiratory Therapist
RTS	Respiratory Therapy Student

XI. Appendix 7: American Association of Respiratory Care (AARC) Position Statements

The AARC is an association for respiratory care and allied health professionals interested in cardiopulmonary care. It is a national organization that requires membership to belong, as a student or as a professional post-graduation.

The AARC encourages and promotes professional excellence, advances the science and practice of respiratory care, and serves as an advocate for patients and their families, the public, the profession, and the respiratory therapist. Below you will find position statements from the AARC on defining the following.

Definition of Respiratory Care
https://univnebrmedcntr-my.sharepoint.com/:b:/r/personal/lfuchs_unmc_edu/Documents/CoARC/statement-of-definition-of-respiratory-care%20(2).pdf?csf=1&web=1&e=yMUQzO

Respiratory Therapist Education
https://univnebrmedcntr-my.sharepoint.com/:b:/r/personal/lfuchs_unmc_edu/Documents/AARC/statement-of-respiratory-therapist-education.pdf?csf=1&web=1&e=M45OUB

Diversity and Inclusion
https://univnebrmedcntr-my.sharepoint.com/:b:/r/personal/lfuchs_unmc_edu/Documents/Documents/statement-of-diversity-and-Inclusion%20(1).pdf?csf=1&web=1&e=wcdm3C

Ethics and Professional Conduct
https://univnebrmedcntr-my.sharepoint.com/:b:/r/personal/lfuchs_unmc_edu/Documents/AARC/statement-of-ethics%20(1).pdf?csf=1&web=1&e=k0czhf

Statement for Continuing Education
https://univnebrmedcntr-my.sharepoint.com/:b:/r/personal/lfuchs_unmc_edu/Documents/AARC/statement-of-continuing-education.pdf?csf=1&web=1&e=2RudwU

XII.   Appendix 8: Student Acknowledgement and Signature

THE STUDENT AGREEMENT WITH THE MRC PROGRAM

Each student accepted into the UNMC MRC Program will be expected to enter into an agreement with the Program. This agreement is a non-legal agreement between two parties. The agreement states that as a condition of acceptance into, and continuation in the Program, the student freely and sincerely agrees to abide by the UNMC Master of Respiratory Care Program Handbook, a collective name for the policies, requirements, guidelines, and expectations of the Program. In return, the Program agrees to provide instruction, experiences, and guidance to enable the student to become a competent physician assistant. The agreement is intended to emphasize the commitment to professional excellence on the part of both the student and the Program.

The student is asked to sign the following Agreement Declaration:
I hereby affirm and declare that I,_____ , wish to enroll in, and complete the Master of Respiratory Care Program at UNMC. As a condition for enrollment and continued progress in the Program, I freely and with full understanding and sincerity of purpose, agree to enter into an agreement with UNMC MRC Program and abide by the policies, requirements, guidelines, and expectations of the Program collectively known as the UNMC Program Handbook. In return, I understand that the UNMC MRC Program agrees to provide me with the curriculum, instruction, and guidance to enable me to become a competent, and compassionate professional respiratory care practitioner. I also understand and agree that if, in the judgment of the Program Director and the faculty of the Program, I fail to meet the obligations, responsibilities or requirements as stated in the Handbook I have agreed to, my enrollment will be terminated via voluntary withdrawal or dismissal. Finally, I understand the intent and meaning of the Handbook contained herein and agree that the Handbook will be used to evaluate my academic progress and professional conduct for as long as I am enrolled in the UNMC Master of Respiratory Care Program. I understand that additional student policies can be found in the College of Allied Health Professions Student Handbook at:
https://www.unmc.edu/cahphandbook/index.php/Main_Page

Student Signed

Date

Program Director

Date

This Handbook, presented to each student accepted in the UNMC MRC Program, is unique to the Program and is designed to promote standards for academic progress, professional development, and personal responsibility over the 21 months of the program curriculum. Each student enrolled in the Program is expected to read and understand this Handbook and keep it in a handy place for ready reference. It is also conveniently available on Canvas in the course RESP 612 Patient Assessment and IPE course. Each student is encouraged to obtain clarification from the Program Director about any sections not understood.

The information contained herein replaces previous policies and requirements and will be effective for all students in the Fall Semester of the 2024-2025 academic year and thereafter. Consequently, any student appeals that attempt to invoke, utilize, or assume as precedent any past policies, requirements or practices will not be considered valid or legitimate.

Reviewed and Revised April 27, 2023

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