

University of Nebraska Medical Center

Master of Respiratory Care Program Degree Advancement Option 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.

The priority of the program is a quality education dedicated to understanding the fundamentals of respiratory care practice while immersing the student in innovative opportunities such as interprofessional education, management of chronic diseases, invasive diagnostic procedures, management of acute diseases, evidence-based medicine, 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. 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 care 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. We look forward to educating you on a pathway of growth within the respiratory care profession.

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



Lisa Fuchs, EdD, MHA, RRT, CTTS, CHWC, ACUE
Program Director | [Bio](#)



Ruxana Sadikot, MD, MRCP (UK)
Medical Director | [Bio](#)



Monti Sharma, MD, FACS
Medical Director | [Bio](#)

MRC Staff



Nicholas Hanson, BS
Education Program Coordinator
402.559.7963

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 learning respiratory courses 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 and instructors 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.

TABLE OF CONTENTS

Respiratory Care Administration	4
I. Mission and Goals of the UNMC MRC Program.....	7
___ A. Mission	7
___ B. Goals.....	7
___ C. Student Learning Outcomes.....	7
II. The Respiratory Care Profession.....	7
___ A. Definition of a Respiratory Therapist	7
___ B. Description of Degree Advancement Respiratory Care Profession*	8
___ C. UNMC MRC Program Accreditation	8
Definition of CoARC (Commission on Accreditation for Respiratory Care) Accreditation	8
___ D. Definition of Provisional Accreditation	8
___ E. Membership to the American Association of Respiratory Care (AARC)	8
___ F. Interprofessional Education	9
III. Academic Policies.....	9
___ A. Evaluation of Student Academic Work & Standards of Academic Progress	9
___ Letter Graded Evaluation	10
___ Professionalism Evaluation.....	11
___ B Failing to Meet Standards of Academic Progress.....	11
___ C. Program Dismissal	12
___ 1. Academic Dismissal	12
___ 2. Student Code of Conduct	12
___ D. Appeals	12
___ E Withdrawal.....	13
IV. Program Policies	13
___ A General Policies	13
___ 1. Professionalism	13
___ 2. Personal Conduct.....	13
___ 3. Leave of Absence.....	14
___ 4. Student Society and Involvement in Professional Organization – Sponsored Activities.....	16
___ 5. Program Evaluations.....	16

<u>6.</u> Background Checks	17
<u>7.</u> Attendance	17
<u>B.</u> Degree Awarded.....	18
<u>C.</u> Awarding Degrees with Honors	18
V. Appendix 1: Technical Standards.....	19
VI. Appendix 2: Graduate Competencies	21
VII. Appendix 3: Curriculum Overview	24
VIII. Appendix 4: UNMC MRC Program Model of Professionalism.....	35
IX. Appendix 6: Definition of Terms Academic and Respiratory Care.....	36
X. Appendix 7: American Association of Respiratory Care (AARC) Position Statements.....	37
XI. Appendix 8: Student Acknowledgement and Signature	38

I. Mission and Goals of the UNMC MRC Program

A. Mission

To prepare competent respiratory care practitioners by offering educational and advanced diagnostic learning 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

To provide graduates of entry into respiratory care professional practice degree programs with additional knowledge, skills, and attributes in leadership, management, education, research, and/or advanced clinical practice that will enable them to meet their current professional goals and prepare them for practice as advanced degree respiratory therapists.

C. Student Learning Outcomes

MASTER'S DEGREE - 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)

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.

B. Description of Degree Advancement Respiratory Care 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 Practicing registered respiratory therapists can elevate the profession by applying a higher level of understanding with case management, innovation, Well-being coaching, equity, inclusion, and diversity, a respiratory therapist as a disease manager, and earning an advanced certification or certificate.

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. Membership to the American Association of Respiratory Care (AARC)

A professional association for respiratory care and allied health professionals interested in cardiopulmonary care. A membership benefits the respiratory care practitioner in the following ways: career services, continued education, the latest respiratory news and information, networking opportunities, consumer savings, professional development, tools for the job and resources for professional promotion.

The MRC program will be using the AARC for assignments and resources, as well as certifications.

F. 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/ipeccore-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_Standings.

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](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](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](https://www.unmc.edu/cahphandbook/index.php/Student_Success_and_Academic_Standing)

E. Withdrawal

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. 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.

4.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)

4.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.

4. 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/>

5. 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.

6. 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-policy/>

Relevant Standards, Laws, and Policies

7. Attendance

Attendance at all synchronous 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.

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, 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.

Professional Conduct can be found on the following CAHP Handbook Link:

https://www.unmc.edu/cahphandbook/index.php/Professional_Conduct

B. Degree Awarded

UNMC MRC Program graduates are awarded the Master of Respiratory Care (MRC) degree.

C. 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. 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.

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.

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.

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.

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.

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

The program assures that each student has access to equivalent learning materials and information in the classroom and will have equal access to everything throughout the respiratory education program.

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. A 70% or higher overall grade for each (RESP) course, 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. Degree Advancement Option

In the **first** semester the MRC degree advancement option online course curriculum is an introduction to the advancement of respiratory care principles including teaching, critical thinking and inquiry, gaining knowledge on managing public health related respiratory care patient population and completing the year with advanced clinical practice and cardiopulmonary diagnostics management. By the end of the semester the student will earn an advanced certification in the Special Topics in Respiratory Care course related to an advancement of the respiratory care profession.

The **second** semester of education will present the student with appraisal of a research journal article, as well as application to current respiratory practice. The elevation of a respiratory therapist as a disease manager, case studies with interprofessional and evidence-based practice to include quality improvement. The application of health status gap and the impact on urban and rural education and cultural competence courses will include interprofessional education, research, disease management, evidence base practice and enhanced learning of equity, inclusion, and diversity.

The **third** semester and final semester will include a leadership course on interprofessional education and the healthcare team, a course on coaching for well-being as it relates to self-care and coaching patients and/or staff toward growth and behavior change. The student will participate in a capstone course to synthesize the degree advancement which includes the knowledge gained through the MRC program in an area of interest in healthcare.

FIRST YEAR

FALL		CREDIT HOURS
RESP 658	SPECIAL TOPICS IN RESPIRATORY CARE	1
CAHP 723	PRINCIPLES OF CRITICAL INQUIRY	2
RESP 641	PRINCIPALS OF TEACHING AND LEARNING	3
RESP 654	PUBLIC HEALTH AND POPULATION MANAGEMENT	3
RESP 642	ADVANCED CLINICAL PRACTICE AND DIAGNOSTICS	3
	Credit Hours	12
SPRING		
RESP 652	RESEARCH JOURNAL REVIEW FOR RESPIRATORY PRACTITIONERS	3
RESP 643	THE RESPIRATORY THERAPIST AS A DISEASE MANAGER	3
RESP 655	INTERPROFESSIONAL EDUCATION AND EVIDENCE BASE PRACTICE	3
RESP 656	EQUITY, INCLUSION AND DIVERSITY	2
	Credit Hours	11
SUMMER		
RESP 651	CAPSTONE PROJECT	4
RESP 633	INTERPROFESSIONAL EDUCATION AND THE HEALTHCARE TEAM	3
RESP 657	COACHING FOR WELL-BEING	2
	Credit Hours	9
	Total Credits	32

RESP 658- Special Topics in Respiratory Care – Certification and Certificate Information
(See the RESP 658 Syllabus for more details)

Name/Examination	Credential	Cost	Website	Pre-Req	Practice Exams/Study Resources/Timeframe
Pulmonary Function Technology	PFT	\$200	Registered Pulmonary Function Technologist (RPFT) - The National Board for Respiratory Care (nbrc.org)	RRT	www.nbrc.org/resources
Neonatal/Pediatric Specialist	NPS	\$250	Neonatal/Pediatric Specialty (NPS) - The National Board for Respiratory Care (nbrc.org)	RRT	www.nbrc.org/resources ; Course Detail (aarc.org)
Sleep Disorders Specialist	SDS	\$300	Sleep Disorders Specialty (SDS) - The National Board for Respiratory Care (nbrc.org)	RRT for 3 months	www.nbrc.org/resources
Adult Critical Care Specialist	ACCS	\$300	Adult Critical Care Specialty (ACCS) - The National Board for Respiratory Care (nbrc.org)	RRT for 1 year	www.nbrc.org/resources ; Course Detail (aarc.org)
Asthma Educator Specialist	AE-C	\$350	Certified Asthma Educator (AE-C) - The National Board for Respiratory Care (nbrc.org)	RRT	www.nbrc.org/resources ; Course Detail (aarc.org)
Advanced Leadership – Management Track		\$115/\$165	Course Detail (aarc.org)		
Advanced Leadership – Education Track		\$135/\$185	Course Detail (aarc.org)		
Advanced Leadership – Research Track		\$135/\$185	Course Detail (aarc.org)		
Pulmonary Disease Educator	PDE	\$225/\$299	Pulmonary Disease Educator Course - AARC		
Pulmonary Rehabilitation Certificate Course		\$225/\$325	Pulmonary Rehabilitation Certificate Course - AARC		
Certified COPD Educator	CCE	Need more info	COPD Educator Course American Lung Association		3 partial day course
ELSO Adult ECMO Practitioner Certification	E-AEC		www.else.org/ecmo-education/certificationexam.aspx		
See RESP 658 Syllabus for more options.					

Each student will be responsible to pay for the certification of their choice in addition to the cost for the RESP 658 course. The AARC membership affords the student a \$40.00 discount when registering for the certification exam.

Grading Rubrics

[Grading rubrics must be provided for all assignments that do not have an answer key (e.g., assignments where grading is more subjective than objective). It is important to demonstrate equitable grading among all students. Examples are shown below.]

[Example 1.] Class Preparation and Discussion Rubric (10 points)

		Class Preparation and Discussion Rubric (10 points)					
Criteria	Excellent	Good	Competent	Fair	Limited	Poor	
Class preparation (5 points)	<ul style="list-style-type: none"> The student comes to class prepared and has read, watched and/or completed the required pre-class readings and exercise. The student demonstrates a clear understanding of the topic and participates in an interactive way. (5 points) 	<p>The student comes to class prepared and has read, watched and/or completed the required pre-class readings and exercise, but the student lacks a deep understanding of the topic (able to contribute meaningfully). (4 points)</p>	<p>The student comes to class prepared and has read, watched and/or completed the required pre-class readings and exercise, but the student lacks a clear understanding of the topic (able to contribute some of the time). (3 points)</p>	<ul style="list-style-type: none"> The student comes to class partially prepared. They have completed most of the pre-class work. The student has limitations in knowledge but is able to contribute marginally during discussions. (2 points) 	<ul style="list-style-type: none"> The student comes to class partially prepared. They have not completed all the pre-class work. The student lacks knowledge and is not able to contribute meaningfully during discussions. (1 point) 	<ul style="list-style-type: none"> The student does not come to class prepared and has not read, watched and/or completed the required pre-class readings and exercises. The student lacks knowledge and is not able to contribute during discussions (0 points) 	
Criteria	Master	Proficient	Competent	Learner	Novice	Inadequate	
Participation in class discussions (5 points)	<ul style="list-style-type: none"> The points being made by the student are insightful. They exhibit one or more of the following: <ol style="list-style-type: none"> Validating - Validates the contributions of others and explains why their contributions resonate. Resourceful - Shares or creates resources that contribute to the discussion. Inquiring - Offers feedback, asks questions, provides reflection or commentary. Community Expander - Leads a section of the community to a new and deeper discourse. (5 points) 	<ul style="list-style-type: none"> The student demonstrates partial understanding of the discussion and concepts. Comments exhibit an attempt at one or more of the following: <ol style="list-style-type: none"> Validating - Validates the contributions of others and explains why their contributions resonate. Resourceful - Shares or creates resources that contribute to the discussion. Inquiring - Offers feedback, asks questions, provides reflection or commentary. Community Expander - Leads a section of the community to a new and deeper discourse (4 points) 	<ul style="list-style-type: none"> The student does not understand the discussion point or applies the concepts incorrectly. Comments exhibit an attempt at one or more of the following: <ol style="list-style-type: none"> Validating - Validates the contributions of others and explains why their contributions resonate. Resourceful - Shares or creates resources that contribute to the discussion. Inquiring - Offers feedback, asks questions, provides reflection or commentary. Community Expander - Leads a section of the community to a new and deeper discourse. (3 points) 	<ul style="list-style-type: none"> Comments are appropriate and positive but not expansive. Student volunteers responses (2 points) 	<ul style="list-style-type: none"> Comments are minimal. Usually, the student just likes or agrees with others' views and does not add to the discussion. Student speaks only when called upon (1 point) 	<ul style="list-style-type: none"> Does not speak even when called on (0 points) 	

[Example 2.] Discussion Rubric (10 points)

This rubric is available for import in Canvas. It is titled: BMB Discussion Group Rubric (Designed by Richard MacDonald and Laurey Steinke)

BMB Discussion Rubric (10 points)			
Criteria	2 points	1 point	0 points
Engagement and Participation (1 points)	N/A	<ul style="list-style-type: none"> • Student voluntarily offers feedback, asks questions, and provides reflection or commentary. 	<ul style="list-style-type: none"> • Student speaks only when called upon and does not add to the discussion.
Conduct and Professionalism (2 points)	<ul style="list-style-type: none"> • Student listens and incorporates and expands on the contributions of others. 	<ul style="list-style-type: none"> • Student listens but does not interact with others' comments fully. 	<ul style="list-style-type: none"> • Student does not listen, interrupts others, uncooperative.
Relevance of Contributions (3 points)	<ul style="list-style-type: none"> • Student offers relevant information. • Discussion promotes deeper analysis of the topic. 	<ul style="list-style-type: none"> • Student always offers relevant contribution, but not expansive. • Student's contribution is sometimes off-topic or distracting. 	<ul style="list-style-type: none"> • Student's contributions to the discussion are always off-topic, irrelevant or counterproductive.
Preparation (3 points)	<ul style="list-style-type: none"> • Student comes to class prepared and has read, the required pre-class readings. • Student looked up concepts to clarify understanding. • Student demonstrates a clear understanding of the topic and participates in an interactive way. 	<ul style="list-style-type: none"> • Student has read and thought about the material in advance of class. • Student lacks a clear understanding of the topic (not able to contribute meaningfully). 	<ul style="list-style-type: none"> • Student does not appear to have read material in advance of class. The student lacks the knowledge and is not able to contribute meaningfully during discussions.
Synthesis and Application (1 point)	NA	<ul style="list-style-type: none"> • Student integrates new information with prior knowledge. 	<ul style="list-style-type: none"> • Student gasps new knowledge but compartmentalizes it.

[Example 3.] Presentation Rubric (25 points)

Criteria	Excellent 5 points	Good 4 points	Competent 3 points	Fair 2 points	Limited 1 point	Poor 0 points
Organization and use of visual effects (5 points)	<ul style="list-style-type: none"> • Slides have the required components (person, place time, magnitude and recommendation), and the information is well organized. • Oral presentation aligns very well with the visuals and transition is smooth from one section to another. • Visual aids are professional-looking, informative, and are effectively used to enhance the audience's understanding of the materials. 	<ul style="list-style-type: none"> • Slides have the required components (person, place time, magnitude and recommendation), and the information is consistently organized. • Oral presentation aligns with the visuals and transitions from one section to another are adequate. • Visual aids are well prepared, informative, and are used to enhance the audience's understanding of the materials. 	<ul style="list-style-type: none"> • Slides have the required components (person, place time, magnitude and recommendation), and the information is consistently organized. However, the oral presentation sometimes does not follow the slides. • Visual aids are well prepared and informative but do not always support the text. 	<ul style="list-style-type: none"> • Slides have the required components (person, place time, magnitude and recommendation), and the information is consistently organized. However, the oral presentation does not match or follow the slides. • Visual aids are well prepared and informative but do not support the text. 	<ul style="list-style-type: none"> • There is no sequence of information and/or some of the required main components (person, place time, magnitude and recommendation) are missing. • Slides have the required components (person, place time), but information is inconsistently organized; therefore, it is very difficult to follow the presentation. • Does not include any visual aids (table, graph, pictures) to enhance the audience's understanding of the materials. • The font size is too small and cannot be read. 	<ul style="list-style-type: none"> • There is no sequence of information and most or all of the required main components (person, place time, magnitude and recommendation) are missing. • Slides have the required components (person, place time), but information is not organized; therefore, it is impossible to follow the presentation. • Does not include any visual aids (table, graph, pictures) to enhance the audience's understanding of the materials. • The font size is too small and cannot be read.
Slides (5 points)	<ul style="list-style-type: none"> • The title of the presentation and presentation contents are elegant and without errors... • The presentation content is extensively referenced. 	<ul style="list-style-type: none"> • The title of the presentation and presentation contents are relevant and without errors. • The presentation content is fully referenced 	<ul style="list-style-type: none"> • The title of the presentation and presentation contents are not completely relevant or contain minor errors. • The presentation content is not fully referenced. 	<ul style="list-style-type: none"> • The title of the presentation and presentation contents are not completely relevant and contain minor errors. • The presentation content is only partially referenced. 	<ul style="list-style-type: none"> • The title of the presentation and presentation contents either have errors or are not relevant to public health. • The presentation content is minimally referenced 	<ul style="list-style-type: none"> • The title of the presentation and presentation contents have errors and are not relevant to public health. • The presentation content is not referenced.

Criteria	Excellent 5 points	Good 4 points	Competent 3 points	Fair 2 points	Limited 1 point	Poor 0 points
Required Content (5 points)	The 5 key portions of the presentation are clear and well defined	The 5 key portions of the presentation are mostly clear and well defined with some ambiguity.	The 5 key portions of the presentation are present but not fully discussed	The 5 key portions of the presentation are present but not well discussed	1 or 2 of the 5 key portions of the presentation is missing or lacks clarity	At least 3 of the 5 key portions of the presentation are missing or lack clarity
Delivery (5 points)	<ul style="list-style-type: none"> • Presenter maintains eye contact and uses notes minimally. • Presentation reflects thorough preparation and coordination among students. • Presentation was within the assigned time limit. 	<ul style="list-style-type: none"> • Presenter maintains eye contact and uses the notes effectively. • Presentation reflects preparation and coordination among students. • Presentation was within the assigned time limit. 	<ul style="list-style-type: none"> • Presenter maintains eye contact and uses the notes most of the time. • Presentation reflects a lack of coordination among the students 	<ul style="list-style-type: none"> • Presenter maintains eye contact some of the time but relies heavily on the notes. • Presentation reflects minimal coordination among the students. 	<ul style="list-style-type: none"> • Presenter reads the slides and makes minimal eye contact with the audience. • Difficult to hear the presenter • Presentation reflects lack of practice and/or coordination 	<ul style="list-style-type: none"> • Presenter reads the slides and makes no eye contact with the audience. • Impossible to hear the presenter. • Presentation is totally disorganized. .
Time limit (1 point)	N/A	N/A	N/A	N/A	Presentation was within the assigned time limit (13-15 minutes).	Presentation was not within the assigned time limit (exceeded 15 minutes).
Timeliness (4 points)	N/A	Presentation was uploaded on Canvas on time (by the due date/time).	The presentation was uploaded on Canvas within 12 hours after the due date/time.	The presentation was uploaded on Canvas within 24 hours after the due date/time.	The presentation was uploaded on Canvas within 24-36 hours after the due date/time	The presentation was uploaded on Canvas within 36-48 hours after the due date/time.

[Example 4.] Writing Assignment Rubric (10 points)

This rubric is available for import in Canvas. It is titled: Writing (Designed by Melissa Teoh-Fitzgerald and Laurey Steinke)

Category	5 Points	4 Points	3 Points	2 Points	1 Point	0 Points
Summary (3 Points)	N/A	N/A	Clearly summarizes the aims and significance of the seminar.	Summary is provided; Significance of the seminar is not well described/ or irrelevant.	Summary is provided, but lacks clarity; Significance of the seminar is not well described or irrelevant	Summary and significance of seminar are not provided or irrelevant.
Criticism (4 Points)	N/A	The implications of the experimental design, and results for the hypothesis are clearly explained. Strengths and weaknesses that are central to the seminar are addressed. Outside information is integrated to evaluate the design	The implications of the experimental design, and results for the hypothesis are clearly explained. Strengths and weaknesses that are central to the seminar are addressed. Only includes critiques discussed during class with no additional input.	Evaluation of design, results and conclusions is incomplete. Strengths and weaknesses that are peripheral to the seminar are addressed. Only includes critiques discussed during class with no additional input.	Uncritical acceptance of seminar's' conclusions or baseless objections to them. Strengths and weaknesses are addressed peripherally and weakly.	Little or no mention of the seminar's intent. Little or no evaluation on strengths and weaknesses of the seminar.

		and conclusions.				
Spelling/ Grammar (1 Point)	N/A	N/A	N/A	N/A	No or very few spelling or grammatical errors.	Errors on almost every page.
Organization (2 Points)	N/A	N/A	N/A	Paper is well organized, has a very clear summary, introduction, body and conclusion with the purpose, title and speaker included in the introduction.	Paper is organized, has a summary, introduction, body and conclusion. The purpose of the paper is provided but not clearly described.	Paper is not well organized, has an unclear or non-existent summary, introduction, body and conclusion. The purpose of the paper is unclear or missing.

[Example 5.] Journal Critique Rubric (10 points)

This rubric is available for import in Canvas. It is titled: Journal Critique Rubric (Designed by Laurey Steinke)

Journal Critique Rubric (10 points)						
Criteria	5 Points	4 Points	3 Points	2 Points	1 Point	0 Points
Format (1 point)	N/A	N/A	N/A	N/A	Critique is presented in paragraph format. Each paragraph has an introductory and a concluding sentence and conveys one point with supporting evidence. Sentences are complete and grammar is correct. There are no misspellings.	Portions of the critique are presented as bullets. Two sentence paragraphs, misspelling and incorrect grammar are present.
Introduction (1 points)	N/A	N/A	N/A	N/A	Basic framework for the critique is outlined in one or two paragraphs. Overall opinion of the article is stated, along with the full citation for the article. Evidence is not included in these paragraphs.	Citation of the article is not provided, and the first paragraphs immediately descend into detail without an overall viewpoint presented.
Body (5 points)	The logic in the paragraphs is clear and well ordered. The required components are present from all articles assigned: <ul style="list-style-type: none"> • Hypothesis is examined for clarity and logic, and the objective of the article is stated. • Experimental design and methods are described. <ul style="list-style-type: none"> o Does the author detail the methods thoroughly? o Is the study designed without major flaws? o Is there a problem with the sample size? o How was sample size determined? o Was a control group created for comparison? o Are appropriate statistical calculations performed? • Conclusion is summarized and examined to determine if it is supported by the data presented. • Possible future directions are described 	All of the appropriate elements are present, but the flow and logic of the narrative are not clear.	The critique is missing appropriate elements and extraneous material is presented.	The critique is missing crucial elements, rambles, and does not make a clear point.	The critique is missing crucial elements and it is clear that major elements of the article were not understood correctly.	It is clear that the article was misinterpreted, and there is little to no discussion of the elements listed
Complication (1 point)	N/A	N/A	N/A	N/A	Article is compared and contrasted to other articles on the same theme but not cited by the article being critiqued or some interesting new point about the article is discussed.	No new ideas or information is presented, or new information is presented in a confusing manner.

Journal Critique Rubric (10 points)						
Criteria	5 Points	4 Points	3 Points	2 Points	1 Point	0 Points
Conclusion (2 points)	N/A	N/A	N/A	Major points are summarized and the implications of the critiqued article for the discipline are discussed. A clear conclusion with an assertive closing sentence is present.	An abbreviated sentence or two with no summary of main points is used to convey the conclusion.	Critique ends abruptly with no summary or clear conclusion.

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

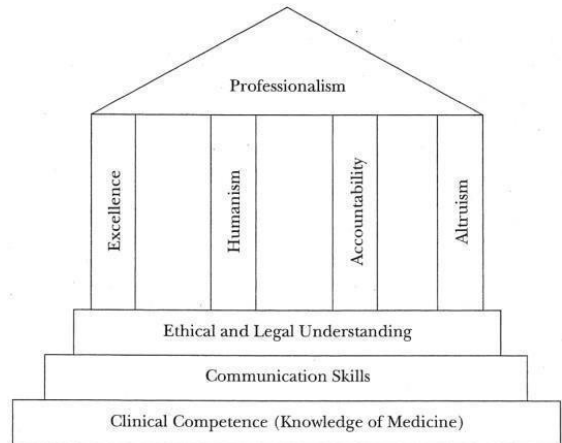
Excellence begins with a commitment to competence in medical knowledge and skills, ethical and legal understanding, and communication skills. It includes a continual effort to exceed ordinary expectations in these areas through professional commitment, self-assessment, and lifelong learning. It focuses 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, 200



IX. 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.

Online: All course activity is done online. There are no required face-to-face sessions other than on ZOOM if a course requires a virtual activity. (Exception: Courses requiring only one in person practicum, with all other work completed online)

<https://catalog.unmc.edu/general-information/student-policies-procedures/credit-hour-def/>

Asynchronous – No face-to-face all homework is completed by due dates listed on the course syllabus.

Synchronous - A time is defined in which the student logs onto a course, and face-to-face is required for the course. (a camera and computer speaker are required).

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

X. 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](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](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](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

XI. 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

Program Director

Date

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 September 23, 2023