

COLLEGE OF HEALTH PROFESSIONS
RESPIRATORY CARE
B.S. and M.S. PROGRAMS

STUDENT HANDBOOK



2024-2025 Academic Year

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University of Arkansas for Medical Sciences

College of Health Professions

RESPIRATORY CARE PROGRAMS

BS-CRC & MSRC

Program Policies and Procedures

This document is posted on the program webpage at:

<https://healthprofessions.uams.edu/programs/respiratorycare/policies/>

All students must abide by the College of Health Professions (CHP) academic policies found in the CHP catalog posted at:

<https://healthprofessions.uams.edu/about-the-college/catalogs-and-handbooks/>

This manual is a required text for all program courses and clinical practicum.

These policies are effective beginning in the fall semester of the academic year. It is the student's responsibility to read and retain the information enclosed. Upon completing the review of this manual, the student will sign the appropriate forms. These statements will become part of the student's permanent academic and clinical file.

MISSION STATEMENT

The UAMS Department of Respiratory Care program is dedicated to developing practitioners of influence who demonstrate the value of our profession, and lead it forward to meet the needs of a diverse healthcare community.

PROGRAM GOALS

1. To prepare graduates with demonstrated competence in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains of respiratory care practice as performed by registered respiratory therapists (RRTs).
2. 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 (which may include an area of clinical specialization).

CORE VALUES

- We value and steward our legacy of student excellence and national prominence.
- We value our collective vision that embraces change to promote the future of respiratory care.
- We value a supportive environment that promotes a culture of professional achievement and mutual respect.

STUDENT LEARNING OUTCOMES

The educational outcomes necessary to achieve the program goals are identified by the faculty through a comprehensive analysis of the Commission on Accreditation for Respiratory Care entry – to – practice standards, the National Board for Respiratory Care (NBRC) Therapist Multiple Choice (TMC) and Clinical Simulation Exam (CSE) content outlines, and with continuous dialogue with clinical preceptors and program Advisory Committee members. These competencies are then mapped to the curriculum at least once each year to ensure content is taught and that students are evaluated at an appropriate level to be able to practice proficiently upon graduation.

Graduates of the bachelor's degree program are expected to meet the following learning outcomes:

1. Perform all respiratory care diagnostic and therapeutic procedures required of a respiratory therapist entering the profession. [CoARC Standard 4.04]
2. Function within inter-professional, patient-centered teams. [CoARC Standard 4.05]
3. Communicate effectively with diverse populations (varied ages, abilities, ethnicities). [CoARC Standard 4.05]

4. Apply problem-solving strategies in patient care setting (critical thinking). [CoARC Standard 4.06]
5. Apply ethical decision-making and professional responsibility (intellectual honesty and appropriate academic and professional conduct). [CoARC Standard 4.07]

Graduates of the master's degree program are expected to meet the following learning outcomes:

1. Evidence-based inquiry: Apply research methods to develop and answer a relevant research question.
2. Advanced knowledge: Demonstrate critical thinking and reasoning to explain advanced concepts relating to cardiovascular critical care, disease management, clinical management and care coordination, or an approved area of focus.
3. Professional Communication: Use effective oral and written communication skills consistent with professional practice.
4. Education: Apply educational and health literacy theory in the development of an educational project directed to colleagues, patients, or peers.
5. Leadership: Apply leadership theories to demonstrate leadership in an interprofessional team.

Advanced MSRC rubrics will be used to evaluate assessments and projects that include higher level competence and ESLO's. Master's Internship I and Master's Internship II will have additional learning / practice objectives which are supported by increased clinical hours, additional rotations based on areas of interest, and more frequent evaluations. Students compile a professional portfolio of evidence to support competence in each ESLO.

Core Competencies:

Bachelor's degree and master's degree students are expected to demonstrate core competencies for entry to the profession.

Respiratory Therapists are members of a team of health care professionals working in a wide variety of clinical settings to evaluate, treat and manage patients of all ages with respiratory illnesses and other cardiopulmonary disorders.

- As team members, respiratory therapists should exemplify the ethical and professional standards expected of all health care professionals.

Respiratory therapists provide a broad range of patient care, including clinical decision-making and patient education. The respiratory care scope of practice includes the following basic or core competencies:

- Acquire and evaluate clinical data;
- Assess the cardiopulmonary status of patients;

- Perform and assist in the performance of prescribed diagnostic studies, including blood gas analysis, pulmonary function testing and polysomnography;
- Evaluate data to assess the appropriateness of prescribed respiratory care;
- Establish therapeutic goals for patients with cardiopulmonary disease;
- Participate in the development and modification of respiratory care plans;
- Complete the case management of patients with cardiopulmonary and related diseases;
- Initiate prescribed respiratory care treatments, manage life support activities, evaluate and monitor patient responses to such therapy and modify the prescribed therapy to achieve the desired therapeutic objectives;
- Initiate and conduct prescribed pulmonary rehabilitation;
- Provide patient, family and community education;
- Promote cardiopulmonary wellness, disease prevention and disease management;
- Promote evidence-based practice by using established clinical practice guidelines and by evaluating published research for its relevance to patient care;
- Function within inter-professional teams and communicate effectively with diverse populations;
- Apply problem-solving strategies in the patient care setting;
- Apply ethical decision making and professional responsibility.

Competency is evaluated progressively throughout the program by a large variety of process and end-product assessments. Competency is demonstrated through the following direct and indirect means (not a complete list):

- 1) Content knowledge Competencies: written, faculty-designed examinations, progression examinations prepared by a professional testing agency, scores on TMC and CSE Self-Assessment exams, use of literature to answer a clinical question; conducting a critical appraisal of the literature; individual and group presentations; course grades; graduate and employer survey ratings
- 2) Skill Competencies: Demonstrations of abilities; Instructor/clinical preceptor evaluation of skills in laboratory and clinical setting; course grade; clinical simulations; graduate and employer survey ratings
- 3) Professional Competencies: group presentations; peer reviews; student reflections; clinical simulations; clinical preceptor assessments, graduate and employer survey ratings; inter-professional education activities and assessments.

Accreditation

The UAMS Cardio-Respiratory Care program (200176) Bachelor's of Science degree in Little Rock is accredited by the Commission on Accreditation for Respiratory Care (www.coarc.com). Telephone: (817) 283-2835. www.coarc.com. Accreditation is required in order for graduates to be eligible to earn professional credentials (CRT and RRT) from the National Board for Respiratory Care (NBRC). CoARC accredits respiratory therapy education programs in the United States. To achieve this end, it utilizes an 'outcomes based' process. Programmatic outcomes are performance indicators that reflect the extent to which the educational goals of the program are achieved and by which program effectiveness is documented.

The UAMS Master's in Respiratory Care program (#220176) in Little Rock, Arkansas holds Provisional Accreditation from the Commission on Accreditation for Respiratory Care (www.coarc.com). This status signifies that a program with an Approval of Intent has demonstrated sufficient compliance with the Standards (through submission of an acceptable Provisional Accreditation Self Study Report (PSSR) and any other documentation required by the CoARC, as well as satisfactory completion of an initial on-site visit), to be allowed to admit students. It is recognized as an accredited program by the National Board for Respiratory Care (NBRC), which provides enrolled students who complete the program with eligibility for the Respiratory Care Credentialing Examination(s). The program will remain on Provisional Accreditation until it achieves Continuing Accreditation.

Program Faculty

The following individuals have primary responsibility for the education of respiratory care professionals enrolled in the respiratory care program. These responsibilities will often include the clinical instruction of students.

The Program Director is primarily responsible for the overall administration of the respiratory care program, while the Director of Clinical Education (DCE) has primary responsibility for the clinical portion of the program.

Thomas Jones, Ed.D, RRT, CPFT
Associate Professor
Chair, Program Director

(501) 526-4496
Cell: (870) 262-7293

Tonya Cook, MEd, RRT
Assistant Professor
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Mike Anders, PhD, RRT Adjunct Professor	(501) 686-7349
Erna Boone, DrPH, RRT, FAARC Emeritus Associate Professor	(501) 526-4490
Kimberly Cobb, MA, RRT-NPS, AE-C Adjunct Instructor	(501) 791-4359
Dewayne Durden, BS, RRT, Adjunct Instructor	(501) 257-1000
Theresa Gramlich, MS, RRT, CPFT Adjunct Assistant Professor	(501) 526-4489
Erin Henderson, BS, RRT Adjunct Instructor	(501) 339-6653
Elisandra Bueno Rivas, BS, RRT Adjunct Instructor	(479) 739-4968
Anand Venkata, M.D. Medical Director	(501) 603-1400
Denise Willis, MSc RRT RRT-NPS AE-C FAARC Adjunct Instructor	(501) 364-3237

PROGRAM TYPES

The respiratory care program at UAMS admits students into a variety of educational programs, most of which lead to the goal of creating graduates who have developed competency at the Registered Respiratory Therapist level. These programs include:

Traditional B.S. and M.S. Degree Program Tracks:

- 1) **Full-Time**: Students who have completed all pre-requisite coursework complete this full-time program in two years or five semesters (fall, spring, summer, fall, and spring).
- 2) **Part-Time**: Students who have not completed the full complement of pre-requisite coursework, but who have completed the required, specified number and type of courses (see catalog), can begin taking professional coursework as a part-time UAMS student, while completing the pre-requisites. The senior professional year must be full-time at UAMS. This program option takes three years or eight semesters (fall, spring, summer, fall, spring,

summer, fall, and spring). Students may be eligible to change from the FT to PT track, with the approval of the Department Chair.

NOTE: MSRC students in the traditional program attend classes and clinical simultaneously with BS degree students. Additional course requirements are required for MSRC students. See Appendix for a complete outline of the curriculum, which is also posted on the program website.

3) **RRT Associate's to Bachelor's Degree Advancement Program:**

The RRT A.S.-to-B.S. Degree Advancement Program is designed to allow practicing RRT's who graduated from an accredited Associate Degree program the opportunity to meet their educational and professional goals as practicing professionals. The thirty (30) semester-credit professional program is offered in a 100% online format, which is perfect for working therapists who need flexibility to complete their Bachelor's degree while meeting family, professional and personal obligations. The curriculum allows students to pursue study in specific areas of interest or professional specialty through various projects, papers and/or directed study. In this way, students have the opportunity to prepare for advanced levels of specialty credentialing, if desired. A current NBRC RRT credential is required. Students have an option of part-time or full-time study. Complete program information is available on the program website. CoARC accreditation for degree advancement programs is not required. The UAMS degree advancement program is not accredited by CoARC. Guidelines for the AS-BS Degree Advancement program are published separately.

ADMISSIONS POLICIES

Non-discrimination Statement

The Respiratory Care programs adhere to the UAMS Policy 2.1.3, Non-discrimination Statement.

The policy can be found at the following link:

<https://academicaffairs.uams.edu/wp-content/uploads/sites/12/2023/06/2.1.3-Non-Discrimination-Statement-2023.06.14.pdf>

Background Check and Drug Screens for Applicants and Students

Students in the Respiratory Care programs must meet the College of Health Professions criteria for completion of a criminal background check and drug screen. The purpose of this policy is to establish guidelines and procedures for conducting criminal background check(s) and drug screens for applicants who have been offered admission or students enrolled in a College of Health Professions program. The policy can be found at the following link:

<https://healthprofessions.uams.edu/wp-content/uploads/sites/9/2021/10/policy-library-02.12.02-background-check-policy-revised-2021-10-13.pdf>.

UAMS Student Health Insurance Requirement

Students enrolled at the University of Arkansas for Medical Sciences are required by University of Arkansas Board policy (Policy 1260.1) to have health insurance coverage at all times. The proof of personal health insurance process is required every semester in which a student is enrolled. The responsibility for obtaining health insurance coverage rests with the student. The policy can be found at the following link: <https://healthprofessions.uams.edu/wp-content/uploads/sites/9/2018/12/UAMS-Student-Health-Insurance-Requirement.pdf>

Student Health Screening/Immunization Requirements

The Respiratory Care programs adhere to the UAMS Student Health Screening 1.4.2. The purpose of this policy is to help minimize potential exposure to infectious disease for or by UAMS students who are enrolled in classes at UAMS. The policy can be found at the following link: <https://academicaffairs.uams.edu/wp-content/uploads/sites/12/2023/09/1.4.2-Student-Health-Screening-2023.09.01.pdf>.

Family Educational Rights and Privacy Act of 1974 (FERPA)

The Respiratory Care programs adhere to the Family Educational Rights and Privacy Act of 1974 (FERPA), UAMS Policy 2.1.2. FERPA affords all students in higher education institutions certain rights with respect to their education records. Some of these rights are only applicable to students over 18 years of age. The policy can be found using the following link:

<https://academicaffairs.uams.edu/wp-content/uploads/sites/12/2022/09/2.1.2-UAMS-FERPA-Policy-2022.09.12.pdf>.

Student Accommodations Policy

The Respiratory Care programs adhere to UAMS Student Accommodations Policy 2.2.5. The University of Arkansas for Medical Sciences is committed to a policy of ensuring that no otherwise qualified individual with a disability is excluded from participation in, denied the benefits of, or subjected to discrimination in University programs or activities due to their disability. The University is fully committed to complying with all requirements of the Americans with Disabilities Act of 1990 (ADA) and the Rehabilitation Act of 1973 (Section 504) and to providing equal educational opportunities to otherwise qualified students with disabilities. The purpose of this policy is to define the process students should follow if accommodations in an academic setting are needed due to a

disability. The policy can be found at the following link: <https://academicaffairs.uams.edu/wp-content/uploads/sites/12/2022/03/2.2.5-Student-Accommodation-Policy-2022.02.28.pdf>

COST OF ATTENDANCE

A complete list of tuition and fees is available on the UAMS/CHP website. Tuition for the 2024-2025 academic year for bachelor's degree students is \$273.00 per credit hour for Arkansas residents and \$625.00 for non-residents. All students pay a \$13.00 per credit hour laboratory fee. Estimated costs (tuition, fees, clinical uniform and materials, liability insurance and textbooks) for full-time students entering the CRC-BS program in fall, 2024 (excluding personal health insurance) are:

	Resident	Non-Resident
Fall 1	\$5,965	\$11,245
Spring 1	\$5,365	\$10,645
Summer	\$2,023	\$4,135
Fall 2	\$4,507	\$8,731
Spring 2	\$5,067	\$8,801

Tuition for the 2024-2025 academic year for master's degree students is \$4,500.00 per semester for Arkansas residents and \$6000.00 for non-residents. All students pay a \$13.00 per credit hour laboratory fee. Estimated costs (tuition, fees, clinical uniform and materials, liability insurance and textbooks) for full-time students entering the CRC-BS program in fall, 2024 (excluding personal health insurance) are:

	Resident	Non-Resident
Fall 1	\$6,370	\$7,870
Spring 1	\$5,970	\$7,470
Summer	\$4,826	\$6,585
Fall 2	\$5,744	\$7,244
Spring 2	\$6,204	\$7,634

Students enrolled at the University of Arkansas for Medical Sciences are required by University of Arkansas Board policy (Policy 1260.1) to have health insurance coverage at all times. Student Health plans are offered through UAMS. For more info, visit <http://studentlife.uams.edu/>

GENERAL TECHNICAL STANDARDS

There are certain minimum technical standards for respiratory therapy that must be met by applicants and students, *with or without reasonable accommodations*. Graduates of the program must be able to meet certain physical and mental requirements to ensure the safe performance of respiratory care procedures as required for employment.

Due to the nature of typical employment requirements, cardio-respiratory care students are expected to meet the criteria listed below, with or without reasonable accommodations:

1. **Auditory ability sufficient to communicate with patients and the interprofessional team; to assess and monitor patient sounds.**

Examples: Communicate and interact with patients and families from a variety of backgrounds. Appropriately respond to instructions. Assess heart and breath sounds. Detect and discriminate between sounds of normal conversation. Identify and localize alarm sounds emitted from patient care equipment.

2. **Communication abilities for effective interaction with health-care team.**

Examples: Accurately convey information and interpretation of information using one or more means of communication (verbal, written, or assisted such as interpreter or TTY) to patients and healthcare team. Ascertain and record patient histories. Monitor and document patient progress. Provide clear directions to patients.

3. **Mobility and strength sufficient to move equipment and assist patients.**

Examples: Support and transfer patients, move in and out of treatment areas, reach equipment or parts of patient's body, transfer mobile equipment; lift and transport oxygen cylinders, move in and out treatment areas. Push/pull hospital bed.

4. **Perform multiple motor tasks simultaneously. Fine and gross motor skills sufficient to handle equipment and provide safe and effective patient care; steady arm and hand movements while manipulating objects or assisting patients.**

Examples: Operate and manipulate equipment, blood collection devices, and several items at once. Administer aerosols, suction patient, adjust pressure gauges, and manipulate resuscitation equipment.

5. **Tactile ability sufficient to assess patient's response to therapy.**

Examples: Discern textures, degrees of firmness, temperature differences, and pulse rate.

6. **Visual ability sufficient to monitor and assess patients, equipment function, and to provide safe and effective care.**

Examples: Read written instructions / orders. Read fine print, monitors, and gauges. Differentiate color / character of sputum for signs / nature of infection / disease. Chart procedures and observation in a permanent medical record.

- 7. Physical endurance ability sufficient to work in a clinical setting for eight (8) to twelve (12) hours performing physical tasks requiring physical energy without jeopardizing patient safety.**

Examples: Remain active between patient care areas for over an hour. Perform chest compressions during CPR. Manually ventilate a patient for over 30 minutes during resuscitation.

- 8. Mental / attitudinal ability and social / relational skills sufficient to interact with patients and other health care personnel in providing appropriate patient care exhibiting attitudes and actions consistent with the ethical standards of the profession.**

Examples: Function safely, effectively, and calmly under stressful situations. Maintain composure while managing multiple tasks simultaneously. Prioritize multiple tasks. Demonstrate social skills necessary to interact clinically, effectively, and professionally with patients, families, supervisors, and co-workers of all demographics and of different cultures such as respect, politeness, tact, collaboration, teamwork, and discretion. Maintain personal hygiene consistent with close personal contact associated with patient care.

For persons with disabilities, the University provides accommodations in accordance with the Americans with Disabilities Act and the Rehabilitation Act of 1973. Students may contact the ADA Coordinator (501-526-5641) to engage in a confidential conversation about the process for requesting accommodations in the classroom and clinical settings. Accommodations are not applied retroactively. Students are encouraged to register with the ADA Coordinator's office as soon as they begin their program or as soon as the student recognizes their need for an adjustment. See resources at: <https://students.uams.edu/ada-disability-services/>

- Emotional support animals other than registered service animals are not allowed in classrooms or clinical areas. They are only approved in residence halls with approval.

PROFESSIONALISM

Professionalism and appropriate behavior are critical to the effective education of allied health students and the practice of their respective professions. Individuals seeking service from professionals in health care or education must be able to trust their provider.

Professionalism in health care and education is based upon values that reflect the very special nature of the interaction between a provider and a patient, client, or family and between a teacher and student. There are core values of professionalism that are universal and apply to those in health care professions and in education. These include, but are not limited to, moral values such as

honesty, integrity, and trustworthiness; values that are specific to one's profession (e.g., confidentiality), to society (e.g., diversity, commitment to excellence), to oneself (e.g., self-reflection), and to humanistic values such as empathy and compassion.

All students, staff, and faculty in the College of Health Professions are expected to demonstrate high standards of professional behavior in all educational settings, including classrooms and laboratories, professional and clinical sites, and in non-educational settings. The standards of professionalism include, but are not limited to:

1. Honesty and integrity:

- a. Act with honesty or truthfulness.
- b. Demonstrate integrity or firm adherence to moral principles in academic matters and professional relationships.

2. Trustworthiness:

- a. Demonstrate dependability to carry out responsibilities.

3. Empathy and cultural diversity:

- a. Appreciate and demonstrate appropriate interpersonal interaction with respect to culture, race, religion, ethnic origin, gender, and sexual orientation.
- b. Demonstrate regard for differing values and abilities among peers, other health care professionals, and patients.
- c. Demonstrate an ability to share someone else's feelings or experiences by imagining what it would be like to be in his/her situation.

4. Communication:

- a. Communicate effectively with faculty, staff, students, patients, and other professionals.
- b. Demonstrate confidence in actions and communications.
- c. Formulate written communications with professional content and tone.
- d. Ensure the confidentiality of communications that contain personal information.

5. Punctuality:

- a. Demonstrate punctuality in academic and professional environments.
- b. Adhere to established times for program classes and activities.
- c. Comply with established oral and written deadlines.
- d. Respond to requests (written, oral, e-mail, telephone) in a timely fashion.

6. Professional behavior:

- a. Display professional behavior toward faculty, staff, students, patients, and other health professionals in all settings, including but not limited to the classroom, laboratory, and clinical settings.
- b. Show regard for persons in authority in classroom, laboratory, and clinical settings.

- c. Exhibit fitting behavior when representing the College of Health Professions in extracurricular activities and professional meetings.
7. Ethical standards:
- a. Demonstrate high moral standards to allied health education, practice, research, and service. These standards include, but are not limited to, telling the truth, maintaining confidentiality, and respecting individuals.
8. Social Interaction:
- a. Conduct interactions with patients and their families in a professional manner.
 - b. Relate to patients and their families in a caring and compassionate manner.
 - c. Recognize instances when one's values and motivation are in conflict with those of the patient and his/her families, and proceed in a manner that is patient focused.
 - d. Seek guidance from supervisors, instructors, or chairman regarding conflicts of values or motivations that you think may involve illegal, unethical, or unprofessional behavior.
 - d. Identify to one's supervisor any activity that is dangerous or threatening to one's personal welfare or the welfare of a patient or colleague.
 - e. Demonstrate an attitude of service by putting others' needs above one's own.
 - f. Comply with federal, state, university, school, and institutional requirements regarding confidentiality of information
9. Negotiation, compromise, and conflict resolution:
- a. Demonstrate good skills of conflict resolution.
 - b. Formulate constructive evaluation of others' performance.
 - c. Display a positive attitude when receiving constructive feedback and evaluation.
10. Lifelong improvement and professional competence:
- a. Produce quality work in academic and clinical settings.
 - b. Take personal responsibility for learning.
 - c. Demonstrate continuous professional development by identifying what should be learned and how one might assess his or her competence in new knowledge and skills
11. Time management and decision-making:
- a. Utilize time efficiently.
 - b. Demonstrate self-direction in completing assignments.
 - c. Demonstrate accountability for decisions and actions.
12. Appearance:
- a. Maintain a professional appearance when representing the College and program.
 - b. Maintain personal hygiene and grooming appropriate to the setting.

ATTENDANCE POLICY

Students are expected to actively engage in their education by attending and/or participating in class activities (face-to-face or at a distance). If an absence occurs, the student is responsible for all material missed.

1. In lecture courses, after two absentee occurrences, each additional absentee occurrence will result in a 1% decrease in the total grade at the end of the course.
2. If an absence occurs on an examination date, the decision to offer a make-up examination is at the instructor's discretion. Specific steps and criteria are outlined in the course syllabus. When a make-up examination is allowed, it may be an alternate form of the regular examination and it will be scheduled at the instructor's convenience.
3. Documentation for an excused absence for illness requires an original, signed, provider-issued (MD, DO, APRN, PA, etc.) verification of treatment.
4. If an absence occurs during a session in which a laboratory proficiency is required, the proficiency will be made-up. Specific steps and criteria are outlined in the course syllabus. A session will be scheduled as soon as possible and will be at the instructor's convenience. These make-up sessions may not conflict with any other scheduled coursework. Students may not perform any procedure in the clinical environment that has not been first performed and evaluated in the laboratory environment.
5. Students are required to attend clinical sessions as described in the CHP Catalog, Clinical Policies and Procedures Manual and clinical course syllabus.
6. Students should regularly monitor themselves for fever and symptoms of contagious illness (including COVID-19). Stay home when you are ill. If you develop fever, ($T \geq 100.0^{\circ}$ F) or symptoms consistent with COVID-19, or believe you have an exposure to COVID-19, immediately inform the program director. You will adhere to the affiliates COVID-19 exposure guidelines.

TARDINESS

Punctuality and courteous behavior is required of any health care professional. Tardiness for both live and virtual sessions is disruptive and discourteous to the instructor and other class members attending the class. If you are tardy for some unavoidable reason, please minimize distraction by entering the room quietly, taking the closest seat available to you.

A student who is tardy on the day of an examination will not be given extra time to complete the examination. Students who use the Student Success Center for testing should be aware that the center is strictly scheduled and end times for examinations will be followed very strictly since other students are likely to be scheduled to use the computer immediately following the exam end time.

Students should refer to the Respiratory Care Clinical Policies and Procedures Manual for the policy that applies to tardiness during clinical rotations.

Student Leave of Absence Policy

The Respiratory Care programs adhere to the UAMS Policy 2.2.10. A Leave of Absence (LOA) is an officially approved period of time during which a student is not enrolled in regular coursework, but is not discontinued from a program of study, and has a predetermined date of anticipated return to regular study. An LOA may have significant implications not only for student academic progression, but also for institutional reporting, financial aid and veterans' benefits. This policy defines three categories of LOA and helps to ensure consistent practice, compliance with federal student aid guidelines, and accurate enrollment reporting to state and national agencies. The policy can be found at the following link: <https://academicaffairs.uams.edu/wp-content/uploads/sites/12/2022/08/2.2.10-Student-Leave-of-Absence-Policy-2022.07.26.pdf>.

CLASS HOURS

The academic schedule varies from semester to semester. Students will receive a daily schedule each semester that designates class times, room assignments and special activities/meetings when known at the start of each semester. Students are responsible for each item listed on the daily schedule and should refrain from scheduling events, meetings, or personal business that create conflicts.

- It may be necessary to schedule program activities beyond the regular hours, at times.
- Class days, times and schedules may be changed to meet unforeseen program needs. Students will be informed by email and course announcements when this is necessary.
- The CHP designates Fridays from **12:00 – 1:00 pm as a HOLD time** for selected student and faculty meetings. The respiratory care program may schedule special events, speakers, M.D. Perspectives and other educational activities during this hour. Students should not schedule outside activities during this time.
- The Program designates regular **HOLD** times for conferences and testing. Students should be available during these times for course conferences, examinations, or other events not listed on the program calendars.
- Regularly scheduled student assistance hours may be provided in the daily schedule. These are optional, unless otherwise required by a formal remediation plan.
- Class or laboratory sessions may also need to be made-up, when faculty illness/absence or inclement weather causes loss of class time, for example. When sessions must be scheduled for any reason that are not on the daily calendar at the beginning of the semester, every effort will be made to schedule these events in advance so that personal schedules can be adjusted.

- Respiratory Care clinical hours vary and are normally determined by the clinical affiliate's shift policy. Clinical rotations may also be scheduled on the evening or night shift as well as during the day and on weekends.

INCLEMENT WEATHER POLICY

UAMS recognizes that transportation problems result from inclement weather and hazardous road conditions. However, by virtue of our commitment to patient care, academics, and research, this campus never closes. When such conditions occurs, the inclement weather alert will be invoked by the Chancellor of the University for the day the policy is to be effective, and all CHP classes are canceled for that calendar day (day and evening).

- Scheduled clinical rotations are cancelled when UAMS invokes the inclement weather policy.
- Conducting class via interactive technology (e.g., Collaborate, Skype, etc.,) may occur at the faculty's discretion.
- Canceled classes and examinations will be rescheduled by the department or course faculty at a later time, possibly during evenings or on weekends.
- If the inclement weather has not been invoked but the road conditions where students live precludes safe travel, students should notify the Program Director and/or Director of Clinical Education of their inability to attend classes and/or clinical. Students should then work with the course faculty to make up what was missed.

VIRTUAL ENVIRONMENT GUIDELINES

The program recognizes the benefits and limitations of learning in a virtual environment. Any type of technology, smart phones, video communication products (e.g. Collaborate, Zoom, Teams, Skype) and social media can be used to assist with learning, but may also be distracting. Distance interactive classes will be given the same consideration as traditional, face-to-face, on-campus courses, and will be treated with the same level of professionalism. Students are expected to adhere to the following guidelines:

- Connect to the course at least 5 minutes prior to the beginning of the session.
- Connect using a computer or tablet (no cell phones). Test the computer and audio / video capability prior the start of the session.
- Ensure adequate internet connectivity / bandwidth.
- Make every effort to minimize distractions and disruptions. This may require a location other than your home. Pets, children, people, television, outdoor noise, etc. should not be seen / heard during the class.

- Do not join classes or conferences from coffee shops, retail stores, salons, restaurants, hospital departments, break rooms, or other public places unless you have complete privacy (visual and audio).
- For synchronous, video-interactive sessions, students must have the camera on with audio availability. If you wish to turn your camera off, you must receive permission from the instructor.
- Unless testing, students may use standardized UAMS virtual background or may blur their video feed to maintain personal privacy of space.
- Use your real name (preferred name) to sign in (not a computer / phone name).
- Ensure a clean, work-appropriate background.
- Be seated at a desk or table. Students may not attend class in bed or in a recumbent position.
- Dress appropriately (e.g., no pajamas, revealing clothing).
- Active participation is expected in all learning environments (classroom, clinic, case conference, etc.).
- Do not multi-task or have side-bar conversations. Stay focused on the content / discussion.
- Refrain from eating while on camera.
- Cell phones should be silenced and put away. Televisions and other media devices should be turned off. In no circumstances should students be using cell phones or on social media while in class, unless directed by the faculty for a class-related activity.
- Some professors use pictures and information about real patients during class lectures and discussions. Due to HIPAA security, you must receive permission from the instructor before making ANY recording of a class. Attend in a location that is private and conducive to a professional meeting.
- Students may use a standard UAMS or solid color virtual background, or blur their video feed.

DRESS CODE

General guidance:

- UAMS ID badges must be affixed to a *location that is above the waist* and be worn at all times while on the UAMS campus.
- Students will not wear name badges from other institutions while on the UAMS campus.
- The student should never imply by any means that his/her status is anything other than a UAMS CHP student. Name badges, patches, etc., from other institutions, including clinical affiliates, are not acceptable.
- Students are encouraged to wear clothes that are “layered”, as temperatures in class and lab areas vary.

- Attire may be casual, but modesty is the standard. Students should use professional judgment appropriate for the situation, recognizing that they represent the Program, College and Profession. In any case, clothing is not appropriate if it is revealing of undergarments or ripped above the knee. Workout clothing should be appropriately covered.

Laboratory attire:

- Laboratory attire may be casual. However, students should use professional judgment to dress appropriately and modestly for a variety of laboratory settings and experiences.
- When an off-campus laboratory is scheduled, clinical attire will be required.

Simulation Center attire:

- Students scheduled in the UAMS Simulation Center will wear the program clinical uniform.

Clinical attire:

- The clinical attire is outlined in detail in the Respiratory Care Clinical Policies and Procedures section of this handbook.
- Students who do not comply with the prescribed clinical dress code will be dismissed from the clinical affiliate for that day, and will be required to make-up the absence at the convenience of the clinical instructor.

MENTORING CONNECTIONS

Each student will be paired with a faculty mentor and participate in Mentoring Connections. The objective for Mentoring Connections is to enhance a student's academic, personal and professional growth, in preparation for the transition from student to practitioner. The professional mentorship will last for the duration of mentee's career at UAMS.

The faculty mentor will follow a student's development through the program, provide guidance where needed to ensure the appropriate competency level is reached in each of the program's core competencies, and oversee development of the student's graduate portfolio.

The Mentoring Connection will conclude when the mentee graduates or is no longer enrolled in the Cardio-Respiratory Care program. Under special circumstances, the mentee or mentor may request to be reassigned. Such requests must be in writing to the Program Director and will require the approval of the faculty. If the request is approved, the student will be re-assigned to a new mentor.

See Appendix for resources related to mentoring and portfolios.

SPECIALTY FOCUS (MSRC STUDENTS)

Students enrolled in the MSRC program can declare a “Focus of Study” while completing the regular degree requirements. The area of focus allows students to concentrate their study in a specific area of interest, or one that will help them achieve their personal or professional goals. Students are not considered to be *specializing* in the area, but will receive a certificate and letter of recognition from the Department Chair. The focus area of study is noted on the student’s permanent academic record and transcript.

Common focus areas include Adult Critical Care, Asthma Education, Diagnostics / PFT, Disease Management, Education, Leadership / Management, Neonatal / Pediatrics, Public Health, Research, and Tobacco Cessation. Student may request consideration of a focus area not listed. A focus area must be declared in writing to the program director no later than the beginning of RESP 5233 Master’s Internship I. Student must abide by the guidelines provided by the program. A letter of request for recognition of the focus area must be submitted to the Department Chair prior to graduation.

STUDENT SUPERVISION

Students are entitled to and will receive close supervision during all aspects of their educational experiences at UAMS. While attending classroom and laboratory sessions, the course instructor, identified on each course syllabus, will provide supervision and oversight to ensure a safe and productive learning environment. During a clinical rotation, the individual designated by the clinical site as the clinical preceptor will be responsible for supervision of the student. The ratio of students to clinical preceptor may never exceed 6:1 in the clinical setting. This will be very rare. We expect this ratio to be 1:1 or 2:1

GRADING SCALE

As a general rule, respiratory care courses use the following grading scale:

A = 90-100

B = 80-89

C = 70-79

D = 60-69

F = 59 or less

- Criteria for earning a particular grade will be discussed with students by the individual instructor at the beginning of each course. Grades will be rounded up.
- By law, grades may not be given over the telephone. Final grades are recorded on the student's transcript at the completion of each term. Copies of transcripts may be obtained

from the Office of the University Registrar by submitting a written request for each transcript requested.

- A grade of “D” or “F”, or a mark of “F” in pass/fail courses, or a mark of “U” in satisfactory / unsatisfactory courses is not acceptable for progression to the next semester, nor is it acceptable for graduation if it occurs in the last semester of the program.
- In all cases, *students must maintain a program GPA of 2.0 or greater in order to progress from one semester to the next, and one year to the next.*
- If a student earns a D or F grade in a course where a C is required for progression or if the student’s GPA falls below 2.00, the student will be placed on academic probation.
- Students earning a D or F grade in a course where a C is required may be required to reduce their course load to part time (if available), take a leave of absence, or drop from the program to repeat the course. Once the course is successfully repeated, academic probation will be removed and the student will return to “good standing”.
- Due to course sequencing, it may be necessary for a probationary student to wait until the following year to complete the course. In such cases, academic probation may be lifted and the student returned to “good standing” after successful completion of nine (9) credit hours for full time students and six (6) credit hours for part time students.
- Students returning after LOA or change in program track will be required to demonstrate clinical competence, as determined by faculty, prior to returning to clinical rotations.

EVALUATION

The goal of student evaluation is to allow for prompt identification of learning deficiencies and the development of a means for their remediation within a reasonable time frame. Objective evaluations are conducted in individual didactic, laboratory, and clinical courses. Evaluation of skills and professional attributes also occurs in the laboratory and clinical settings. Grading criteria is clearly defined and communicated for each course.

Courses are designed to provide foundational information and concepts used in the profession. As students progress, they accumulate information that is critical to the practice of respiratory care. The faculty has developed the following policies in an effort to ensure students understand and retain the basic principles necessary for safe and competent clinical practice and for successful completion of credentialing examination:

1. Each Respiratory Care course is designed to be cumulative. Within a course, prior test materials may provide subsequent examination material. As students advance to higher level courses, the faculty presume a thorough understanding of basic concepts taught in previous courses. Thus, these concepts will be tested again during higher level courses.

2. The ADA/Disability Services office serves as the central point of contact for students with disabilities and evaluates all requests for academic adjustments and accommodations necessary for equal access to coursework, facilities, programs, and extra-curricular activities. Information can be found at:

<https://students.uams.edu/ada-disability-services/>

Benchmark Assessment Examinations

Practice NBRC Therapist Multiple Choice (TMC) exams, Clinical Simulation Examination (CSE) exams, and Clinical Practicum final exams are used as point-of-reference assessments to evaluate student progress. Results on practice TMC, CSE, and clinical practicum final exams may be used to calculate grades and determine remediation thresholds, but do not override prior academic performance or create “consequential results” resulting in removal from the program. Scores that fall below the expected thresholds may result in a student receiving a grade of “incomplete” to allow for debriefing and remediation.

Computerized Examinations

Respiratory Care students will take most lecture and Internet course examinations on a computer using Blackboard functions. Computerized examinations will be available on a lockdown browser only and may require video monitoring or virtual proctoring. Policies governing the review of the completed examination are at the discretion of the individual faculty member.

- Respondus Monitor or virtual proctoring may be required for examinations. Respondus Monitor video documentation will be reviewed by the faculty. In some cases, faculty may monitor examinations using third party technology (e.g., ZOOM).
- Use of calculators during an examination will be at the discretion of the individual faculty member. However, **cell phones, programmable calculators, “smart watches” or other programmable and “web-capable” devices will NOT be allowed under any circumstances.**
- Review of a completed examination will occur in a group setting directed by faculty or by appointment for an individual consultation with a faculty member. Faculty will communicate the “most-missed” examination concepts to students using subsequent discussion boards or lecture. Students are encouraged to take notes and review these concepts for future testing. Students may schedule an individual appointment to review their graded submission.

REMEDICATION

Formal remediation assists students in obtaining and retaining basic principles required for successful completion of coursework in preparation for bedside practice. The goal of remediation is to ensure mastery of essential concepts, important course content and professional skills. Remediation is offered to students to assist them in the on-going development and retention of knowledge and/or skill proficiency.

Students may remediate multiple units / modules in multiple classes; however, no remediation for a particular unit / module may be repeated.

In-Course Remediation

A. The “**prompt**” for remediation while a course is in session will be a score of less than 70% on any regular unit / module exam or other “high-percentage” quiz/homework/project in a course. In-Course Remediation does not apply to the final examination.

B. Responsibility and Procedure

1. It is the ***student’s responsibility*** to inform the instructor of a desire to by midnight on the 2nd day following a completed exam, assignment, or project. For example, to remediate an exam completed on Friday, students must request remediation by midnight on Sunday. Students who request remediation will be provided additional resources to help them master course concepts that appear to be deficient.
2. Failure to inform faculty of an intent to remediate in a timely manner will mean the student has declined remediation.
3. The student will consult with the course instructor to form a collaborative remediation plan that will define what will be required for “successful” remediation. It is the student’s responsibility to adhere to the remediation plan and complete the required steps.
4. In all cases, “successful” remediation means the acquisition of defined knowledge and/or skills measured through an objective assessment or evaluation. Remediation assessment will be conducted in a manner and at a time to be determined at the discretion of the course instructor.
5. Students are only allowed 1 remediation assessment attempt per examination, unless otherwise approved by the Department Chairperson.

C. Grade Adjustments

1. The threshold for documentation of successful remediation is completion of all remediation plan requirements **and** a remediation assessment minimum score of 70%.
2. Only 1 remediation assessment is allowed per examination.
3. If a student successfully completes remediation with a remediation assessment score greater than 70%, the original grade will be increased to 70% (but no higher) as the official grade.
4. If the remediation assessment score is below 70%, the original score will remain as the official grade.

D. Expectations

The following student and faculty expectations apply to remediation:

1. It is the student's responsibility to initiate remediation and schedule conferences with the course instructor.
2. Students can expect course instructors to assist the student in remediation. This may take many forms, including (but not limited to) Blackboard remediation modules, one-on-one conferences, exam review, providing additional content resources, small group sessions, and identification of university or student resources that may be deemed appropriate.
3. Students are expected to closely adhere to the remediation details as provided in the collaborative remediation plan.
4. Generally, students and faculty should expect that content knowledge and/or skill deficiencies will be remediated prior to sitting for the subsequent unit examination.
5. Course instructors have the right to terminate a remediation plan at any time if a student fails to meet deadlines, submits incomplete work, demonstrates unprofessional behavior or otherwise demonstrates a lack of dedication or attention to the goals of the remediation plan.

E. Course Grading Effects

1. If a remediation plan has not been successfully completed by the end of the course and 1) the course grade is less than 70% and 2) the student is passing all other courses, he/she may appeal to a program faculty panel for consideration of his/her individual circumstances. This may result in a recommendation to the course instructor to 1) either extend the time available for successful remediation or 2) award the earned grade.
2. If a remediation plan has not been successfully completed by the end of the course and the course grade is at least 70%, the student will earn the grade he/she earned according to the grading scale.

End-Course Remediation (Post-Final Exam)

This option is only available to students who 1) never qualified for remediation during the course, or 2) students who qualified and successfully remediated the course content.

- This option is not available to students who were eligible for remediation, but declined or did not initiate remediation during the course.
- Students not meeting the criteria for end-of-course remediation but having extenuating circumstances may appeal to the faculty for an exception to this policy.
- When the course grade is less than 70% at the end of the course (after the final exam) and the student is passing all other courses, he/she may appeal to a program faculty panel for

consideration of his/her individual circumstances. This may result in a recommendation to the course instructor to either 1) develop a remediation plan or 2) award the earned grade.

Remediation for Clinical Proficiency

All clinical courses are designed to be cumulative. A faculty member and/or preceptor may request laboratory remediation of any clinical procedure, which is observed to be performed at less than the minimal competency level. This remediation will include a re-assessment of fundamental knowledge of related concepts.

ACADEMIC ALERT / ACADEMIC PROBATION

1. Program faculty expect that students will not require excessive remediation within a single course or across multiple courses in the respiratory care curriculum.
 - a. Two (2) *remediation prompts* within a course is excessive.
 - b. Remediation occurring in two (2) or more courses during a semester is considered excessive.
 - c. Students meeting both criteria a) and b) are required to meet with the program director and will be placed on **“ACADEMIC ALERT”**. Academic Alert signifies the faculty’s concern for a student’s academic performance and progress. Students on Academic Alert are required to complete an academic action plan.
 - d. Students with remediation prompts in 3 didactic (non-lab / non-clinical) courses is excessive. Students meeting this criteria are required to meet with the program director and will be placed on **“ACADEMIC ALERT”**. Academic Alert signifies the faculty’s concern for a student’s academic performance and progress. Students on Academic Alert are required to complete an academic action plan.
 - e. To attend clinical rotations, students must be passing all didactic (lecture) courses with a minimum course average of 70%. Clinical rotations will be reduced or suspended for students who do not meet this threshold. Clinical makeup days will be scheduled to complete the requirements of clinical courses.
 - f. Students who meet criteria a) and b) **AND** who do not have an overall average of 70% in each of the courses will be placed on **“ACADEMIC PROBATION”**. Academic Probation signifies the faculty’s serious concern regarding academic progress, current standing in the program and the likelihood of future success.
 - g. Students who are placed on academic probation will be required to reduce or suspend clinical hours until the probation is lifted. Other clinical restrictions or arrangements may be applied. Students are still required to meet all regular

clinical expectations to successfully complete clinical practicum and clinical internship courses.

- h. Academic probation may be lifted at the end of the semester, providing all remediation plans, regular coursework and clinical requirements are satisfactorily met.
 - i. Due to course sequencing, it may be necessary for a probationary student to wait until the following year to repeat a course. In such cases, academic probation may be lifted and the student returned to “good standing” after successful completion of nine (9) credit hours for full time students and six (6) credit hours for part time students.
 - j. Clinical rotations may be reduced or suspended for students who are remediating laboratory coursework at the discretion of the faculty. Clinical makeup days will be scheduled to complete the requirements of clinical courses.
 - k. Clinical rotation schedules may be restored following successful remediation at the discretion of the Director of Clinical Education.
2. Students are expected to adhere to the College of Health Professions (CHP) policies related to academics and non-cognitive performance standards, which can be located on the CHP website.

<https://healthprofessions.uams.edu/about-the-college/catalogs-and-handbooks/>

Administrative Withdrawal and Dismissal Policy

The Respiratory Care programs adhere to the UAMS Administrative Withdrawal and Dismissal Policy 2.2.13. The Associate Provost for Academics may administratively dismiss or withdraw a student (excluding College of Medicine (COM) students) and place them on an institutional leave of absence for failure to comply with a UAMS Administrative Guide or Academic Affairs policy excluding behavior addressed by the Academic Affairs 2.2.14 Student Code of Conduct policy. The Administrative Withdrawal and Dismissal Policy 2.2.13 can be found at the following link: <https://academicaffairs.uams.edu/wp-content/uploads/sites/12/2024/03/2.2.13-Administrative-withdrawal-and-dismissal-policy-2024.03.14.pdf>.

SERVICE, INTERPROFESSIONAL EDUCATION, AND PROFESSIONAL DEVELOPMENT REQUIREMENTS

The respiratory care program requires students to meet established criteria in service, in inter-professional education and in professional development during each semester of the program. Students are encouraged to proactive in completing all service, IPE and professional development requirements.

1. **Service** is a volunteer action to meet the needs of others and improve the community, program, college, etc., as a whole. Students must submit documentation of service hours using the form provided in the Appendix. Examples of service activities in which respiratory care students typically engage include the college and program events. A minimum of 24 hours are required to meet graduation requirements for BS degree students, 32 hours are required for MSRC students. Sixteen (16) hours must be completed at the UAMS - 12th Street Health and Wellness Clinic following the student's first clinical rotation.
2. **Inter-professional education (IPE)** is required for all students enrolling at UAMS. Students will complete several required "milestones" that are documented in GUS and noted on their transcripts that indicate completion of exposure, immersion and competency phases in inter-professional education. In addition, two transitional activities are required. IPE activities are designed around the Institute of Health Improvement's "Quadruple Aim" to improve the health of U.S. citizens. Students are personally responsible for completion of all required milestones, transition activities, and other IPE requirements as a requirement for graduation. (See Appendix for documentation form.) Part time students begin IPE milestones in their second year of study.
3. **Professional development** refers to skills and knowledge attained for both personal development and career advancement. It encompasses a variety of learning opportunities out side of the regular program activities. Professionals are required to earn professional development credit (known as Continuing Education Credits or CEUs) on an annual basis in order to maintain their credentials or license. Students must submit documentation of professional development hours using the form provided in the Appendix. Examples of professional development include attendance at special presentations (Lunch N' Learn), the ASRC State Meeting, CEU opportunities, etc. A minimum of twelve (12) hours is required for graduation.

Professional development hours are requirements for successful completion of clinical courses. The exact hours needed each semester are outlined in clinical course syllabi. When these hours are met, additional hours earned can be "banked" and used (if approved by the Director of Clinical education) in lieu of regularly-scheduled clinical hours (e.g, to leave clinical early, relief for appointments, adjust clinical internship shifts, etc.).

4. **AARC Student Membership** All students enrolled in clinical courses are expected to maintain a student membership in the American Association for Respiratory Care. Students are required to provide their membership number to the department administrative assistant.

COMPLETION OF DEGREE REQUIREMENTS

Students are responsible for completing all degree requirements.

- Students who are admitted to the part-time track (when available) are required to complete all outstanding degree requirements at a regionally accredited college or university prior to registration for the final fall semester at UAMS.
- A degree plan will be developed in consultation with the student during the first fall semester. The degree plan will outline the courses which must be satisfactorily completed and the recommended semester to enroll in each course. Students who do not complete all of the required courses prior to registration for the final fall semester may return the following year to complete the professional program on a space-available basis.
- Students may request a change from full time to part time status. The request must be made in writing to the Program Director. Requests will be evaluated based on demonstrated academic ability and space availability in the part time cohort. Changing tracks after the first semester in the program is strongly discouraged.
- All degree requirements must be completed within five years of original enrollment.

READMISSION POLICY

Students admitted who do not progress academically or withdraw voluntarily and meet the following requirements may be readmitted to the program when the following criteria are met:

1. CGPA > to 2.0 at the time of the readmission request, as documented on the CHP official transcript.
2. An overall rating of at least "With reservations" from each of the program faculty on the interview rating form. Upon unanimous recommendation of the program faculty, and in cases where an acceptable remediation plan approved by the program director can be developed, a student may be eligible for readmission without meeting this criterion (#1). The remediation plan must contain measurable outcomes and deadlines which must be met by the student prior to further consideration for readmission.
3. No grade of "D" or "F" or a mark of "WF" in more than one (1) lecture or laboratory professional course or in any clinical course. If the students' poor performance can be shown to be the result of a death in the student's immediate family or a disabling illness/injury the student will be granted an exception. (see next paragraph)
4. The program has fewer students than the stated capacity

5. The student has not been re-admitted or re-applied in the past.
6. Approval by the department chair.

Students who do not progress and/or complete the program due to the inability to successfully complete two courses or any single clinical course are not eligible for readmission or reapplication to the program.

- An exception may be granted when the students' poor performance can be shown to be the result of a death in the student's immediate family (parent, sibling, spouse, or child) during the semester in which the academic failure or withdrawal occurred; or when the student or an immediate family member in the students' care has suffered a disabling illness or injury during that semester as documented by a licensed physician. In such a case, the student will be readmitted to the Fall I semester before other applicants are considered.
- Under the same personal circumstances and when the withdrawal occurs in any other semester, the student will be readmitted to the same semester the following year, as long as the class capacity is not exceeded.
- When completed coursework is more than one year old, readmission is not possible; however, reapplication under these circumstances as a new student is allowed. In this case, all stated admission requirements must be met, even if previously completed. If offered admission, all courses in which a grade was previously earned in the semester the student withdrew from the program and the course(s) in which the failing grade/no credit mark were earned must be re-taken for credit.
- Students who are dismissed from the program due to violation of non-cognitive performance standards or are removed from the program through administrative withdrawal are not eligible for readmission or reapplication to the program.
- Students withdrawing from the program must return all name badges, program equipment issued, clinical documentation records, and any other program material requested.

Procedure - Readmission to the Next Class

1. The student must contact the Program Director within thirty (30) days of exiting the program and request, in writing, an exit interview. An extension beyond thirty (30) days may be given in unusual circumstances where it is beyond the student's control to comply with this step. (e.g., extended illness)
2. If the student is determined eligible for readmission, the Program Director will schedule the exit interview to occur within thirty (30) days of receipt of the request.
3. At the exit interview, the Program Director and student will identify the factors thought to be responsible for preventing completion of professional coursework. An action plan will be developed for each factor.

4. The Program Director will e-mail a written summary of the exit interview to the student within thirty (30) days of the exit interview. A copy will be placed in the student's file located at the program site and in the CHRP Registrar's Office.
5. The student must submit a new college application and fee along with a request for readmission, in writing, prior to the established admissions application deadline. The letter must describe the extent to which the action plan developed in the exit interview has been completed.
6. The student is readmitted when the correct procedure has been followed and all the stated criteria have been met.
7. Failure to complete any procedural step within the specified time limit will make the student ineligible for readmission.
8. In addition to taking for credit all courses the student did not successfully complete, readmitted students are also required to re-take all of the courses they did successfully complete in the semester in which they withdrew, based upon the track in which they were enrolled at the time of withdrawal.
9. When a student is readmitted to the Summer or Spring II semester of the BS degree program, he/she must successfully complete the respective Self-Assessment Examination or RRT credential as a condition to progress or graduate from the program.
10. When Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS) and/or Neonatal Resuscitation Program (NRP) certification are required, readmitted students must demonstrate current certification or take and pass the course with regularly enrolled students as a condition for graduation. If the approved course(s) is/are unavailable through the program, readmitted students must secure the course(s) and provide documentation of successful completion prior to graduation.

GRADUATION

All students must successfully satisfy and document the following requirements to be eligible for graduation:

- Meet all College of Health Professions requirements
- minimum GPA standard of 2.0
- Inter-Professional Education requirements
- Minimum number of hours completed at the 12th Street Wellness Clinic
- Minimum number of Service Hours
- Minimum number of Professional Development hours.

- Compile a professional portfolio that documents their progress in achieving competence in the program’s core competencies. An approved portfolio is required for graduation. (See Appendix for resources.)

STUDENT CONDUCT

The College of Health Professions and the respiratory care programs expect not only acceptable, but quality academic work and mature behavior from every student, and will accept no less. All students are regarded as adult “professionals in training” and are expected to conduct themselves accordingly.

Student Academic Professional Standards

The Respiratory Care programs adhere to the College of Health Professions Student Academic Professional Standards Policy 02.00.02. The Student Academic Professional Standards encompass principles that embody the ethical foundation of health professions practice. Students are expected to maintain unwavering integrity in all professional interactions. To achieve this, students should show a dedication to fulfilling their professional duties and adhering to ethical principles. The policy can be found using the following link: https://healthprofessions.uams.edu/wp-content/uploads/sites/9/2024/01/Academic-Prof-Standards-Policy_FINAL_1-11-24.pdf.

Student Code of Conduct Policy

The Respiratory Care programs adhere to the UAMS Student Code of Conduct Policy 2.2.14. The Student Code of Conduct Policy sets forth behavioral standards for students to follow as they live, study, work, and pursue their educational goals in a safe and secure learning environment at the University of Arkansas for Medical Sciences. The Code reflects expectations based on values essential to a flourishing academic environment, such as honesty, integrity, respect, and fairness. The policy can be found at the following link: <https://academicaffairs.uams.edu/wp-content/uploads/sites/12/2023/12/2.2.14-Student-Code-of-Conduct-2023.11.17-1.pdf>.

1. Students enrolled in the respiratory care program must adhere to strict non-cognitive policies concerning ethical behavior and professional conduct. Students who fail to meet the student academic professional standards may be placed on Academic Alert or Academic Probation.
2. Students on Academic Alert or Academic Probation will meet with the program director to develop an appropriate action plan for performance improvement.
3. Students placed on Academic Alert or Academic Probation may also be subject to disciplinary action, clinical contract, restriction of clinical activities, or administrative

withdrawal from the program. Restriction of clinical activities could prevent students from meeting graduation requirements.

4. Courtesy is essential. Work with confidence, but with a certain degree of humility. Both are essential in your relationship with physicians, patients, instructors and fellow students.
5. Faculty should be addressed professionally as “Mr.,” “Mrs.,” “Ms.,” “Dr.” or “Professor”.
6. Physicians should be addressed professionally as "Dr.".
7. Adult patients should be addressed professionally as "Mr.," "Mrs.," or "Ms.".
8. Professional interpersonal relationships are essential in the practice of respiratory care. A student will not show disrespect to fellow students, patients, hospital staff members, UAMS faculty members, or staff through verbal, nonverbal (e.g., posture, voice inflections, grimaces or gestures), or written means (including social media).
9. Be mindful that offices and hallways are work areas. Students should not congregate in the hallway. Conversations should be conducted in a professional attitude and tone.
10. Students should use the designated student areas or laboratory during breaks and lunch to avoid congregating in the corridors. Students should never congregate in the administrative office.
11. Any information concerning a patient should never be discussed outside of the classroom or clinical areas where privacy has been assured.
12. UAMS is a tobacco-free and vape-free institution. Students are expected to abstain from smoking/vaping and from the use of **all** tobacco products. Tobacco/Nicotine is not allowed in any clinical or academic facility. Students should not carry tobacco or nicotine in the academic or clinical areas. Infractions of this policy are considered unprofessional behavior and will be subject to the non-cognitive performance standards policy.
13. No student may report to clinical affiliates or classes impaired for any reason (including, but not limited to, alcohol, illegal drugs, prescription medications, herbal / natural substances, cannabinoids, CBD, medical marijuana, etc.). The UAMS Drug Testing program applies to both employees and students at UAMS. Students are referred to the UAMS Substance Abuse Policy for more detailed information (See Appendix, Administrative Guide, CHP Policy 02.00.03).
14. UAMS, College, Department or Program name, logo or letterhead should not be used by any student without the express permission from the Department Chairman or Associate Chairman. This includes class projects or personal correspondence.
15. To collaborate with faculty, schedule appointments in advance whenever possible.

16. Keep student areas, classrooms and laboratories clean at all times. Refrigerators and microwave ovens that are available for student use should be treated with care. Food/drinks should be labeled with a name and date. However, ANY containers left in the refrigerator at the end of the week (usually Friday afternoon) will be discarded.
17. Classrooms and laboratory configurations should be returned to their standard configuration or as they were found after class / lab sessions.
18. All materials, assignments and documentation, including those required as part of Blackboard courses, that are submitted to an instructor should be legible and type-written in complete sentences with appropriate grammar, spelling, and citations. Each faculty member reserves the right to decline receipt of material he/she considers unacceptable.
19. The copy machine is off limits to students. If a copy is required, students must obtain faculty or staff permission.
20. **All cellular phones and personal communication devices should be turned OFF or silenced during class, lab and clinical** unless otherwise directed by the faculty. Frequent breaks are provided during which a student may check for and/or send messages and make personal calls.
21. Students will follow all health and safety directives and guidelines as published / announced by the University.

SCHOLASTIC MISCONDUCT AND PLAGIARISM

The following actions/behaviors are unacceptable and may result in immediate dismissal from the program:

1. Scholastic dishonesty (e.g., cheating on assignments/examinations, plagiarism, or submitting someone else's work as your own).
2. Falsifying any documentation (i.e., clinical log forms, patient charts, proficiency evaluations, time in/out, any Platinum Planner submissions, etc.).
3. Otherwise misrepresenting one's participation, work, submission, or documentation in the educational process, including classroom, lab and clinical (e.g., distorting / falsifying one's role in clinical activities, failure to disclose AI-assisted content).
4. Negligent actions that may result in harm to patients or others.

Scholastic misconduct applies to circumstances and events related to the student's education program, including scholastic dishonesty and professional conduct or judgment. This includes, but is not limited to, plagiarism, giving or receiving any form of aid on quizzes or examinations that is not expressly permitted by the instructor, or falsification of documents, experimental results, or research data. Sanction(s) may include, but are not limited to, a failing grade on the test/assignment, failing grade for the course, probation, suspension or dismissal from the college.

Scholastic Dishonesty Policy

The Respiratory Care programs adhere to the College of Health Professions Scholastic Dishonesty Policy 01.000.02. Scholastic dishonesty can undermine the educational process by distorting the true academic performance of individual students and jeopardizing the success of their entire educational program. The policy can be found at the following link:

https://healthprofessions.uams.edu/wp-content/uploads/sites/9/2024/01/Scholastic-dishonesty-policy_FINAL_1-11-24.pdf. (See Appendix).

Artificial Intelligence Generative Tool Use Policy

The Respiratory Care programs adhere to the UAMS Artificial Intelligence Generative Tool Use Policy 2.1.6. The policy aids in clarifying the use and misuse of artificial intelligence generative tools at UAMS. The policy can be found at the following link:

<https://academicaffairs.uams.edu/wp-content/uploads/sites/12/2024/02/2.1.6-UAMS-AI-Policy-2024.02.09.pdf>.

The College of Health Professions subscribes to a web-based plagiarism detection and prevention system that is used by colleges and universities nationwide. The system works by scanning the submitted document and matching the document against databases of texts, journals, and Web and other electronic sources including websites that sell or distribute pre-written essays and/or term papers. Course instructors reserve the right, at his/her discretion, to use this plagiarism detection system by submitting students' written work to the system for the purpose of determining if a document has been plagiarized.

Note: All work submitted is required to be original work developed for class assignments and should not have been submitted for assignments made as part of previous and/or concurrent courses without the instructors' prior knowledge and approval; to do otherwise constitutes academic dishonesty and will be addressed as such in program courses.

Student Academic Appeals Policy

The purpose of the College Health Professions Student Academic Appeals Policy, 01.15.01, is to provide students with an opportunity to dispute the charges and/or penalties related to an academic

issue. The appeal procedures below provide opportunities for students to request a review of decisions made by the program faculty, submit information not previously available or suggest alternative remedies. The policy can be found at the following link: https://healthprofessions.uams.edu/wp-content/uploads/sites/9/2024/01/Student-academic-appeal-policy_FINAL_1-11-24.pdf.

Complaint Policy

If a student has a non-academic complaint that is not covered under one of the policies listed, then they would follow the process for non-academic complaints described in Academic Affairs Policy 2.2.9 Formal Complaint Resolution Policy. If the efforts to resolve a complaint informally are not successful, students must file a formal complaint within 30 days following the incident via the online complaint form. This form is only for student complaints. The policy can be found at the following link:

<https://academicaffairs.uams.edu/wp-content/uploads/sites/12/2022/11/2.2.9-Formal-Complaint-Resolution-Policy-2022.11.10.pdf>.

PATIENT PRIVACY AND CONFIDENTIALITY

UAMS is committed to protecting the privacy of our patients' information. While privacy and confidentiality have always been a priority for health care providers, it has heightened importance in this era of electronic information due to the increased speed of information flow and the risks associated with protecting this information.

The standards for protecting patient health information are described in the federal law known as the Health Insurance Portability and Accountability Act (HIPAA). HIPAA limits access to medical records to authorized individuals and for specific purposes. It is not possible to summarize HIPAA here; however, you will have received HIPAA training prior to being granted access to patient information.

HIPAA Education and Training Policy

The Respiratory Care programs adhere to the UAMS HIPAA Education and Training Policy 2.2.15. The purpose of the policy is to ensure that the University of Arkansas for Medical Sciences ("UAMS") Workforce is properly educated and trained to protect the privacy and security of patients' health care information. The policy can be found using the following link: <https://hipaa.uams.edu/wp-content/uploads/sites/136/2020/12/2-1-15-HIPAA-Education-and-Training-Dec-2020.pdf>.

HEALTH SERVICES

Emergency health services are available at each affiliate institution. Should a student require health services, he/she should notify the clinical instructor and he/she will advise you of the proper procedure. Students are also eligible for health services at the UAMS, Student/Employee Health Department. Dental hygiene services are available to UAMS students for a nominal fee, as well as discounts on prescription drugs.

The Student Health Clinic, a part of SEHS [Student and Employee Health Services], provides basic medical services to full-time UAMS students. Students that subscribe to the Academic Health Plan will have their deductibles and co-pays waived. Those that are referred to the FMC clinic (which is housed on the 1st floor of the Family Medical Center) for laboratory or radiology services by the Student Health Clinic will also have their deductibles waived. Any non-referred visit to FMC will require co-payment at the time of visit. An appointment is necessary for students seeking routine medical care in the SEHS. See <http://www.uams.edu/dfcm/student-employeehealth/> for details on covered services.

Please note that even though the SEHS (ground level) and FMC (1st floor) are housed within the Department of Family and Preventive Medicine building, they are not the same clinic. FMC Clinic does perform pre-enrollment student examinations. To schedule an appointment call (501) 686-6560.

In the case of public health emergencies, pandemics or communicable disease, students are required to adhere to all policies established Student and Employee Health Services. This may include (but is not limited to) vaccines, wearing personal protective equipment, testing, reporting, isolation / quarantine, or treatment.

VACCINATIONS

The Society for Healthcare Epidemiology of America (SHEA) *endorses a policy in which annual influenza vaccination is a condition of both initial and continued healthcare personnel employment and/or professional privileges.* In addition to SHEA, many healthcare agencies and societies recommend requiring vaccination of healthcare workers, including the Infectious Diseases Society of America (IDSA), American Academy of Pediatrics (AAP), National Patient Safety Foundation, American College of Physicians, Association for Professionals in Infection Control and Epidemiology (APIC), etc.

Student Health Screening/Immunization Requirements

The Respiratory Care programs adhere to the UAMS Student Health Screening 1.4.2. The purpose of this policy is to help minimize potential exposure to infectious disease for or by UAMS students who are enrolled in classes at UAMS. The policy can be found at the following link:

<https://academicaffairs.uams.edu/wp-content/uploads/sites/12/2023/09/1.4.2-Student-Health-Screening-2023.09.01.pdf>.

- UAMS (and each clinical affiliate) requires the influenza vaccine for all employees, medical staff, volunteers and other designated individuals (including students) during the upcoming influenza season. Therefore, students must be vaccinated against influenza within 6 weeks from vaccine becoming available in the Fall, in order to complete required clinical rotations. Immunization usually begins mid-October.
- Requests for exemptions, regardless of the reason, will be evaluated individually by Student Employee Health Services (SEHS) and the Office of Human Resources. Only those requests submitted on the UAMS exemption forms will be considered. Exemption forms are available on the UAMS SEHS webpage:
- <http://familymedicine.uams.edu/university-healthcare-services/student-and-employee-health/flu-shots-student-and-employee-health-services/>
- For those who receive vaccinations at sites other than UAMS, written documentation must be provided to Student and Employee Health. This documentation should be faxed to 501-296-1230 or e-mailed to studentandemployeehealth@uams.edu.
- A calendar of the mass influenza workstation dates, times and locations is posted on the SEHS Calendar. Students and employees should watch the UAMS Alerts for updates, or review the information posted on the UAMS Intranet.

As conditions arise, additional vaccinations may be encouraged or required. In such cases, UAMS and the program director will provide information and guidance. Many clinical affiliates require proof of vaccinations for placement of students in their facilities. Failure to provide proof of vaccination could prevent students from completing program clinical requirements and delay or prevent graduation.

RECORDS

All work and grades for individual students will be kept confidential. A complete record of a student's participation and performance in a course will be kept by the instructor and can be seen by appointment. Program records of student performance are maintained in a locked file cabinet and/or in the on-line learning management system.

Release of this information to any person other than the student is not permitted, except when the student makes a written request. Requests must specify the name of the person to whom information may be released and outline the specific information that may be released.

An electronic record of examinations and course final grades will be maintained by the program for five (5) years on a secure server. Students must report any name, phone number, or address change promptly to the program office.

A permanent transcript is kept by the institution. An electronic transcript request form is available through the CHP website. The cost is \$10 per transcript. Requests for transcripts can also be submitted to the Office of the University Registrar between 8:00 AM – 4:30 PM, CHP Building 2, or sent to the Office through mail or by fax. The mailing address and fax number are on the form. Allow 3-5 working days for receipt of the requested transcript.

COMMUNICATION

Students are expected to adhere to customary rules of professional communication. The general guidelines below for email, text messages, and phone calls to faculty / preceptors are similar to the policies and practices used by credentialed practitioners.

- **Please respect the faculty's personal time and use discretion in calling and texting faculty outside of regular business hours.** Phone calls are always acceptable during regular business days / hours, and when reporting an absence for clinical.
- ***The only official methods of communication in the program are direct, person-to-person phone calls and UAMS e-mail.*** Personal email accounts (Gmail, yahoo, etc.) and text messages are not appropriate means of official communication.

Students are responsible for:

- maintaining the highest degree of professionalism during all types of communication
- checking UAMS email frequently (twice daily is preferred)
- having their UAMS email account synced to cell phones and other communication devices
- subscribing to all Blackboard discussion forum threads
- scanning and emailing requested documents to faculty

Text Messaging

- ***Text messages cannot be used for official communication.*** Text messages should only be used in emergency situations.
- Text messaging ***will not*** be used for reporting absences, complex help with homework, rescheduling exams, submitting documents, or Blackboard issues.

E-mail Accounts

All students in the Respiratory Care program have an Outlook e-mail account. **This is the only account that will be used to generate information to students and it is imperative that students check it FREQUENTLY for messages from faculty and staff.**

- Using UAMS email provides a secure, reliable means of documenting the details of the communication and helps to avoid confusion.
- Students are strongly encouraged to link the UAMS outlook account to their phones and other communication devices.
- Passwords for UAMS email accounts may expire if not updated, as requested by IT Services. Students who do not access their account frequently will miss the reminders that are sent when it is time to change the password. To obtain a new password and access to the system, call the UAMS Help Desk at 501-686-8555.

Social Media

Students should demonstrate caution and restraint when utilizing social media (Twitter, Facebook, Instagram, Snap Chat, and all other social media sites). At no time should students post or make comments that are disrespectful to the program, college, faculty, peers or patients. Students must not communicate information that could lead to the exposure of patient identity. Students should be aware that specific patient data discussed in a specified time frame may be sufficient information to identify a patient. Students are required to complete UAMS HIPAA training and adhere to all directives of the UAMS social media and HIPAA policies.

TRANSPORTATION / PARKING

Students are responsible for their own transportation to all clinical sites, classes, seminars, health fairs, etc., as well as any expense incurred to fulfill these obligations.

Students may park at Ray Winder Field or at the War Memorial Stadium and ride the shuttle bus to the UAMS campus.

Student Evening Parking is available on Parking 2 - A Level (4:30pm to 8:00am weekdays and all hours on weekends/holidays). A parking decal is required. **Complete information regarding student parking is available at <http://www.uams.edu/parking/parking@uams.edu>**

Compliance with parking restrictions is mandatory at the various clinical sites. Students are responsible for any tickets incurred and may be subject to disciplinary action.

STUDENT CONFERENCES

Formal student conferences to address academic and/or professional issues may be requested by the Cardio-Respiratory Care faculty or by a student at any time. These sessions are collaborative in nature and provide an opportunity to discuss perceived problems and identify solutions to these problems. When a faculty member requests a formal conference session with a student, the following procedure will apply:

1. The student will be scheduled for a conference session with the course instructor. A student who fails to appear at this initial session or any subsequent sessions may be restricted from further scheduled learning sessions until the session can be rescheduled. An Academic Advising Form or Student Advising Report must be completed at the end of each session. A copy will be provided to the student, one will be placed in the permanent departmental file and other copies will be forwarded, as appropriate.
2. If, after the initial session, the problem remains unresolved, the student will be scheduled for a counseling session with the Program Director and/or Department Chairman.
3. If the problem remains unresolved after a meeting with the Department Chairman, the student will be referred to the Conduct and Discipline Process or Academic Appeal Process, whichever is applicable. These processes are published in the CHP Catalog and student handbook.

EMPLOYMENT

1. Employment will not be an excuse for leaving early, tardiness, absenteeism, poor grades, inability to pay attention in class, or unprofessional behavior.
2. Students may not be paid for completing clinical course requirements, nor can they substitute for clinical staff.
3. Students working nighttime hours must have a *minimum of six (6) hours* of “off” time immediately prior to attending clinical rotations. Students in violation of this policy will be asked to leave clinical and will be counted absent. A make-up day will be required.

PROGRAM LIBRARY, DEVICES AND EQUIPMENT

A supplemental resource library is maintained in the department. Students will be financially responsible for any books or equipment that is checked out and not returned. Students are also

responsible for any materials checked out from affiliate libraries. The student cannot graduate until these materials are paid for or returned.

Students may be required to purchase a Turning Point subscription (Username and password) and register their response devices. Turning Point audience response devices are issued to students each fall semester and returned at the end of the first spring semester and at the end of the second fall semester. Lost or damaged clickers require a \$75 replacement fee.

Any willful destruction of equipment or materials will be the financial responsibility of the student responsible for the destruction. He/she will be required to replace the item at the current listed price.

CLINICAL AFFILIATE POLICIES

Students must abide by the policies of the affiliate institutions, department and college. Failure to do so may lead to disciplinary action. Any affiliate may refuse entry of any student into the clinical practicum at its institution subject to review of such actions. Some affiliates provide experiences that cannot be provided by any other affiliate, rendering it impossible to complete graduation requirements without the ability to attend that affiliate.

Upon review by program and affiliate personnel, the student may be administratively withdrawn from a clinical course, when a clinical affiliate refuses to allow the student to participation in a rotation it offers. In this case, the student cannot successfully complete the program.

PROGRAM ADVISORY COMMITTEE

The Respiratory Care Program Advisory Committees functions to advise program faculty and administration in the continuing development and evaluation of the program, in faculty appointment and coordination, and in the development of effective clinical relationships.

The senior class president or a suitable designee will serve as a representative to the program Advisory Committee. Any appropriate concerns should be communicated to the student representative prior to a scheduled meeting. The Advisory Committee meets at least once each year and a Student Report is given to the group.

CHP STUDENT ADVISORY COMMITTEE

The purpose of the Student Advisory Committee shall be to assist in the development of policies for students; determine ways to communicate policies to students; select student representatives to appropriate college committees; and assist in planning student affairs such as social activities, orientation, receptions for friends and parents at graduation, field trips, receptions during

orientation, and college-wide awards convocation; or other such student affairs as deemed appropriate.

Two students will represent the program on the Student Advisory Committee. Junior students will select a representative who will serve two years (as a junior and senior). In the case of a vacancy in the junior or senior positions, the program director will appoint a representative.

ASRC STUDENT REPRESENTATIVE

The class president or a suitable designee of each class will serve as a student representative to the Arkansas Society for Respiratory Care Board of Directors. The representative must meet the established criteria and have the endorsement of the Program Director.

AWARDS

Lambda Beta Honor Society

The National Honor Society for the profession of Respiratory Care was formed in 1986 to promote, recognize and honor scholarship, scholarly achievement, service, and character of students, graduates, and faculty members of the profession. The name of the society is based on the goals of the Respiratory Care profession: sustaining “life and breath” for all mankind. Lambda (Λ) is the Greek letter “L”, and beta (B) is the Greek letter “B”. The purpose of the Society is to promote achievement of high scholarly standards within the schools and chapters through the encouragement of membership and graduation with honors. Lambda Beta inductees are nominated by the faculty based on the established national criteria.

Erna L. Boone Award for Professional Excellence*

The Boone Award is presented to a graduating senior who is nominated and chosen by the faculty, and meets each of the following criteria:

1. Is an active student member of the AARC / ASRC
2. Has demonstrated excellence in one or more of the following areas:
 - Knowledge Sharing
 - Peer Leadership
 - Service to the college, program and/or profession
 - Patient and Family Centered Care
 - Inter-Professional Communication / Practice

- Tobacco Cessation

*The Boone Award is presented at the discretion of Department Chair and may not be awarded every year.

Faculty Gold Key Award*

The Faculty Gold Key is presented to the graduate who demonstrates outstanding academic, clinical and affective skills throughout the program. This award is only presented to a student who meets each of the following minimum qualifications:

1. Program GPA must be a 3.0 or higher.
2. Absenteeism from clinical must not be more than 5% of the total clinical time at the time of evaluation.
3. Demonstration of a professional, caring attitude when working with patients, peers, faculty, and other health care team members.
4. Student membership in the respective professional organization.
5. Demonstration of initiative in learning and in sharing new professional experiences.
6. Demonstration of leadership qualities (including):
 - Leadership by example
 - Maintains a positive attitude
 - Responsibility
 - Dependability
 - Active involvement in ASRC

* A Faculty Gold Key is awarded at the discretion of the Department Chair and may not be awarded every year.

Outstanding Clinical Performance Award*

1. The student will exhibit such qualities as professionalism, technical strength, leadership, and care for humanity in the clinical environment.
2. The student will demonstrate initiative in seeking out clinical learning experiences.
3. The student will exhibit superior patient assessment skills.
4. The student will excel in the preparation of written and/or case presentations.
5. The student will exhibit excellent communication skills and team rapport.

6. The student's absenteeism from clinical must not be more than 5% or the total Clinical Practicum I, II, III at the time of evaluation.

*An outstanding clinical performance is awarded at the discretion of the Director of Clinical Education and may not be awarded every year.

Academic Achievement Award

An Academic Achievement Award is presented to the graduate with the highest cumulative GPA.

Peer Award

Class members will select one graduate whom they believe will contribute the most to the profession following graduation. The selection will be held by secret ballot and the graduate receiving the most ballots will be declared the winner. The ballots will be tabulated by the faculty and the winner will be announced at the Awards Ceremony.

Chairman's Awards

Special recognition awards may be presented by the Department Chairman / Program Director.

PROFESSIONAL CREDENTIALS AND ARKANSAS LICENSURE

Graduates are eligible for the NBRC credentialing examinations with the goal of earning the RRT credential. These examinations are computer-based. A credentialing exam review course is offered in the final semester of the respiratory care program. A student must successfully complete the academic program and earn a credential in order to receive a license.

- A 160 question Therapist Multiple-Choice (TMC) Exam will differentiate between those earning the CRT (Certified Respiratory Therapist) credential at the low cut score, and those earning RRT-eligible (Registered Respiratory Therapist) status based on exceeding the high cut score on the exam. Those designated RRT-eligible status because of a higher exam score may schedule the Clinical Simulation Examination (CSE) . This exam will consist of 20 clinical problems. Examinees who pass this exam will earn the RRT credential.
- The cost of the TMC Exam is \$190 (new) and \$150 (repeat). The cost of the CSE is \$200 (new or repeat).
- The initial series of exams is covered by tuition and fees. A voucher will be provided to students upon graduation.
- Students should be apprised that both a federal and state background check (with fingerprinting) is required in order to receive a license to practice in Arkansas. When

derogatory information is received, the Respiratory Care Licensing Committee is likely to require additional information from licensure applicant, which may include an appearance at a full Arkansas State Medical Board meeting.

GRADUATE AND EMPLOYER SURVEYS

Approximately one year following graduation, graduates will receive a survey from the program to determine the graduate's level of satisfaction of his/her preparation for the job tasks required by his/her employer. Results are required by the CoARC to maintain program accreditation. The results are also used by the program faculty to make modifications in the curriculum, in policies, etc. All individual responses are kept confidential and only aggregate results are reported to the appropriate accrediting bodies, the Advisory Committee and college administration. It is every graduate's responsibility to return the completed surveys in a timely manner. Accurate program analysis is not possible without every graduate's response. In addition, the accrediting bodies require that programs meet thresholds for return rates in order to maintain accreditation.

In addition to Graduate Surveys, employers of the graduates are also asked to evaluate how well the program prepared the graduate for the job tasks required by the institution employing the graduate. These results, when compared with graduate responses, are particularly helpful to the faculty when making curricular revisions. Employers will be surveyed, unless there is a written request to the contrary on file and signed by the graduate.

CHP POLICIES

All respiratory care students must abide by the College of Health Professions (CHP) academic policies found in the CHP catalog posted at:

<https://healthprofessions.uams.edu/about-the-college/catalogs-and-handbooks/>

COPYRIGHT POLICY - The materials used in this course may include copyright protected materials provided for the personal educational use of the enrolled students and may not be further redistributed.

INTELLECTUAL PROPERTY POLICY - Lecture, lab and other presentations are the intellectual property of the faculty and faculty must give their written permission for their lecture, lab, and other presentations to be recorded. Recorded lectures/labs/presentations may only be posted on websites or other locations approved by the College of Health Professions and are provided for the personal educational use of students enrolled in the course. Students are prohibited from providing or distributing any course materials in any manner – print, electronic, or any other

media – or providing links to any course materials to anyone outside of their UAMS classes. Failure to abide by this policy may result in disciplinary action including dismissal.

Failure to abide by this policy may constitute a copyright infringement which may have the following legal consequences:

Summary of Civil and Criminal Penalties for Violating Federal Copyright Laws

Copyright infringement is the act of exercising, without permission or legal authority, one or more of the exclusive rights granted to the copyright owner under section 106 of the Copyright Act (Title 17 of the United States Code). These rights include the right to reproduce or distribute a copyrighted work. In the file-sharing context, downloading or uploading substantial parts of a copyrighted work without authority constitutes an infringement. Penalties for copyright infringement include civil and criminal penalties. In general, anyone found liable for civil copyright infringement may be ordered to pay either actual damages or "statutory" damages affixed at not less than \$750 and not more than \$30,000 per work infringed. For "willful" infringement, a court may award up to \$150,000 per work infringed. A court can, in its discretion, also assess costs and attorneys' fees. For details, see Title 17, United States Code, Sections 504, 505. Willful copyright infringement can also result in criminal penalties, including imprisonment of up to five years and fines of up to \$250,000 per offense. For more information, see the web site of the U.S. Copyright Office at www.copyright.gov, and especially their FAQs at www.copyright.gov/help/faq

Title IX - The University of Arkansas for Medical Sciences (UAMS) does not discriminate on the basis of sex, gender, or sexual orientation in its education programs or activities. Title IX of the Education Amendments of 1972, and certain other federal and state laws, prohibit discrimination on the basis of sex in all education programs and activities operated by UAMS (both on and off campus). Title IX protects all people regardless of their gender or gender identity from sex discrimination, which includes sexual harassment and sexual violence. The UAMS Title IX Coordinator can be contacted at (501) 526-5641. She is available to explain and discuss: your right to file a criminal complaint (sexual assault and violence); the university's complaint process, including the investigation process; how confidentiality is handled; available resources (both on and off campus); and other related matters. **You may also contact the UAMS Police Department, 501-686-7777 (non-emergency) or 911 (emergency). If you are in the midst of an emergency, please call the police immediately by dialing 9-1-1.**

The United States Department of Education's Office of Civil Rights ("OCR") is responsible for enforcing Title IX, as well as other federal civil rights laws that prohibit discrimination in programs or activities that receive federal financial aid. Inquiries and complaints may also be directed to OCR at 1-800-421-3481 or ocr@ed.gov

DISABILITY SUPPORT – UAMS is committed to providing equal access to learning opportunities to students with disabilities. To ensure access to any class or program, please contact the ADA Coordinator to engage in a confidential conversation about the process for requesting accommodations in the classroom and clinical settings. Accommodations are not applied retroactively. Students are encouraged to register with the ADA Coordinator’s office as soon as they begin their program or as soon as the student recognizes their need for an adjustment.

UAMS encourages students to access all resources available through the ADA Office for consistent support and access to their programs. More information can be found online at <http://students.uams.edu/ada-disability-services/> or by the contacting the disability services office

SCHOLASTIC DISHONESTY

Scholastic dishonesty is defined as an act contrary to academic and/or professional ethics. Examples of scholastic dishonesty include, but are not limited to, cheating, plagiarism, collusion, submission for credit of any work or materials that are attributable in whole or part to another person or an artificial intelligence third-party service or site, taking an examination or submitting work or materials for another person, any act designed to give unfair advantage to a student, or the attempt to commit such acts. Additionally, submitting an assignment that was previously submitted in another course constitutes scholastic dishonesty, unless the resubmission was approved by the course director. The sanctions for scholastic dishonesty may include, but are not limited to, a failing grade on the test/assignment, failing grade for the course, probation, suspension, or dismissal from the college. Refer to CHP’s Student Conduct and Discipline Policy, 02.15.01, located in the UAMS Academic Catalog, for details on matters related to scholastic dishonesty and other non-academic disciplinary matters.

Students are expected to submit original work for all assignments and exams. The CHP subscribes to a Web-based plagiarism detection and prevention system that has the ability to compare written work to a database of texts, journals, electronic and web sources, including web sites that provide pre-written essays or term papers. If a student is suspected of submitting work copied from another source, CHP reserves the right to use this plagiarism detection system, with or without the student’s knowledge.

While Artificial Intelligence (AI) may serve as a learning resource for students, AI-generated content should not be submitted by students for assignments or exams, unless expressly permitted and approved by the course director. Doing so would constitute plagiarism, and disciplinary action outlined in the CHP Student Conduct and Discipline Policy, 02.15.01, would be enforced.

TIENT PRIVACY AND CONFIDENTIALITY

UAMS is committed to protecting the privacy of our patients' information. While privacy and confidentiality have always been a priority for health care providers, it has heightened importance in this era of electronic information due to the increased speed of information flow and the risks associated with protecting this information.

The standards for protecting patient health information are described in the federal law known as the Health Insurance Portability and Accountability Act (HIPAA). HIPAA limits access to medical records to authorized individuals and for specific purposes. It is not possible to summarize HIPAA here; however, you will have received HIPAA training prior to being granted access to patient information. Additional information and training on HIPAA, including UAMS HIPAA policies, are available on the HIPAA Office webpage at <http://hipaa.uams.edu/>

Keep in mind that there are sanctions for inappropriate access to patient records. These include criminal penalties of up to one (1) year imprisonment and a \$50,000 fine; as well as, disciplinary action up to and including dismissal from your program.

If you have any questions pertaining to HIPAA, you may direct them to the UAMS HIPAA office at 501-603-1379.



University of Arkansas for Medical Sciences
College of Health Professions
Department of Respiratory Care

Clinical Policies and Procedures

This document is posted on the program webpage at:

<https://healthprofessions.uams.edu/programs/respiratorycare/policies/>

All respiratory care students must abide by the College of Health Professions (CHP) academic policies found in the CHP catalog posted at:

I. INTRODUCTION

Clinical education provides students with a collaborative environment to development affective behaviors, critical thinking, and psychomotor skills. Working interprofessionally, students understand the roles of the team members, provide safer patient care, and communicate more effectively. Clinical rotations to hospital affiliates encourage students to apply knowledge from the classroom and competencies demonstrated in the hands-on laboratory sessions, at the bedside while working with knowledgeable clinical preceptors and program faculty. Student evaluations articulate clear expectations, foster open communication, assess ethical and professional behavior, and the dignity and concern for the welfare of the patient and family. We recognize the importance of clinical education and provide students with the opportunity to obtain clinical experiences early and consistency throughout the UAMS Respiratory Care Program, completing over 650 hours at the bedside in neonatal, pediatric, and adult patient care.

The Clinical Policies and Procedures Manual is designed to provide the student with information needed to be successful in completing clinical coursework in the respiratory care program. Throughout the clinical component, the assigned rotations are created with equivalent experiences for all enrolled students. The Clinical Policies and Procedures Manual applies to all students regardless of location. This document is not, however, a substitute for the Clinical Practicum Syllabi and should be used as a reference guide.

It will be the student's responsibility to read and retain the information enclosed. Upon completing the review of this manual the student will sign the form enclosed stating his/her understanding of the policies and procedures outlined in this manual and return to the Director of Clinical Education prior to the first clinical day of each clinical semester. These statements will become part of the student's permanent clinical file.

This manual should be accessible to the student while in the clinical setting. It is a required text for all clinical practicum.

II. FACULTY

Program Faculty

The following individuals have primary responsibility for the education of respiratory care professionals enrolled in the respiratory care program. These responsibilities will often include the clinical instruction of students.

The Program Director is primarily responsible for the overall administration of the respiratory care program, while the Director of Clinical Education (DCE) has primary responsibility for the clinical portion of the program. In most cases, the student should communicate with the DCE regarding clinical courses. In the absence of the DCE, the student should communicate with the Program Director. In the absence of the DCE and the Program Director, a designated program faculty will be assigned for this purpose.

Thomas Jones, Ed.D., RRT, CPFT Associate Professor Chairman, Program Director	(501) 526-4496 Cell: (870) 262-7293
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Tonya Cook, MEd, RRT Assistant Professor Director of Clinical Education	(501) 526-4488 Cell: (501) 580-3391
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Erna Boone, DrPH, RRT, FAARC Associate Professor	(501) 526-4490
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Dewayne Durden, BS, RRT Adjunct Instructor	(501) 352-3402
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Theresa Gramlich, MS, RRT, CPFT Assistant Professor	(501) 526-4489
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Clinical Faculty

The following individuals are responsible for assisting the program in coordinating appropriate clinical instruction of respiratory care students assigned to the institution they represent. Clinical faculty are affiliate respiratory therapists who have earned professional credentials and who have experience in the assigned affiliate. Students may be assigned to work at the bedside and in other patient care environments with clinical faculty or they may be assigned to clinical preceptors by the clinical faculty. Close communication with clinical faculty is required for safe and effective patient care as well as the facilitation of optimal clinical rotations.

Arkansas Children's Hospital-Little Rock Heather Neal-Rice, BS, RRT-NPS	(501) 364-2896
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Arkansas Heart Hospital-Little Rock Jason Henry, BS, RRT	(501) 219-7584 (501) 219-7478
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Baptist Health – Extended Care

Adam Buck, RRT

(501) 202-1040

Baptist Health Medical Center-Little Rock

Candace Curtis, RRT

(501) 202-1929

Baptist Health Medical Center-North Little Rock

Tonya Cutis, RRT

(501) 202-3436

Pager 297-6465

Conway Regional Medical Center-Conway

Jason Laramore, RRT

(501) 450-2190

CHI-St. Vincent Infirmary - Little Rock

Tammy Martin, RRT

(501) 552-2869

Saline Memorial Medical Center - Benton

David Gibson, AS, RRT

(501) 776-6193

University Arkansas Medical Center- Little Rock

Brittany Scarramuzza, RRT

(501) 686-5485

Pager: 405-8059

Veteran’s Administration Medical Center-Little Rock

Steven Pippins, BS, RRT

(501) 257-5174

Clinical Preceptors

Clinical preceptors are affiliate staff respiratory therapists who have earned professional credentials and who have experience and expertise in a particular patient care environment. Clinical preceptors are "partnered" with students during the Summer Clinical Internship, Clinical Practicum III, and Clinical Practicum IV. They assist students in developing and meeting learning objectives and they have a role in the overall evaluation of the student. Clinical preceptors are asked to evaluate students at the conclusion of each clinical day or week. As students’ progress in their competence in patient care skills, clinical preceptors will allow students to work more independently, but will remain nearby in the event assistance is needed.

III. CLINICAL AFFILIATES

**ARKANSAS CHILDREN’S HOSPITAL
1 CHILDREN’S WAY SLOT 303
LITTLE ROCK, AR 72202**

TYPE OF INSTITUTION: Public / Academic / Pediatric

DEPARTMENT OF RESPIRATORY CARE:

MEDICAL DIRECTOR: Ron Sanders, M.D.
DEPARTMENT DIRECTOR: Randy Willis, RRT
LOCATION: 3rd Floor, Workstation/Offices
TELEPHONE NUMBER: 501-364-1374

**ARKANSAS HEART HOSPITAL
1701 S. SHACKLEFORD ROAD
LITTLE ROCK, AR 72211**

TYPE OF INSTITUTION: Private (For Profit)

DEPARTMENT OF RESPIRATORY CARE:

MEDICAL DIRECTOR: Jack Griebel, M.D.
DEPARTMENT DIRECTOR: Jason Henry, BS, RRT
LOCATION: 2nd Floor
TELEPHONE NUMBER: 501-219-7478

**BAPTIST HEALTH MEDICAL CENTER
9601 I-630, EXIT 7
LITTLE ROCK, AR 72205**

TYPE OF INSTITUTION: Private, Not-For-Profit

DEPARTMENT OF RESPIRATORY CARE:

MEDICAL DIRECTOR: Nancy Rector, M.D.
DEPARTMENT DIRECTOR: Shelley Brown, BS, RRT
LOCATION: Ground Floor, North Hallway
TELEPHONE NUMBER: 202-1929 or 202-2879

**CENTRAL ARKANSAS VETERANS HEALTH SYSTEM
4300 WEST 7TH STREET
LITTLE ROCK, AR 72205**

TYPE OF INSTITUTION: Federally Funded

DEPARTMENT OF RESPIRATORY CARE:

MEDICAL DIRECTOR: Moshin Joshi, M.D.
DEPARTMENT DIRECTOR: Glenn Mayweather, MHA, RRT
LOCATION: 5th Floor
TELEPHONE NUMBER: 501-257-5792

**CONWAY REGIONAL MEDICAL CENTER
2302 COLLEGE AVENUE
CONWAY, AR 72032**

TYPE OF INSTITUTION: Public

DEPARTMENT OF RESPIRATORY CARE:

MEDICAL DIRECTOR: John Watson, M.D.
DEPARTMENT DIRECTOR: Jason Larmore, RRT
LOCATION: 1st Floor
TELEPHONE NUMBER: 501-329-3831

**CHI - ST. VINCENT INFIRMARY
2 ST. VINCENT CIRCLE
LITTLE ROCK, AR 72205**

TYPE OF INSTITUTION: Private (Not-for-Profit)

DEPARTMENT OF RESPIRATORY CARE:

MEDICAL DIRECTOR: John Hampton, M.D.
DEPARTMENT DIRECTOR: Alana Anderson, RRT
LOCATION: 2nd Floor
TELEPHONE NUMBER: 501-552-2870

**SALINE MEMORIAL HOSPITAL
1 MEDICAL PARK DRIVE
BENTON, AR 72015**

TYPE OF INSTITUTION: Governmental (County Hospital)

DEPARTMENT OF RESPIRATORY CARE:

MEDICAL DIRECTOR: Ed Hill, M.D.
DEPARTMENT DIRECTOR: David Gibson, RRT
LOCATION: 1st Floor
TELEPHONE NUMBER: 501-847-0613

**UAMS MEDICAL CENTER
4301 WEST MARKHAM
LITTLE ROCK, AR 72205**

TYPE OF INSTITUTION: Public

DEPARTMENT OF RESPIRATORY CARE:

MEDICAL DIRECTOR: Thaddeus Bartter, M.D.
DEPARTMENT DIRECTOR: Ray Smith, RRT
LOCATION: 6th Floor
TELEPHONE NUMBER: 501-686-6285

AARC Student Membership

All students enrolled in the clinical courses are expected to maintain a student membership in the American Association for Respiratory care. Students are required to provide their membership number to the department administrative assistant.

General Technical Standards

In order to graduate from the Respiratory Care program, students must be able to perform certain technical requirements prior to graduation. Graduates of this program must be able to meet certain physical and mental requirements to ensure the safe performance of respiratory care procedures.

Due to the nature of typical employment assignments, a graduate of this program must be able to meet the criteria listed below related to hearing, mobility, motor skills (fine & gross), tactile, visual, physical endurance and mental/attitudinal standards. (See Appendix)

IV. ATTENDANCE POLICIES

Relevant Definitions

Excused Absence: an absence for documentable illness or injury, documentable dependent illness, funeral leave for a death in the immediate family, declared inclement weather days, school-related injuries, school-related absences, jury duty, and military leave in which the appropriate procedure was followed for notification of the affiliate department and the Director of Clinical Education or designee prior to the beginning of the clinical shift.

Unexcused Absence: absence for any other reason other than those described above as an "excused" absence and/or any "excused" absence for which the appropriate procedure was not followed for notification of the affiliate department and the DCE (or Program Director or designee) prior to the beginning of the clinical shift.

Unauthorized Absence: (no call/no show) Failure of the student to provide any notification to the affiliate department and DCE or designee before he/she fails to report to clinical on his/her scheduled clinical day.

Tardy: when a student is not present for any part of a regularly scheduled shift without the appropriate approval.

Occurrence: An occurrence results from an episode or incident of absenteeism which may include one day or consecutive days off which are related to the same event or illness.

Students are expected to attend every day of scheduled clinical experiences as described in the CHP Catalog. At the beginning of each assigned shift, the student must "clock-in" using the Platinum Planner website upon arrival to the assigned clinical affiliate. Platinum Planner records the IP address of the device used for submission of information, as such, students are not to use personal devices for completing attendance records. Similarly, the student must not leave the affiliate without "clocking-out". It will be the student's responsibility to have the clinical faculty or preceptor note the time of arrival or departure at the affiliate on the UAMS Clinical Time Sheet contained in the clinical handbook in the event the website is not accessible. Should an absence (excused or unexcused) occur the student is responsible for entering a "sick day" into the Platinum Planner website, in addition to notifying the appropriate personnel. Clinical absences will begin accumulating from the first day of each semester. If a student misses a clinical day because of late registration, the absence will count as a full day of unexcused clinical absence.

Absence Policy

When a student is absent on a clinical day, the absence is considered either **EXCUSED** or **UNEXCUSED** (see definitions above). Students who arrive at a clinical affiliate may report an "excused" absence, when the clinical faculty determines the student will be unable to participate fully in the clinical experience (i.e. communicable illness). In this case, the student must obtain permission from the

DCE (or Program Director or designee) **prior** to leaving the affiliate. Failure to obtain this permission will result in an "unexcused" absence.

Excused Absences

Excused absences are cumulative and are therefore not related to the enrolled semester (i.e. 3 excused absences in the fall semester is the same as 1 excused absence in the fall, one in the spring and one in the summer).

Excessive absences may result in an unsatisfactory grade in the clinical course. If the student accumulates two (2) occurrences of clinical absence (excused and/or unexcused) in a semester, the student will be scheduled for a conference with the Director of Clinical Education and he/she may, at the discretion of the DCE, be placed on formal clinical contract (see page 13). Once placed on contract, the student may be subject to disciplinary action for further absences.

For students not on contract, five (5) or more occurrences of Absences and/or Tardies during a twelve month period is consistently above an acceptable standard. In this case, a formal clinical contract will be implemented. Excessive absences may result in dismissal from the program, and may adversely affect your course grade.

Required notification steps for an Excused Absence:

1. **Contact the affiliate department prior to the beginning of the shift.** The importance of prior notification cannot be over emphasized in order to prevent problems of rescheduling patient therapy. It is the responsibility of the student to notify the affiliate team leader/supervisor by a personal communication. Do not assume that a message left on voice mail will be delivered on time.
2. **Contact the Director of Clinical Education (or Program Director or designee in the event the DCE is not available).** It is the responsibility of the student to make contact by personal communication. Do not assume that a message left on voice mail will be delivered on time.
3. **Submit documentation of the illness, etc. to the Director of Clinical Education on the first day back in class or clinical.** Any student who wishes to receive an excused absence will be required to obtain a physician's statement indicating the date seen, and the release to work/school date. The student will be required to provide the physician's statement to the DCE prior to returning to clinical. Documentation for an excused absence for illness requires an original, signed, provider-issued (MD, DO, APRN, PA, etc.) verification of treatment. Any questions about the type of required documentation should be referred to the DCE for clarification.
4. **Enter a "sick day" into Platinum Planner** with the reason for absence.
5. **Schedule make-up for the clinical day(s) missed with the Director of Clinical Education on the first day back in class or clinical.** Refer to the Makeup Policy.

Consequence: Failure to follow the required notification and follow-up steps will result in a counseling session with the DCE and the absence will be considered "unexcused". A second

occurrence of failure to follow the required steps will result in a written warning that will be placed in the student's clinical file. A third occurrence will result in disciplinary action that may include dismissal from the program.

Unexcused Absences

Unexcused absences are cumulative and are therefore not related to the enrolled semester (i.e. 3 unexcused absences in the fall semester is the same as 1 unexcused absence in the fall, one in the spring and one in the summer).

Consequence: The first "unexcused" clinical absence will result in a counseling session with the DCE. A second occurrence of "unexcused" absence will result in a written warning that will be placed in the student's clinical file. A third occurrence will result in disciplinary action that may include dismissal from the program.

Unauthorized Absences

Failure to provide appropriate notification to the affiliate department and DCE or designee prior to missing a scheduled clinical day is unacceptable.

Consequence: Any occurrence of unauthorized absence (no call / no show) on any clinical day will require a formal clinical contract between the student and the DCE. A second occurrence of unauthorized absence will cause the student to be dismissed from the clinical portion of the program.

Occurrence

In very unusual circumstances such as a lengthy infectious illness, broken bones, etc., the student will be given special consideration of the attendance policy. Documentation explaining the circumstances of the absences and evidence that reasonable progress in the course is possible will be considered when making the determination of whether the student can continue in the clinical program.

Tardiness Policy

A student is considered tardy when he/she arrives late, or departs early from a scheduled clinical day or takes an unauthorized extended meal period or break. Tardy events are cumulative and are therefore not related to the enrolled semester (i.e. 3 tardy events in the fall semester is that same as 1 tardy event in fall, 1 in the spring and 1 in the summer).

In order to foster development of positive work behaviors, students are expected to arrive at clinical on time for the designated shift. Furthermore, students are expected to be in the assigned area for the entire shift with the exception of breaks that are authorized by the clinical faculty/preceptor. Repeated tardiness is disruptive to patients, staff, and the clinical experience. Tardy includes

episodes of a student arriving late to or departing early from his/her scheduled clinical day and unauthorized extended meal periods or breaks. Hours for each rotation are posted on the clinical schedule and will vary according to affiliate.

It is imperative that students receive report on their assigned patients from the therapist going off the shift. Students will be considered "tardy" if they arrive at the assigned affiliate more than seven (7) minutes after the shift is scheduled to begin (i.e. posted time of arrival is 6:30 a.m.; the student is tardy if he/she arrives at 6:38 a.m. or later). The time missed due to late arrival should be documented by the clinical faculty, and a decision regarding make-up of the missed time will be at the discretion of the DCE.

Consequence: When a student is tardy, he/she will be scheduled for a counseling session with the Director of Clinical Education. A second occurrence of tardiness will result in a written warning that will be placed in the student's clinical file. A third occurrence will result in disciplinary action that may include dismissal from the program.

Illness or Emergency Leave

It is imperative that students give report on their assigned patients to the therapist reporting for the next shift. **Students should never leave the clinical site early for any reason other than illness or emergency.** Should this occur the student must obtain permission to leave early from the DCE (or Program Director or designee) **and** the program/clinical faculty representing the affiliate. The number of hours missed will be noted and those hours must be made up. The student must receive appropriate permission **prior** to leaving the affiliate. A student will not be allowed to leave clinical early for employment purposes. Students may leave up to seven (7) minutes before the posted time of departure without being considered tardy (i.e. posted time of departure is 3:00 p.m.; the student may leave at 2:53 p.m.).

Required steps for illness or emergency leave:

1. Have an illness or emergency.
2. Receive permission from the program/clinical faculty representing the affiliate.
3. Receive permission from the Director of Clinical Education (or other designee when DCE is not available).
4. Schedule make-up for the clinical time missed with the Director of Clinical Education on the first day back in class or clinical.

Consequence: When a student fails to follow the required notification and follow-up steps, he/she will be scheduled for a counseling session with the Director of Clinical Education. A second occurrence of tardiness will result in a written warning that will be placed in the student's clinical file. A third occurrence will result in disciplinary action that may include dismissal from the program.

Injury or Exposure

A student injured in the clinical setting should immediately notify the affiliates' clinical supervisor and Director of Clinical Education or Program Director. A written summary of the incident and care rendered will be submitted and placed in the student's permanent file. The Director of Clinical Education or Program Director may excuse any clinical time missed.

A student who experiences a needle stick/sharp injury, blood/body fluid exposure should be evaluated immediately and if indicated, chemoprophylaxis must be started within 2 hours. See Appendix Student Needle stick/Sharps Injuries and Blood/Fluid Exposure Policy (1.300).

Students are not allowed to care for known COVID-19 patients. As part of routine practice, students should regularly monitor themselves for fever and symptoms of COVID-19. Stay home when you are ill. If you develop fever, ($T \geq 100.0$ F) or symptoms consistent with COVID-19, while at a clinical rotation or believe, you have an exposure to COVID-19, N-95 mask on and immediately inform the preceptor and clinical supervisor as well as the Director of Clinical Education. You will adhere to the affiliates COVID-19 exposure guidelines.

**In addition, contact UAMS Student and Employee Services.
(501) 686-6565 AFTER 4:30 PM and Weekends (501) 398-8636**

**Contact UAMS 24/7 COVID-19 Hotline @ 1-800-632-4502
The office of the Provost and CHP Associate Dean also require notification.**

Makeup Policy

Except in extraordinary circumstances, all clinical days must be made up during finals week. If days to be made up exceed the number of days available during finals week, the student will receive a grade of 'Incomplete' for the course. In this event, all clinical days must be made up by the last day of the last month in the semester in order to progress into the next semester or to graduate.

The Director of Clinical Education will arrange make-up days in advance with the clinical faculty and provide the student with a schedule of the assigned days. Failure to make-up the days at the assigned times will result in an unsatisfactory grade for the course.

V. FORMAL CLINICAL CONTRACT

The formal clinical contract is developed for corrective, progressive discipline of the student who has exhibited a pattern of attendance problems or who has exhibited a pattern of failure to follow other established policies and procedures of the program and/or the College's Standards of Ethical and Professional Conduct. The student will be required to submit in writing a remediation plan that addresses how he or she plans to correct or prevent further problems. A Formal Clinical Contract will then be developed for and with the student to directly address the specific problem(s) that

is/are occurring. After the clinical contract has been established, the following general disciplinary guidelines will be used:

- 1) The next incidence will result in a written warning.
- 2) The 2nd incidence may result in further disciplinary action up to and including dismissal from the program.

VI. DRESS CODE

The clinical uniform consists of the following:

1. Clean white 31" length lab coat that is free of wrinkles. (Knit cuffs and Lab jackets are unacceptable.)
2. University student ID with CRC hangtag attached to right lab coat lapel. The ID badge must always be worn on the outer-most layer of clothing and above the waist with CRC hangtag. Your student ID photo should be clearly visible at all times. Remove your badge when outside the UAMS campus or your assigned clinical affiliate.
3. Shoes must be all white or all black leather or imitation leather with enclosed heel and toe. Canvas shoes of any color are not acceptable. All white athletic shoes are acceptable. Shoes should be clean, polished and in good condition. White or black socks are required at all times. No-show type socks are not acceptable.
4. All students are required to have a stethoscope, watch with a second hand or capability of recording seconds, black ink pen, calculator, clinical handbook, bandage scissors, eye protection, hemostats and the Dana Oakes text with them at the clinical site during clinical hours. This is considered part of the clinical uniform.
5. Uniforms (scrubs) will be worn for all clinical affiliate activities. The Director of Clinical Education will announce the style and color. If a student wishes to wear a scrub-dress uniform, please consult the Director of Clinical Education. All scrubs should fit properly and be clean, neat and without missing buttons, stains, loose hems, rips or tears. Clothing should not appear too tight, too baggy, faded, or in need of repair.
6. A solid white or black crew neck or V-neck undershirt is permitted under scrub tops. Colored t-shirts or turtlenecks are not appropriate. Undershirts should be only minimally visible at the neckline and should not extend past the scrub top hem.
7. Solid white or black long-sleeve t-shirts are allowed *with the exception of NICU rotations*.
8. N-95 masks will be provided by the CRC program. Additional required Personal Protective Equipment (PPE) will be provided by the CRC program and clinical affiliates. Students when at the clinical affiliates, for scheduled rotations, should wear N-95 mask at all times.

Students should strive to conform to the professional image of the Clinical Affiliates. Students should not wear uniforms or scrubs when visiting the UAMS campus or other affiliate sites as a visitor. During the orientation sessions at each Clinical Affiliate, students will be instructed as to any specific dress code requirements they must adhere to while at the clinical site. Students not in compliance with the Dress Code will be dismissed from clinical until discrepancies have been corrected. This dismissal constitutes an unexcused absence and will be treated as outlined in the clinical attendance policy.

In addition, the following policies apply to all students with regard to personal appearance and hygiene in clinical activities: The hair style chosen should be kept neatly combed and arranged in an easy-to-maintain style. Extreme styles are not permitted. Hair that is beyond shoulder length must be pulled away from the face and controlled when in the presence of patients. Hair will be secured with plain white, black or brown, clasps / elastic bands. Bows or ribbons are not acceptable. Hair color should be natural-looking, well-maintained and appropriate. Artificial hair is permitted if it looks natural and meets all of the above requirements. Extremes in dyeing, bleaching, or coloring are not permitted. Mustaches, beards, goatees and other styles of facial hair are acceptable as long as they are neatly trimmed and are no longer than 1 inch in length. Facial hair should not prevent proper fit of required protective gear. If makeup is worn, it should be applied in a smooth, blended manner. Eyeliner and eye shadow should create a natural look and not extend beyond the natural eye area. Lip liner and lipstick colors should match. Clean, well-groomed fingernails are required at all times. Fingernails should not exceed one-fourth of an inch. With palm facing you and parallel to your face, nails should not be visible. According to the CDC and the WHO, nothing artificial is allowed on the nails of direct care workers. This includes artificial nails/tips, gels, shellacs, enhancements, decals, and other enhancements. Nail polish if worn on the natural nail, should be clear, free of cracks and chips.

Intentional body alteration or modification for the purpose of achieving a visible, physical effect that disfigures, deforms or similarly detracts from a professional image is prohibited. Prohibited examples, include, but are not limited to, brands, gauges, tongue splitting, tooth filling, ear lobe expansion and visible, disfiguring skin implants. Tattoos that are determined by the program director or director of clinical education to contain obscene, offensive or discriminatory images or text or result in complaints from clinical affiliates or patients must be covered. Facial piercings, spacers, or retainers are not permitted during clinical hours.

Jewelry should not be worn if it interferes with equipment or job function or is an infection-control issue. No more than two small, conservative, stud-type earrings may be worn on the bottom of the earlobe. Earrings as outlined above are the only acceptable jewelry worn in any visible body piercing. Wedding rings may be worn, if desired. No other jewelry should be worn, including but not limited to, rings, bracelets (arm or ankle), belts, necklaces, brooches, nose-jewelry, tongue-jewelry, and pins of any kind, to include jewelry and commercial, political, and religious pins or symbols.

Sunglasses that prevent your eyes from being seen or hamper interpersonal communication with patients are not allowed unless a documented medical exception is obtained. Hats and caps not

required for specific job duties should not be worn inside patient care areas. Exceptions can be made for a recognized religious head covering, unless it presents a safety or infection-control issue.

Students must maintain good personal hygiene, including daily bathing and good oral hygiene. Undergarments must be worn in clinical. Students are asked to use an antiperspirant or deodorant. The use of heavily scented products is not permitted. Students should not smell of offensive odors, including cigarette smoke. Colognes, after-shave, perfumes, etc. should not be worn in the clinical setting. It is strongly recommended that other personal care products such as laundry detergent, antiperspirant and hairspray be unscented. This is in recognition of the fact that many patients treated may have hypersensitive airways which may be reactive to scents and aromas.

Failure of any student to adhere to these or any subsequently established or modified guidelines will result in appropriate disciplinary action, up to and including dismissal from the program.

VII. GENERAL CONDUCT CODE

1. Students must abide by the ethical and professional principles published by the American Association for Respiratory care. "AARC Statement of Ethics and Professionalism". See Appendix.
2. Students who fail to meet the non-cognitive performance standards may be placed on Academic Alert or Academic Probation. Students placed on Academic Alert or Academic Probation may also be subject to disciplinary action, clinical contract and/or restriction of clinical activities. Restriction of clinical activities could prevent students from meeting graduation requirement. Scholastic Dishonesty Policy (01.00.02), Student Academic Professional Standards (02.00.02), Substance Abuse Policy (02.00.03), Student Conduct and Discipline Policy (02.15.01). See Appendix.
3. The clinical rotations are a learning experience. The student has the responsibility to learn as much as possible during the scheduled rotations. Therefore, students are expected to show **initiative** in seeking learning opportunities.
4. Comments or criticisms regarding hospital policy, procedure, or personnel are to be discussed in confidence with the Director of Clinical Education or Program Director only.
5. The student is expected to respect the rights and privileges of the patient. Any untoward behavior in this respect is grounds for removal from the clinical setting. This will be treated as an unexcused absence.
6. Each student in each clinical affiliate is expected to adhere to special hospital or departmental policies regarding the behavior and activity of students. Students should not use hospital telephones in clinical areas for personal use. Consult the clinical faculty for special instructions. Designated clinical faculty is listed on page 4-5 of this document.

7. Any incident involving the welfare of a patient must be reported immediately to the clinical faculty or designee. Failure to do so constitutes grounds for dismissal from the clinical site and may be grounds for dismissal from the program.
8. Students are expected to conduct themselves in a professional manner at all times. Unprofessional conduct is grounds for dismissal from the clinical site and may be grounds for dismissal from the program (for example, including but not limited to: unauthorized use of legal or illegal pharmaceuticals, alcohol on his/her breath/intoxication, verbal abuse, and negligence)
9. Food and drink are permitted in designated areas only.
10. Use of nicotine, in any form, is not permitted in the clinical affiliate. Students will **not** carry these materials into their clinical affiliates.
11. Use of personal communication devices, (such as pagers, cellular phones and personal digital assistants) in any clinical affiliate while in patient care areas, including hallways and elevators, is strictly prohibited. Personal wireless ear pieces and Bluetooth devices should not be worn or used in patient care areas. CD players, iPods, MP3 players or other similar devices should not be worn or used while in patient care areas, including hallways and elevators.
12. Students and faculty engaged in clinical activities in the Respiratory Care Program are guests in the clinical affiliates of the Program. The use of audio tape recording of clinical activities is inappropriate due to patient privacy rights and the rights of other health care personnel potentially involved in such taping. **Students found in violation of this conduct code are subject to immediate disciplinary action.**

Students are expected to display maturity and professional demeanor while in the clinical affiliate.

Students may be dismissed from any Clinical Affiliate for any of the following reasons:

1. Failure to comply with affiliate policy or program policy.
2. Disrespect displayed toward program faculty, staff, clinical faculty/preceptors, fellow students, patients, and/or visitors.
3. Use of inappropriate language (verbal, non-verbal, or written).

If a student is dismissed from clinical for any of the above reasons, s/he will not be permitted to reenter the Clinical Practicum until a counseling session has been held with the clinical faculty and Director of Clinical Education. A formal clinical contract may be initiated. Dismissal and subsequent absences due to dismissal constitute an unexcused absence from clinical and will be treated according to the Attendance Policy, Makeup Policy, and grading effects as outlined in each clinical course syllabus.

VIII. EQUIPMENT/SUPPLIES

The following equipment/supplies will be required of all Cardio-Respiratory Care students:

1. A watch with second hand or digital watch with stop watch capabilities or display mode for seconds. (water-proof with military time option recommended)
2. Stethoscope with identification tag/engraving. (faculty recommend a Littman Classic II)
3. Black ink pen for charting purposes and a notepad for observational notes
4. Clinical Practitioners Pocket Guide to Respiratory Care by Dana Oates
5. AARC Clinical Practice Guidelines
6. Web Based Clinical Tracking Program (access at www.Platinum Planner.ws)
7. UAMS Clinical Handbook (“Red Book”)
8. Pocket Calculator, bandage scissors, eye protection and hemostats
9. 3-ring binder (1.5 – 2”) for organizing clinical paperwork/documents.
10. Face Mask- **N95** issued by CRC program

IX. CLINICAL EVALUATION

The student’s clinical grade of ‘Satisfactory’ or ‘Unsatisfactory’ will be derived from a combination of Clinical Competencies, Affective Evaluations, Daily Evaluations, attendance, and completion of a comprehensive final examination at or above the program cut score in Clinical Practicum I & II. Students must earn a final grade of ‘Satisfactory’ to continue in the program.

The student’s letter grade of A, B, C, D, or F will be derived from a combination of Clinical Competencies, Affective Evaluations, Daily Evaluations, attendance, submission of all required validated clinical records in the Clinical Internship, Clinical Practicum III and Clinical Practicum IV, and completion of a comprehensive final examination at or above the program cut score. Students must earn a final grade of ‘C’ or higher to continue in the program.

Each student must purchase a CD-ROM from Platinum Planner that contains a web based clinical tracking program. This web based clinical tracking program provides the student with a standard set of clinical objectives and clinical competencies that ensure that performance standards are high and consistent for all students.

The tracking program provides a complete listing of required clinical competencies. Each clinical competency is referenced and follows AARC Clinical Practice Guidelines when applicable to provide students and clinical faculty with current information. Clinical competencies provide the student with a series of knowledge questions that may be asked by the clinical faculty/preceptor to confirm the students’ understanding of the procedures performed.

Clinical Competencies

Students will be evaluated by the use of designated Platinum Planner clinical competencies. The clinical competencies are designed to provide the student with a universally accepted guide for performance of respiratory care procedures. Each clinical competency is conducted at the request of the student when he/she is ready to perform the procedure. The student should perform the procedure a prescribed number of times under the supervision of a program faculty, clinical faculty or clinical preceptor prior to requesting the clinical competency.

The clinical competencies required by the respiratory care program are provided in the web based clinical tracking program, Platinum Planner. The student should adhere to the guidelines outlined in the Platinum Planner clinical competencies. Variations in the procedures may occur from institution to institution. However, UAMS/CHP respiratory care procedures should be followed for evaluation purposes. When a clinical competency is evaluated as “satisfactory” the student should ensure that the evaluator signs and dates the appropriate clinical competency, as well as, initials the completion record page in the Clinical Handbook.

The student’s knowledge level will be assessed through the “demonstration of fundamental concepts” portion of each clinical competency. This section will require the student to demonstrate knowledge of concepts (i.e. indications, potential complications), display rational judgment and explain the relationship between theory and clinical practice, perform the procedure in a reasonable time frame and with attention to appropriate detail, maintain aseptic technique and take appropriate safety precautions and communicate clearly.

Completed clinical competencies must be entered into Platinum Planner by the appropriate program faculty or their designee. Failure to have clinical work entered by the designated due date may result in the grade of ‘Unsatisfactory’ or a letter grade of less than a ‘C’ for the clinical courses. The following general procedures are minimum requirements for completed clinical records:

1. Submit validated clinical daily log forms with entries covering each clinical day (i.e., procedures performed, physician contact, comments, etc.). Log forms can be found on the Platinum Planner website.
2. Request a Daily Evaluation be completed and submitted to Platinum Planner by the clinical preceptor daily in Clinical Practicum I & II. The clinical preceptor weekly in the Clinical Internship and Clinical Practicum III & IV must submit the form.
3. Complete one (1) Respiratory Care Program Patient Assessment Form (SOAP) on an assigned patient for each clinical day in specified adult, neonatal and pediatric rotations. A copy of these forms can be found in the Blackboard clinical course. It is the student's responsibility to have a copy available at the clinical site when it is needed.
4. Submit the Clinical Site Evaluation at the end of each rotation. This form can be accessed and submitted on Platinum Planner.
5. Submit a Preceptor Evaluation at the end of each rotation. This form can be accessed and submitted on Platinum Planner.

6. Request that an Affective Evaluation be completed by the appropriate program faculty at the end of each rotation in Clinical Practicum I & II. This form can be accessed and submitted on Platinum Planner.
7. Document the appropriate number of Physician Interaction Units in Platinum Planner.

All required clinical competencies must be completed by the end of the semester or the student must request a grade of incomplete, in writing, to the Director of Clinical Education no later than one week prior to Final Examination Week.

1. The request should provide the following information:
 - a.) Reasons for not completing the required competencies.
 - b.) Documentation of progress in the Clinical Practicum.
 - c.) A timetable for completion of the required competencies.

The DCE will investigate and evaluate the request for an incomplete and work directly with the student to develop a plan that will promote student success.

Students are expected to maintain continued proficiency of all required competencies throughout the remainder of the program. If the student is noted to be deficient in any or all required competencies by either the clinical preceptor or program faculty, the student will not be allowed to reenter the clinical practicum until a counseling session has been held with the Director of Clinical Education and/or clinical faculty. A formal clinical learning contract will be developed outlining how the student will reestablish competency.

Affective / Daily Evaluation

The Daily Evaluation should be completed at the end of each clinical day by the clinical faculty or preceptor during Clinical Practicum I and II. These evaluations will be used by program faculty to complete the Affective Evaluation at the end of Week 1 and at the end of the course – Week 2 in CP I. During CP II, the Affective Evaluation should be completed by program faculty at the end of the Pediatric Rotation and at the end of the course. It is the responsibility of the student to see that the clinical preceptor completes the Daily Evaluation. The program faculty is responsible for completing the Affective Evaluation that must be documented in Platinum Planner at least twice during each clinical course in order for the clinical records file to be complete.

Both the Affective and Daily Evaluations are utilized to document students' attitudes, motivations, and their satisfactory progression in developing desirable professional behaviors. The Daily Evaluation will be performed a minimum of six (6) times during the course and will be used as a formative evaluation. The Affective Evaluation will be performed a minimum of twice each semester and will be used as a formative evaluation after the first rotation and a summative evaluation at the conclusion of the course. If the summary score for any item on the Affective or Daily Evaluation is less than a rating of three (3) the student will be counseled to help correct the deficiencies. Repeated deficiencies in any one semester will result in the student being placed on formal clinical contract.

During the contract period, the student will be supervised one on one for three consecutive clinical days to ensure the deficiency has been remediated. If the problem is still occurring after the contract period, the student will receive an unsatisfactory grade in clinical course. The student must meet all standards at the conclusion of the semester in order to receive a “Satisfactory” grade in the course. Students must earn a final grade of “Satisfactory” to continue in the program.

Documenting Attendance

The student is responsible for using the Time Clock function of the Platinum Planner Website to clock in and out of their clinic rotations upon arrival to the assigned clinical affiliate. Students attending clinical rotations and working nighttime hours in secular employment must have a minimum of six (6) hours of “off” time immediately prior to clinical rotations.

Platinum Planner records the IP address of the device used to enter data. Clinical attendance/absences must be documented daily. If internet access is not available, the clinical faculty/preceptor must document the time of arrival and departure on the UAMS Clinical Time Sheet in the Clinical Handbook. It is the responsibility of the student to see that the time is properly noted by the clinical faculty/preceptor. The student must adhere to attendance policies as described on pages 10 to 12 of this document in order to receive a final grade of ‘Satisfactory’ or ‘C’ or higher in all clinical courses.

Clinical Log Forms

The student is responsible for submitting daily log forms in Platinum Planner. The Clinical Log Forms are to be completed at the end of each clinical day to insure accuracy and to document procedures and experiences the student encountered, as well as physician interaction. If internet access is not available, the student should document clinical experiences for that day on a hard copy of the clinical log form. It is the responsibility of the student to enter that data in Platinum Planner within 24 hours in order for the clinical records file to be complete. If log forms are completed on a date other than the date that procedures were completed, the student must enter the appropriate date.

A hard copy of the Clinical Daily Log Form may be printed from the CD-ROM that students received upon registration with Platinum Planner. It will be the student’s responsibility to document appropriately the necessary number of Daily Log Forms for each Clinical Practicum.

2. Clinical Competency Evaluations Completion Record

The following table provides a reference as to the number of observations and performances a student must submit before being evaluated on a procedure. The Evaluation maximum can be used as a point of remediation if a student does not pass a competency evaluation within the prescribed number of times.

ADULT PROCEDURES

Procedure	Observation		Performance		Evaluation	
	Minimum	Maximum	Minimum	Maximum	Minimum	Maximum
PATIENT DATA						
Vital Signs	1	3	3	5	1	2
Chest Assessment	1	3	3	5	1	2
Patient Assessment	1	3	3	5	1	2
Isolation Procedures	1	3	3	5	1	2
Oxygen Therapy						
Nasal Cannula	1	3	3	5	1	2
Simple Mask	1	3	3	5	1	2
Venti-Mask	1	3	3	5	1	2
Partial Rebreather	1	3	3	5	1	2
Non-Rebreather	1	3	3	5	1	2
Pulse Oximetry	1	3	3	5	1	2
Cylinder Transport	1	3	3	5	1	2
Aerosol Humidity						
Face Tent	1	3	3	5	1	2
Face Mask	1	3	3	5	1	2
Trach Collar	1	3	3	5	1	2
T-Piece	1	3	3	5	1	2
USN	1	3	3	5	1	2
Aerosol Drug Administration						
MDI	1	3	3	5	1	2
SVN	1	3	3	5	1	2
Hyperinflation Therapy						
IS	1	3	3	5	1	2
IPV/IPPB/MetaNeb	1	3	3	5	1	2
Bronchial Hygiene						
CPT	1	3	3	5	1	2
Coughing	1	3	3	5	1	2

Breathing Exercises	1	3	3	5	1	2
Mucus Clearance Adj	1	3	3	5	1	2
NT Sxn	1	3	3	5	1	2
ET Sxn	1	3	3	5	1	2
Trach Care	1	3	3	5	1	2
Cuff Management	1	3	3	5	1	2
Emergency Procedures						
Adult CPR	1	3	3	5	1	2

Student Evaluation of Clinical Rotation

The Clinical Site Evaluation must be completed in Platinum Planner by the student at the end of every clinical rotation at each clinical site. This evaluation allows the program to receive input from students on their clinical experiences and allows the faculty to make critically responsive changes to student needs in the clinical environment. It should be completed in a thorough, honest manner. The Clinical Site Evaluation can be accessed online in Platinum Planner.

A Preceptor Evaluation must be completed in Platinum Planner by the student at the end of every clinical rotation for ALL assigned preceptors. This evaluation allows the preceptor and the Program to receive input from students on their clinical teaching effectiveness and allows the faculty, as well as preceptors, to make critically responsive changes to student needs in the clinical environment. The preceptor evaluation should be completed in a thorough, honest manner. The Preceptor Evaluation can be accessed online in Platinum Planner.

X. PROFESSIONAL DEVELOPMENT & CONTINUING EDUCATION

Students are required to document four (4) hours of professional development and/or continuing education for each semester of clinical practice as a Clinical Practicum II, III, & Clinical Internship II requirement. These hours may be earned by participating in professional development or continuing education activities that have been **preapproved** by the Director of Clinical Education. These twelve (12) hours are in addition to (outside of) regular clinical attendance.

Examples of approved activities include attending RC Program lunch and learn, outside continuing education programs, work on projects or programs sponsored by a professional organization, public education, or activities that promote the profession of respiratory care. While affiliate institutional departmental in-services that are attended **during clinical hours** are worthwhile and beneficial, they **will not be approved** to satisfy this requirement. Internet continuing education courses will generally not be approved unless there are extenuating circumstances that prohibit the student

from participating in other activities as described above. With prior approval, a maximum of 4 credits can be earned through internet activity within a 12 month period.

Students must first complete the **Professional Development and Continuing Education Form** to request approval for intended activities. This form will then be submitted to the Director of Clinical Education for approval. For each hour or block of hours, the student must then submit proof of attendance or participation to the Director of Clinical Education. A copy of the Professional Development and Continuing Education Form is included in the Appendix of this document. Additional copies of that form can be printed from the Blackboard clinical course or obtained in the forms section of the student mailboxes located in the RST Computer Lab.

Students must submit four (4) hours of documented activity during each semester of Clinical Practicum II, III, and Clinical Internship II in order to meet minimum course requirements. Students failing to meet this requirement will receive an incomplete (I) for the course grade. Refer to the CHP Catalog for the policy regarding removal of incomplete grades.

XI. CLINICAL RELEASE TIME

Students earning more than the required four (4) hours of Professional Development & Continuing Education in a semester can bank the extra hours for use in a future semester or for use as Clinical Release Time when a personal need arises. The Director of Clinical Education will not usually approve more than 24 hours of clinical release time per semester.

To use banked hours for Clinical Release Time; the student must submit a request in writing for approval by the Director of Clinical Education (DCE). The request may be faxed or emailed to the DCE. The student must be on schedule with respect to all clinical assignments and objectives in order to receive approval for Clinical Release Time. There are no grading effects or absences recorded when Clinical Release Time is requested and approved.

In the event the request is made early in the rotation, the Clinical Release Time may be approved tentatively. A final decision will be made at the end of the rotation when it is determined whether all clinical assignments and objectives are complete. Makeup time for the hours missed will be required if Clinical Release Time is not approved. The absence will be considered an excused absence in the event that Clinical Release Time was not approved.

XII. INTERPROFESSIONAL INTERACTION

Students must document the interprofessional interaction during their professional educational program. Interprofessional interaction is necessary to increase the student's ability to communicate effectively with health care professionals and to increase the student's medical knowledge.

The type of interaction will be categorized as follows:

Patient Focused: This type of interaction is designed specifically for the respiratory care student. The student is included in discussions and has the opportunity to ask questions. For example: group lectures; patient rounds; case presentations (either by the student to another health professional, or vice versa); defense of Respiratory Care Plans; informal discussions regarding patient management; bronchoscopy assist; or the intubation rotation.

Tutorial: This type of interaction is generally not designed just for the student's benefit, but the student can interact with other health professionals and ask questions as needed. For example: observation of surgeries or special procedures such as chest tube placement, thoracentesis, or intubation.

Small Group: This is the type of interaction in which the student observes or participates, but in which there is no opportunity for the student to interact with other health care professionals or ask questions. For example: following along on patient rounds designed for another group; observation in surgery where discussion is not permitted, or group lectures designed for a group other than students; or attending Chest Conference at Baptist Health in which the student does not interact with the presenter.

Large Group: Anything not included above will be considered in the large group category. For example: students will receive 1 point for attending MD Perspectives.

Students will accumulate a minimum of 60 hours of interprofessional interaction for the bachelor program, of which, 40 hours will include physician interaction. The master's student will complete a minimum of 75 hours of interprofessional interaction, of which, 50 hours will include physician interaction. All students must document total hours of interprofessional interaction to complete the clinical program.

The student will document all interprofessional interaction in Platinum Planner. The student must clearly document the name, professional credential, amount of time and type of interaction. The Director of Clinical Education will review the total number of hours the student has earned periodically. Students must submit appropriate documentation to receive interaction hours during each semester to meet minimum course requirements. Students failing to meet this requirement will conference with the Director of Clinical Education and may be placed on a formal clinical contract. Students failing to meet the interaction requirement by the end of internship II will receive a grade of Incomplete (I) for the course. Refer to the CHP Catalog for the policy regarding removal of incomplete grades.

XIII. PRIVACY AND CONFIDENTIALITY

UAMS is committed to protecting the privacy of our patients' information. While privacy and confidentiality have always been a priority for health care providers, it has heightened importance in this era of electronic information, with increased speed of information flow and the risks associated with protecting this information. The standards for protecting patient health information are described in the federal law known as the Health Insurance Portability and

Accountability Act (HIPAA).

HIPAA limits access to medical records to authorized individuals and for specific purposes. It is not possible to summarize HIPAA here; however, you will have received HIPAA training prior to being granted access to patient information. Additional information and training on HIPAA, including UAMS HIPAA policies, are available on the HIPAA Office web page HIPAA.uams.edu. Please keep in mind that there are sanctions for inappropriate access to patient records, these include criminal penalties of up to 1-year imprisonment and a \$50,000 fine; as well as disciplinary action up to and including dismissal from your program.

XIV. DRUG TESTING AND CRIMINAL BACKGROUND CHECKS

A critical part of health professions education involves learning experiences in hospitals and other health care facilities. Use of these facilities for instruction is essential, and students must be able to complete their assigned rotations. Many hospitals and health care facilities have policies requiring drug testing and/or criminal background checks for employees, students, and volunteers. Facilities that provide instruction to the College of Health Professions students may have, or may adopt in the future, drug testing and/or criminal background check policies. Some facilities provide that students who test positive for drugs, or who have certain types of information in their criminal background checks, are ineligible to work in that facility. Because the use of these health care facilities is part of the curriculum and essential to health professions education, students should be prepared to comply with the policies and procedures at any facility where they engage in rotations or other learning experiences. Students may not request facility assignments in an effort to avoid criminal background checks or drug screening requirements. Students may not refuse to participate in educational activities at these facilities because they do not want to submit to drug testing and/or criminal background checks. Students who fail to attend assigned activities, or who are terminated from rotations in these facilities because they violate the drug testing or drug use policies of the facilities, or who are found to have objectionable information in their criminal background checks, will be unable to complete the college requirements for graduation and will be subject to dismissal from the College of Health Professions on academic grounds.

XV. IMMUNIZATION REQUIREMENTS

The Society for Healthcare Epidemiology of America (SHEA) endorses a policy in which annual influenza vaccination is a condition of both initial and continued healthcare personnel employment and/or professional privileges. In addition to SHEA, many healthcare agencies and societies recommend requiring vaccination of healthcare workers, including the Infectious Diseases Society of America (IDSA), American Academy of Pediatrics (AAP), National Patient Safety Foundation, American College of Physicians, Association for Professionals in Infection Control and Epidemiology (APIC), etc. One or more of our clinical affiliates are requiring the influenza vaccine for all employees, medical staff, volunteers and other designated individuals (including students) during the upcoming influenza season. **Therefore, students must be vaccinated against influenza within 6 weeks from vaccine becoming available in Fall semester, in order to begin or complete required clinical**

rotations at these affiliates. Typically, campus immunization begins mid-October. Exemption to immunization may be granted for medical contraindication or religious belief. Requests for exemptions will be made in person to the Director of Clinical Education. The Director of Clinical Education and the Program Director will evaluate each request for exemption, regardless of the reason, individually.

XVI. HEALTH INSURANCE REQUIREMENT

Students enrolled at the University of Arkansas for Medical Sciences are required by University of Arkansas Board policy (Policy 1260.1) to have health insurance coverage at all times.

Health insurance policies must meet minimum standards set forth by the Student Government Association and the Office of the Senior Vice Chancellor for Academic Affairs and Provost.

Policy must have no major exclusions. Plan must include: major medical, pharmacy, emergency medical, diagnostic x-rays/laboratory services, and mental health and preventative care.

Insurance verification is required each semester. Health insurance coverage is required for the entire semester for which a student is enrolled. False documentation/verification may result in disciplinary action up to and including dismissal by the college. Individual plans must have a policy year deductible of \$1,000 or less; family and employer plans are exempt from this requirement. Verification must include accurate information allowing student insurance monitors to confirm eligibility. Plan documents must be in English and an insurance company phone number in the U.S. must be provided.

Pending policies do not meet the student insurance verification requirement and are not accepted as coverage. Student health insurance is included in student loan amounts and students are required to comply with coverage and standards outlined above.

XVII. NON-DISCRIMINATION STATEMENT

It is the policy of UAMS that members of the University community neither commit nor condone acts of bigotry, racism, or discrimination. Specifically, the University of Arkansas for Medical Sciences fully supports, both in spirit and practice, Titles VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Executive Order 11246, the Rehabilitation Act of 1973 (Sections 503 and 504), Titles I and II of the Americans with Disabilities Act of 1990, and Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974. Therefore, the University prohibits discrimination on the basis of race, gender, gender identity, gender expression, sexual orientation, color, national origin, religion, age, marital status, ethnic origin, disability, and veterans including disabled veterans and veterans of the Vietnam Era with respect to all aspects of the student experience, including but not limited to, acceptance and admission, enrollment, financial aid, and access to student resources and support.

A student having a complaint concerning terms and conditions of their student status or experience with UAMS is encouraged to present this matter to and discuss it with, the person in charge of that part of the university where the issue arises (e.g. Course Director, Department Chair, Associate Dean for Academic Affairs, Dorm Director, etc.). Such presentation and discussion shall be entirely

informal. The person in charge shall attempt to resolve the Complaint. A complaint may, but need not, become a grievance.

However, if informal dialog does not resolve the issue, and the student believes that he or she has encountered a policy, procedure, or practice that constitutes discrimination, he or she should contact the Administrator at his/her respective college, who is specifically designated to assist students in the matter of filing a grievance through the UAMS Student Grievance Procedures process.

Academic, disciplinary, administrative action and grievance procedures are presented in the catalog of each college. Copies are available both online and through the respective Associate Dean's Offices responsible for student/academic affairs.

Actions on the part of any employee or official of the University contrary to this policy will be addressed promptly and appropriately, according to the UAMS **Grievance Procedure for Alleged Discrimination**. The Office of Human Relations acts on a campus-wide basis for all students, faculty, and employees regarding such matters and will coordinate with the appropriate Administrator to examine issues of alleged discrimination, and to communicate when ameliorative or punitive actions are deemed necessary.

XVIII. KEY POINTS

- Upon completing the review of this manual, the student will sign the form enclosed stating understanding of the policies and procedures outlined in this manual and **return to the Director of Clinical Education prior to the first clinical day of each clinical semester**.
- Clinical attendance/absence must be documented on the Platinum Planner website daily. In the rare event that the internet is down or unavailable, students must ask the clinical faculty/preceptor to note the time of arrival and the time of departure for each clinical day on the UAMS Clinical Time Sheet contained in the Clinical Handbook.
- On the day of an absence, the student must contact the Director of Clinical Education (or designee) prior to the beginning of the clinical shift by phone 501-580-3391 **and** the assigned affiliate department via personal communication. Failure to follow the required notification and follow-up steps for absence will result in a counseling session with the DCE and the absence will be considered "unexcused".
- Students will not ask to be dismissed early from clinical for any reason other than illness or an emergency. Students should never leave the clinical site early without obtaining permission from the Director of Clinical Education **and** the clinical faculty representing the affiliate. Failure to follow the required notification and follow-up steps for leaving early will result in a counseling session with the Director of Clinical Education and further disciplinary action for repeated occurrences.

- Students are **NOT** to request the clinical faculty/preceptors to make copies of clinical materials; this is the students' responsibility.
- Use of personal communication devices, (such as pagers, cellular phones and personal digital assistants) in any clinical affiliate while in patient care areas, including hallways and elevators, is strictly prohibited. Personal wireless ear pieces and Bluetooth devices should not be worn or used in patient care areas. CD players, iPods, MP3 players or other similar devices should not be worn or used while in patient care areas.
- Students and faculty engaged in clinical activities in the Respiratory Care Program are guests in the clinical affiliates of the program. Students have the responsibility to learn as much as possible during the scheduled clinical rotations. Therefore, students are expected to show **initiative** in seeking learning opportunities and to present themselves professionally at all times.
- Students enrolled at the University of Arkansas for Medical Sciences are required by University of Arkansas Board policy (Policy 1260.1) to have health insurance coverage at all times.

STATEMENT OF UNDERSTANDING

**UAMS – COLLEGE OF HEALTH PROFESSIONS
RESPIRATORY CARE PROGRAM
BS-CRC and MSRC**

CLINICAL POLICIES AND PROCEDURES

I have read and understand the policies and procedures outlined in the CLINICAL POLICIES AND PROCEDURES MANUAL for the Respiratory Care Program. By affixing my signature, I agree to abide by those policies and procedures during all clinical rotations.

Printed Name: _____

Student Signature: _____ Date: _____

Director of
Clinical Education: _____ Date: _____

APPENDIX

1. Curriculum Outlines

2. Mentoring & Portfolio Resources

3. CHP Policies

- 01.00.02 Scholastic Dishonesty
- 01.15.01 Student Academic Appeals Policy
- 02.00.02 Student Academic Professional Standards
- 02.00.03 CHP Substance Abuse Policy
- 02.15.01 Student Conduct and Discipline
- 01.300 Student Needle Stick / Sharps Injuries and
Blood /Fluid Exposure
- 1260.1 UofA Board Policy for Health Insurance

4. AARC Standards

- AARC Statement of Professional Conduct
- Respiratory Care General Technical Standards

5. Clinical Forms

- Inclement Weather Policy
- Professional Development Form
- Professional Development Log
- Service Hours Documentation Form
- Professional Service Log

6. Signature Pages

- Program Policies and Procedures
- Clinical Policies and Procedures
- Video / Photo / Audio-Visual Recording Authorization

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**Bachelor's Degree in Cardio-Respiratory Care
Respiratory Care Curriculum
120 SC**

Pre-Requisite Courses – 60 SC

Science – 16 SC	
Human Anatomy & Physiology I and II	8 SC
Microbiology	4 SC
Chemistry	4 SC
Math – 6 SC	
College Algebra	3 SC
Statistics	3 SC
Communications – 3 SC	
Speech	3 SC
Liberal Arts – 9 SC	
English Composition	6 SC
American History or U.S. Government	3 SC
Fine Arts – 3 SC	
Fine Arts	3 SC
Humanities – 3 SC	
Humanities, Philosophy, Literature	3 SC
Social Sciences – 6 SC	
Introduction to Psychology	3 SC
Introduction to Sociology	3 SC
Medical Terminology – 1 SC	
Medical Terminology	1 SC
Electives – 8 SC	
See below for recommendations	13 SC
TOTAL = 60 SC	

**Bachelor's Degree in Cardio-Respiratory Care
Respiratory Care Curriculum
Full Time Professional Courses**

FALL 1 – 15 SC		
RESP 34104	Cardiopulmonary Anatomy & Physiology	4 SC
RESP 34134	Equipment and Techniques I	4 SC
RESP 31131	Equipment and Techniques I Laboratory	1 SC
RESP 33143	Basic Assessment and Diagnosis	3 SC
RESP 31151	Basic Assessment and Diagnosis Laboratory	1 SC
RESP 31161	Pharmacology I	1 SC
RESP 31171	Clinical Practicum I	1 SC
SPRING 1 – 15 SC		
RESP 34204	Cardio-Respiratory Disorders	4 SC
RESP 33203	Equipment and Techniques II	3 SC
RESP 32232	Equipment and Techniques II Laboratory	2 SC
RESP 33273	Neonatal Cardiopulmonary Care	3 SC
RESP 31281	Pulmonary Function Testing	1 SC
RESP 32262	Clinical Practicum II	2 SC
SUMMER – 6 SC		
RESP 4331X	Evidence Based Inquiry	3 SC
RESP 31301	Pharmacology II	1 SC
RESP 32302	Clinical Internship I	2 SC
FALL 2 – 12 SC		
RESP 41401	Legal & Ethical Issues in Respiratory Care	1 SC
RESP 42402	Advanced Assessment & Diagnosis	2 SC
RESP 43403	Critical Care Practices	3 SC
RESP 42432	Pediatric Cardiopulmonary Care	2 SC
RESP 44454	Clinical Practicum III	4 SC
SPRING 2 – 12 SC		
RESP 41461	Respiratory Care Education	1 SC
RESP 44503	Disease Management	3 SC
RESP 43553	Leadership and Management	3 SC
RESP 42552	Respiratory Care Seminar	2 SC
RESP 43563	Clinical Internship II	3 SC
		TOTAL = 60 SC

**Bachelor's Degree in Cardio-Respiratory Care
Respiratory Care Curriculum
Part Time Professional Courses**

FALL 1 – 8 SC	
RESP 34104 Cardiopulmonary Anatomy & Physiology	4 SC
RESP 33143 Basic Assessment and Diagnosis	3 SC
RESP 31161 Pharmacology I	1 SC
SPRING 1 – 5 SC	
RESP 34204 Cardio-Respiratory Disorders	4 SC
RESP 31281 Pulmonary Function Testing	1 SC
SUMMER 1 – 1 SC	
RESP 31301 Pharmacology II	1 SC
FALL 2 – 7 SC	
RESP 34134 Equipment and Techniques I	4 SC
RESP 31131 Equipment and Techniques I Laboratory	1 SC
RESP 31151 Basic Assessment and Diagnosis Laboratory	1 SC
RESP 31171 Clinical Practicum I	1 SC
SPRING 2 – 10 SC	
RESP 33203 Equipment and Techniques II	3 SC
RESP 32232 Equipment and Techniques II Laboratory	2 SC
RESP 33273 Neonatal Cardiopulmonary Care	3 SC
RESP 32262 Clinical Practicum II	2 SC
SUMMER 2 – 5 SC	
RESP 4331X Evidence Based Inquiry	3 SC
RESP 32302 Clinical Internship I	2 SC
FALL 3 – 12 SC	
RESP 41401 Legal & Ethical Issues in Respiratory Care	1 SC
RESP 42402 Advanced Assessment & Diagnosis	2 SC
RESP 43403 Critical Care Practices	3 SC
RESP 42432 Pediatric Cardiopulmonary Care	2 SC
RESP 44454 Clinical Practicum III	4 SC
SPRING 3 – 12 SC	
RESP 41461 Respiratory Care Education	1 SC
RESP 44503 Disease Management	3 SC
RESP 43553 Leadership and Management	3 SC
RESP 42552 Respiratory Care Seminar	2 SC
RESP 43563 Clinical Internship II	3 SC
TOTAL = 60 SC	

**University of Arkansas for Medical Sciences
Respiratory Care Curriculum**

General Education Credits: 26
Professional UG Credits: 29
Professional Grad Credits: 34
Total Credits: 89

The following 26 credits are required for admission:

Science – 16 SC	
Human Anatomy & Physiology I and II	8 SC
Microbiology	4 SC
Chemistry	4 SC
Math – 6 SC	
College Algebra (or higher)	3 SC
Statistics	3 SC
Communications – 3 SC	
Speech / Communications	3 SC
Medical Terminology – 1 SC	
Medical Terminology	1 SC
TOTAL = 26 SC	

**Master's of Science Degree in Respiratory Care
Respiratory Care Curriculum
Full Time Professional Courses**

FALL 1 – 15 SC		
RESP 34104	Cardiopulmonary Anatomy & Physiology	4 SC
RESP 34134	Equipment and Techniques I	4 SC
RESP 31131	Equipment and Techniques I Laboratory	1 SC
RESP 33143	Basic Assessment and Diagnosis	3 SC
RESP 31151	Basic Assessment and Diagnosis Laboratory	1 SC
RESP 31161	Pharmacology I	1 SC
RESP 31171	Clinical Practicum I	1 SC
SPRING 1 – 15 SC (3 MSRC)		
RESP 34204	Cardio-Respiratory Disorders	4 SC
RESP 33203	Equipment and Techniques II	3 SC
RESP 32232	Equipment and Techniques II Laboratory	2 SC
RESP 53273	Neonatal Cardiopulmonary Care	3 SC
RESP 31281	Pulmonary Function Testing	1 SC
RESP 32262	Clinical Practicum II	2 SC
SUMMER – 6 SC (6 MSRC)		
RESP 53343	Research & Evaluation	3 SC
RESP 51341	Pharmacology II	1 SC
RESP 5232X	Master's Internship I	2 SC
FALL 2 – 13 SC (13 MSRC)		
RESP 51441	Legal & Ethical Issues in Respiratory Care	1 SC
RESP 52442	Advanced Assessment & Diagnosis	2 SC
RESP 53443	Critical Care Practices	3 SC
RESP 52452	Pediatric Cardiopulmonary Care	2 SC
RESP 52573	Literature Review	1 SC
RESP 54454	Clinical Practicum III	4 SC
SPRING 2 – 14 (12 MSRC)		
RESP 51461	Respiratory Care Education	1 SC
RESP 54543	Disease Management	3 SC
RESP 52461	Scholarship Project	1 SC
RESP 53543	Leadership and Management	3 SC
RESP 42552	Respiratory Care Seminar	2 SC
RESP 54464	Master's Internship II	4 SC
TOTAL = 63 SC		

**Master's of Science Degree in Respiratory Care
Respiratory Care Curriculum
Part Time Professional Courses**

FALL 1 – 8 SC		
RESP 34104	Cardiopulmonary Anatomy & Physiology	4 SC
RESP 33143	Basic Assessment and Diagnosis	3 SC
RESP 31161	Pharmacology I	1 SC
SPRING 1 – 5 SC		
RESP 34204	Cardio-Respiratory Disorders	4 SC
RESP 31281	Pulmonary Function Testing	1 SC
SUMMER 1 – 1 SC		
RESP 51341	Pharmacology II	1 SC
FALL 2 – 7 SC		
RESP 34134	Equipment and Techniques I	4 SC
RESP 31131	Equipment and Techniques I Laboratory	1 SC
RESP 31151	Basic Assessment and Diagnosis Laboratory	1 SC
RESP 31171	Clinical Practicum I	1 SC
SPRING 2 – 10 SC		
RESP 33203	Equipment and Techniques II	3 SC
RESP 32232	Equipment and Techniques II Laboratory	2 SC
RESP 53273	Neonatal Cardiopulmonary Care	3 SC
RESP 32262	Clinical Practicum II	2 SC
SUMMER 2 – 5 SC		
RESP 53343	Research and Evaluation	3 SC
RESP 5446X	Master's Internship I	2 SC
FALL 3 – 13 SC		
RESP 51441	Legal & Ethical Issues in Respiratory Care	1 SC
RESP 52442	Advanced Assessment & Diagnosis	2 SC
RESP 53443	Critical Care Practices	3 SC
RESP 52452	Pediatric Cardiopulmonary Care	2 SC
RESP 52573	Literature Review	1 SC
RESP 54454	Clinical Practicum III	4 SC
SPRING 3 – 14 (12 MSRC)		
RESP 51461	Respiratory Care Education	1 SC
RESP 54543	Disease Management	3 SC
RESP 52461	Scholarship Project	1 SC
RESP 53543	Leadership and Management	3 SC
RESP 42552	Respiratory Care Seminar	2 SC
RESP 54464	Master's Internship II	4 SC
TOTAL = 63 SC		

**University of Arkansas for Medical Sciences
College of Health Professions
Department of Respiratory Care**

**MENTORING CONNECTIONS
Revised August, 2019**

The Cardio-Respiratory Care Mentoring Connections objective is to enhance academic, personal and professional growth, in preparation for the transition from student to practitioner.

The faculty mentor will follow a student's development through the program, provide guidance where needed to ensure the appropriate competency level is reached in each of the program's core competencies, and oversee development of the student's graduate portfolio.

Goals

- Improve the overall student experience in the CRC program.
- Expand overall awareness and development of professional competencies.
- Assist in the transition from student to professional.
- Produce a comprehensive graduate portfolio that documents the student's individual journey in achieving the appropriate level of professional competence.

Mentor/Mentee Matching

The faculty will match students and mentors. This professional mentorship will last for the duration of mentee's career at UAMS.

Mentee Expectations

- Juniors are expected to meet with mentors a minimum of three times during each semester. Seniors are expected to meet with mentors a minimum of twice during each semester (beginning / end).
- It is the mentee's responsibility to schedule (reschedule) appointments.
- Initiate first point of contact with the mentor. It is encouraged that the first meeting be in person, if possible.
- Get to know the mentor; discuss ideas and expectations.
- Create an agenda and commit to working with mentor for the time/frequency agreed upon in the mentoring plan.
- Ask for and be receptive to feedback and suggestions. Share with your mentor the best way to provide feedback.
- Carry out agreed upon goals and keep mentor informed of the progress.
- Maintain a professional code of conduct in all forms of communication.
- Understand that using the experience of your mentor will provide valuable insight that will assist you in the future.

Mentor Expectations

- Express desire and willingness to be involved with the mentee. Spend time discussing the mentees short and long term goals not only with the program but also as they move in the professional field.
- Show respect for the mentee learning experience. Actively listen and guide the mentee in the appropriate direction. The process of learning is different for each person.
- Ask questions often to determine the mentee's level of commitment, motivation, and knowledge growth.
- Be forthright in expressing your expectations of the mentee. It is important for the mentee to have an awareness of conduct and professional behavior.
- Be honest, constructive and positive in your assessment of the mentee's growth professionally and in achieving competence in the core competencies.
- Have flexibility and openness recognizing that building a professional relationship will take time and effort.
- Consider how your experience and professional learning has developed you as a professional and discuss these with the mentee. Share your story: your personal professional journey, including major strengths, talents and challenges.

Meeting Expectations

Creating a cohesive mentoring relationship starts with good communication. Get to know each other. Create a baseline of goals and personal expectations that will assist in the overall success of your experience. It will be important to establish a schedule of meetings and how you will choose to communicate.

Communication can be conducted through a variety of avenues. Possible means of communication include but are not limited to:

- Face-to-Face meetings
- Telephone discussions
- Email
- Skype / Collaborate

Assessment

The program personnel will request information throughout the course of the mentorship from both the mentor and mentee with the goal of continuous improvement of the program and increase satisfaction of the mentor/mentee objectives and relationship.

The Mentoring Connection will conclude when:

- a. The mentee graduates or is no longer enrolled in the Cardio-Respiratory Care program.
- b. The mentee or mentor requests to terminate the mentorship

In the case of a premature termination of a mentoring connection, the student will be re-assigned to a new mentor.

Prior to beginning and at the conclusion of the mentorship, the mentor and mentee will each be asked to fill out an evaluation detailing the experience. We will use this information to further improve the quality of the program. All constructive feedback is encouraged to continue in our mission for program success.

**University of Arkansas for Medical Sciences
College of Health Professions
Department of Respiratory Care**

Rationale

The UAMS Respiratory Care programs are dedicated to developing practitioners of influence who demonstrate the value of our profession, and lead it forward to meet the needs of a diverse healthcare community. That includes technical, clinical training as well as the vital attributes of inter-professional patient-centered practice, effective communication, problem solving, and professionalism. Developing these essential professional skills helps prepare graduates for leadership at the bedside and beyond.

Portfolio Guide

Portfolios are ***purposeful collections of evidence*** a student accumulates over time from multiple sources to document their learning and professional development from the novice to advanced level. The process of creating a portfolio involves critical thinking and self-assessment. Individuals who complete portfolios have a better understanding of their skills and attributes. Portfolios will be used to document a student's progress in:

- Inter-Professional Patient Centered Practice
- Communication
- Problem Solving and Critical Thinking
- Ethical Decision Making and Professionalism

Portfolios are required for all Full Time and 2nd Year Part Time students. First year part time students may begin their portfolio during the first year.

The required minimum content and a template has been provided by the faculty. Students may modify and enhance their portfolios to make them as creative and comprehensive as they desire.

Students will use “**Google Drive**” (www.google.com/drive/my-drive) for portfolio documents. Students who wish to create an enhanced, electronic, web-based portfolio may do so, but must also use the “Google Drive” system.

Each student will create a portfolio folder and make that folder available to his/her faculty mentor and the program director via web link to the “Google Drive” portfolio.

Completion of the portfolio is required to satisfactorily complete RESP 4355 Leadership and Management.

TEMPLATE:

Use the following folder names as they appear below (including the numbers).

Main Folder: Portfolio – (Your Name)

- Sub-folders:**
- 01-Personal Profile* (Introduce yourself)
 - 02-Goals* (Academic, Personal, Professional)
 - 03-C1. Diagnostic and Therapeutic Procedures*
 - 04-C2. Inter-Professional Patient Centered Practice*
 - 05-C3. Communication*
 - 06-C4. Problem Solving and Critical Thinking*
 - 07-C5. Ethical Decision Making and Professionalism*
 - 08-Professional Service and Development*
 - 09-Credentials and Certifications* (BLS, ACLS, NRP, PALS, others)
 - 10-Awards and Scholarly Activity*
 - 11-Portfolio Rubric Assessments* (upload completed copies of your graded rubrics)

12-Resume

ASSESSMENT:

Assessment of competencies will use the following descriptors, aligned with the college IPE program:

Novice (beginning exposure)

Intermediate (emerging with documentation of progress)

Advanced (competent for the level of training and as an entry-level professional)

Students are expected to use the portfolio rubric to self-evaluate the strength of evidence each semester. Portfolios will be assessed each semester in consultation with your faculty mentor.

EVIDENCE:

The program competencies correspond to Commission on Accreditation for Respiratory Care standards 4.04-4.07.

You are to submit documentation of evidence for Competencies C2-C5 each semester. The goal is to build your strength of evidence to the Advanced level over time. You are expected to provide a minimum of three pieces of documented evidence for each competency area. The availability and strength of evidence will increase as you progress through the program. Documentation and evidence can be added, modified, replaced, or deleted at your discretion.

Listed below are suggestions for experiences and documentation that can meet the criteria. It's not an exhaustive list. Guided self-evaluations can be submitted as evidence, but are more than "reflections". They should be based on objectives related to a specific competency area and reflect a significant amount of in-depth self-evaluation and analysis. This outline may be helpful in writing a guided self-evaluation:

- *Content* – What are the specifics of the activity, competency, objectives and circumstances?

- *Connection* –How does this demonstrate evidence of the competency and bedside professional practice?
- *Challenge* – How does this challenge or stimulate you to grow or advance in your practice?
- *Change* – What actions / reactions, steps, modifications did you or will you make?

C-1: (Std. 4.04) Perform all respiratory care diagnostic and therapeutic procedures required of a respiratory therapist entering the profession.

This CoARC competency is recorded by procedures in your lab/clinical handbook and Clinical Software database.

Competency	Course	Activity / Experience Description	Examples of Supporting Evidence
	Program Lab and Clinical Courses	1. This competency is documented by laboratory and clinical proficiency evaluations.	Clinical handbook Clinical Software documentation

C-2: (Std. 4.05a) Function within inter-professional, patient-centered teams.

Competency	Course	Activity / Experience Description	Examples of Supporting Evidence
	IPE	1. Team based Quadruple Aim project 2. IPE Simulation Activity 3. Online Discussion Forum (if held)	Reflection w/ rubric and feedback Presentation & Paper w/ rubric and feedback Self-assessment and debriefing w/ faculty and peers Rubric & evaluation of critical thinking, knowledge, professional vocab / courtesy

	IPE	<ol style="list-style-type: none"> 1. Exposure Workshop 2. Bridge Activity 3. Quadruple Aim Project Proposal 4. Simulation Activities 5. Competency Workshop <ul style="list-style-type: none"> • Team-based Case • Problem Solving 6. Student Educator Activity 7. IPE Practice Activity 	<p>Guided Analysis / Self-Evaluation</p> <p>Guided Analysis / Self-Evaluation</p> <p>Peer review / Post-activity evaluation</p> <p>Post-activity evaluation</p> <p>Other resources</p> <p>Guided Analysis / Self-Evaluation</p> <p>Guided Analysis / Self-Evaluation</p>
		<ol style="list-style-type: none"> 1. Simulation w/ PA Program 	<p>Debriefing / Feedback with group and faculty</p> <p>Other resources</p>
	12 th Street	<ol style="list-style-type: none"> 1. Inter-Professional Plan of Care Development 	<p>Guided Analysis / Self-Evaluation</p>

C-3: (Std. 4.05b) Communicate effectively with diverse populations (age, abilities, ethnicities).

Competency	Course	Activity / Experience Description	Examples of Supporting Evidence
	Clinical (all)	<ol style="list-style-type: none"> 1. Patient care / Pt. education (CP III, CI 1,2) 2. Interprofessional Team Rounding (CP I - III, Clinical Internships I, II) 3. NICU Rotations 	<p>Daily Clinical Evaluation Summary / Comments</p> <p>Affective Clinical Evaluation Summary / Comments</p> <p>SOAP / Journal Entries / Audits</p> <p>Neo Assessments w/ Faculty Feedback</p>
	E&T I	<ol style="list-style-type: none"> 1. Simulation w/ Standardized participants 	<p>Pre-/Post evaluation</p> <p>Debriefing / feedback</p> <p>Guided Analysis / Self-Evaluation using activity objectives</p>

	12 th Street	<ol style="list-style-type: none"> 1. Interaction with diverse patients <ul style="list-style-type: none"> • ESL • Ethnicity • Age diversity • Cognitive impairment / low literacy 	Documentation / Reflection & Analysis Include a discussion of “diversity” as part of the Guided Analysis / Self-Evaluation
	Clinical Practicum	<ol style="list-style-type: none"> 1. Interaction with diverse patients <ul style="list-style-type: none"> • ESL / Ethnicity • Sight / Hearing impairment • NM / COPD / CF • Cognitive impairment / low literacy 	Daily Clinical Evaluation Summary / Comments Documentation / Feedback Guided Analysis / Self-Evaluation
	CP III	<ol style="list-style-type: none"> 1. Outpatient Clinic Rotation (16 hours) <ul style="list-style-type: none"> • Chronic Illness • Patient and Family education 	Guided Analysis / Self-Evaluation w/ feedback
	Service Activities	<ol style="list-style-type: none"> 1. Program, College and University Service 2. Community Service Projets 	Guided Analysis / Self-Evaluation Pictures, Videos, Evaluations, Feedback
	Disease Management	<ol style="list-style-type: none"> 1. Health Literacy Project 	Project Feedback / Evaluation

C-4: (Std. 4.06) Apply problem solving strategies in patient care setting (critical thinking).

Competency	Course	Activity / Experience Description	Supporting Evidence
	E&T II	<ol style="list-style-type: none"> 1. Simulation: Vent Setup 2. Simulation: Vent Weaning 3. Ventilator Management Proficiency 	<p>Pre-/Post- Self-Assessment / Debriefing / Feedback</p> <p>Proficiency demonstration</p> <p>Guided reflection using activity objectives</p>
	CP III	<ol style="list-style-type: none"> 1. Simulation: Rapid Sequence Intubation (4 cases) 	<p>Proficiency Completion / Debriefing / Feedback</p> <p>Pre-/Post- Self-Assessment / Debriefing / Feedback</p> <p>Guided Self-Evaluation using activity objectives</p>
	BAD / E&T I / Neo / Peds Labs	<ol style="list-style-type: none"> 1. Simulation: Pt. Asmnt. / O2 Therapy 2. Simulation: Acute Aw Mgmt 3. Laboratory Scenarios 	<p>Proficiency Completion / Debriefing / Feedback</p> <p>Guided Analysis / Self-Evaluation</p> <p>Clinical Software comparison Lab vs. Clinical Checklist</p>
	12 th Street	<ol style="list-style-type: none"> 1. Inter-Professional Care Plan Development 	<p>Guided Analysis / Self-Evaluation</p>
	Clinical (all)	<ol style="list-style-type: none"> 1. Protocol Implementation 2. Physician / Team Rounds 3. Significant clinical experience where you demonstrated problem solving / critical thinking 	<p>Affective Clinical Evaluations / Comments</p> <p>Clinical SOAP / Journal Entries / Audits</p> <p>Daily / Affective Clinical Evaluations / Comments</p> <p>Faculty and Preceptor Feedback</p>
	<ol style="list-style-type: none"> 1. NEO 2. PEDS 3. CCP 	<ol style="list-style-type: none"> 1. NRP (written exam / online module with skill validation) 2. PALS (written exam / online module with skill validation) 3. ACLS (written exam / online module with skill validation) 	<p>Mock Simulation w/ logic protocols requiring situational, critical thinking (Pass / Fail).</p> <p>Certification is minimum course requirement.</p>

C-5: (Std. 4.07) Apply ethical decision making and professional responsibility (intellectual honesty and appropriate academic and professional conduct).

Competency	Course	Activity/ Experience Description	Supporting Evidence
	Clinical (All)	<ol style="list-style-type: none"> 1. Professional Expectations / Standards 2. Clinical Audits (Clinical Internship II) 	Daily / Affective Clinical Evaluations Summary (Faculty / Preceptors) Faculty Evaluation / Feedback Summary * Especially specific comments
	Legal & Ethics	<ol style="list-style-type: none"> 1. Case Study Assignments 2. AARC Ethical & Professional Standards 	Faculty Evaluation / Feedback Guided Assignment Focus Assignment / Rubric
	Leadership & Supervision	<ol style="list-style-type: none"> 1. Case Study Assignments 	Faculty Evaluation / Feedback / Reflections / Peer Review
	Program Requirements	<ol style="list-style-type: none"> 1. ASRC Conference Requirement 	<ol style="list-style-type: none"> 1. Guided Analysis / Self-Evaluation / Faculty Feedback
	Leadership & Management	<ol style="list-style-type: none"> 1. Personal Assessments (3-4) 	Assessment Results with Analysis / Self-Evaluation

College of Health Professions Policy and Procedure Guide

Policy: Scholastic Dishonesty Policy

Number: 01.00.02

Approval Date: Not Available

Revision Dates: 07/07/2016, 01/11/2024

Section: Academic Affairs

Area:

Subject: Scholastic Dishonesty

POLICY

The College of Health Professions (CHP) believes that both students and instructors have significant roles within the educational process. Acts of scholastic dishonesty can negatively impact this educational process by causing a distorted picture of the academic achievement of individual students and jeopardizing the success of the student's total educational program. Although monitoring of scholastic conduct is primarily the responsibility of faculty, students also have a responsibility to report suspected academic misconduct to faculty.

The Scholastic Dishonesty Policy applies to circumstances and events related to the student's educational program, including didactic, laboratory and clinical settings. Sanction(s) for scholastic misconduct are determined by the program faculty and may include, but are not limited to, a failing grade on a test/assignment, failing grade for the course, and suspension or dismissal from the program. Students have the right to appeal sanctions for scholastic dishonesty. Refer to the CHP Student Academic Appeals Policy, 01.15.01, for the steps to follow in filing an appeal.

Definition of Scholastic Dishonesty

Scholastic dishonesty is defined as an act contrary to academic and/or professional ethics. Examples of scholastic dishonesty include, but are not limited to:

1. Copying from another student's test paper, reports, or computer files
2. Using materials and/or devices during an examination which have not been authorized by the person in charge of proctoring the examination
3. Giving or receiving assistance on examinations- This not only includes providing specific answers to subsequent examinees, but also involves providing or receiving information which would allow the student to have an unfair advantage in the examination over those students who did not possess such information.
4. Exchanging places with another person for the purpose of taking an examination or completing other assignments
5. Using, buying, selling, stealing, transporting or soliciting in its entirety, or in part, the contents of an examination or other assignment not authorized for release
6. Falsifying clinical logs, records, or reports (oral or written)
7. Plagiarism – Plagiarism is defined as adopting, appropriating for one's own use and/or incorporating in one's own work, *without acknowledgement*, passages, tables, photographs,

models, figures, and illustrations from the writings or works of others or an Artificial Intelligence third-party service or site and/or presenting parts of passages of other's writing as products of one's own mind. The concept of plagiarism also extends to the copying of quiz, written, or lab practical examination questions, case studies, or clinical case scenarios used in the classroom or small group sessions, in any form or manner, including memorizing the material so it can be written down and passed on to others at a later time. Plagiarism of testing materials is cheating, and constitutes an activity that is unprofessional and against the ethical tenets of the health professions.

8. The CHP subscribes to a Web-based plagiarism detection and prevention system that is used by colleges and universities nationwide. It has the ability to compare written work to a database of texts, journals, electronic and web sources, including web sites that sell or distribute pre-written essays or term papers. This notice is to inform students that the CHP reserves the right to use this plagiarism detection system on a student's work in any course, at any time. The system may be used to determine if a document has been plagiarized, with or without the students' knowledge.
9. Misrepresenting facts to cover up mistakes or omissions in clinical or academic settings
10. Deliberately performing at less than maximum ability, or asking another student to do so, to alter the grading scale

APPROVAL

Information about the original approval of this policy is not available. The original name of this policy was Academic Integrity Policy. Revisions were made in content and title by approval of the College of Health Professions Executive Committee on July 7, 2016. The policy was reviewed by the College of Health Professions Executive Committee on July 9, 2020.

Policy: Student Academic Appeals Policy

Number: 01.15.01

Approval Date: February 18, 2015

Revision Dates: August 13, 2020

Section: Academic Affairs

Area:

Subject: Student Academic Appeals

PURPOSE

The purpose of the student academic appeals policy is to provide students with an opportunity to dispute the charges and/or penalties related to an academic issue. The appeal procedures below provide opportunities for students to request a review of recommendations and decisions made by the department faculty, submit information not previously available or suggest alternative remedies.

SCOPE

Examples of academic issues that may be appealed include, but are not limited to, course grades on assignments, exams, performance on clinical/laboratory procedures or dismissal from a program due to not meeting the minimum academic requirements.

Established college or program policies themselves cannot be appealed.

POLICY

Appeal of Academic Issues

Grades

The procedures below are followed by the College of Health Professions for student appeals of academic matters including, but not limited to, grades or other evaluations awarded for a course, assignment, project, examination, clinical procedure or clinical rotations.

Step 1: Meet with the Course Instructor – Before initiating an appeal, the student must contact the course instructor to discuss the academic matter or grade within 2 business days of the occurrence. “Occurrence” is the notification of a student’s grade or performance evaluation.

Step 2: Appeal to the Department Chair or Program Director – If the matter is not resolved between the student and course instructor, the student may appeal

in writing via UAMS email to the department chair or director of the program in which the student is enrolled within 2 business days following the meeting with the course instructor. If the instructor is the department chair, the student may appeal directly to the dean (Step 4, below). The written appeal should include:

1. Student's name
2. Nature of the occurrence
3. Date of the occurrence
4. Name of the course instructor(s) involved
5. Summary of the student's meeting with the course instructor, including date, time, and outcomes
6. Student's rationale for the appeal

Simultaneously, with the submission of the appeal, the student is responsible for scheduling a meeting with the department chair or program director to discuss the appeal. This meeting should occur as soon as feasible.

Step 3: Meet with the Department Chair or Program Director – In preparation for meeting with the student, responsibilities of the department chair or program director include:

1. Investigating the facts and examining the evidence
2. Meeting with the course instructor(s) and student to clarify areas of dispute
3. Mediating a mutually-acceptable resolution, if possible
4. Documenting, in writing, actions taken to seek resolution

The department chair or program director will notify the student and course instructor in writing via UAMS email of their decision within 2 business days following the final meeting with concerned parties.

Step 4: Appeal to the Dean¹ – If a mutually acceptable resolution is not achieved, or if the student wishes to appeal the decision of the department chair or program director, the student may submit a written request to the dean to review the merits of the student's appeal. The request must be submitted within 2 business days of the department chair's or program director's notification. The dean will review the student's appeal and the information and may solicit other information deemed appropriate for resolving the matter. The dean will inform the student and the department chair or program director in writing of the dean's decision within 2 business days following the final meeting with concerned parties. The decision of the dean will be final and may not be appealed.

Note: Timeframes in the appeal procedures are recommended intervals and may be modified as a result of weekends, holidays, vacation periods, and other circumstances.

Program Dismissal due to Failure to Meet Minimum Academic Requirements

The procedures below are followed by the College of Health Professions for students who are appealing dismissal from a program. Students are subject to program dismissal if they fail to meet minimum academic requirements after an academic remediation plan was provided to the student.

Note: During the appeal process until a final decision is made by the dean, the student should continue participating in all program activities.

Step 1: Initial Decision and Notification –

The department chair or program director will notify the student in writing via UAMS email of the rationale for dismissal and inform the student about the CHP appeal procedures. The notification to the student will also be sent to the Associate Dean for Academic Affairs (ADAA). If the student does not initiate an appeal to the Dean, the dismissal becomes effective 2 business days after receipt of the department chair's or program director's notification. The student should complete the clearance process for the university unless they decide to appeal the decision. Completion of the clearance process is an indication that the student waives their right to appeal.

Step 2: Appeal to the Dean¹ – The student may appeal the dismissal by submitting a written request via UAMS email to the dean within 2 business days of receipt of the department chair's or program director's notification. The written appeal should include:

1. Date
2. Student's name
3. Specific reasons that the penalty assessed is deemed inappropriate, e.g., extenuating circumstances affecting the student's performance, misapplication of department policy or procedure, etc.
4. Any documentation relative to the points of the appeal

The dean will forward the appeal documents to the ADAA for review.

Note: Documentation provided by the student or faculty after submission of the initial appeal is subject to review by the hearing officer (see Procedures for a Hearing below). The hearing officer may disallow such documentation at the appeal hearing if they deem the documentation to be unrelated to the initial points of the appeal letter.

Step 3: Preliminary Review of the Appeal - Within 2 business days of receipt of the student's appeal, the ADAA will submit a written recommendation to the dean on the suitability of the appeal for review by the Appeal and Grievance Committee. The recommendation should provide specific reasons the appeal is either suitable or not suitable for review by the Committee. The dean will make the final determination to convene the Appeal and Grievance Committee.

Procedures for a Hearing before the Appeal and Grievance Committee

Students in the College of Health Professions may be afforded the opportunity to appeal penalties assessed for both academic and disciplinary reasons to the Appeal and Grievance Committee. The Appeal and Grievance Committee is appointed annually by the Dean and consists of at least one faculty representative from each department.

When the Dean determines that the student's appeal is suitable for review by the Appeal and Grievance Committee, the Dean will convene the College of Health Professions Appeal and Grievance Committee and appoint a hearing officer and hearing panel of at least 3 members of the committee to hear the student's appeal. The hearing officer and members of the hearing panel may not be faculty members in the student's program.

Hearing Officer and Hearing Panel - The hearing officer is the spokesperson for the hearing panel and is responsible for:

- Informing the student, hearing panel, dean, and other interested parties of the date and location of the appeal hearing at least 5 business days before the hearing. The student may request that the appeal hearing be scheduled with less than 5 business days' notice.
- Reviewing, in advance of the appeal hearing, any documentation submitted by the student relevant to the appeal. The hearing officer may request written documentation from other parties as deemed appropriate.
- Conducting the hearing in a fair, unbiased manner.
- Recording the testimony at the hearing in audio or video format in accord with university policy. The hearing panel's deliberation following testimony is not recorded.
- Providing the dean with a written summary of the student's appeal, the hearing, and the hearing panel's recommendations.
- Providing the dean with a file of all evidence accumulated in the appeal process and all materials related to the appeal following the final disposition of the appeal.

The hearing panel is responsible for:

- Providing a fair, unbiased hearing of the student's appeal.
- Maintaining confidentiality of all documentation and deliberations related to the appeal and hearing.
- Making recommendations to the dean about the appeal and the penalty assessed by the faculty. The hearing panel may recommend that the dean support, reject, or modify the penalty.

Appeal Hearing Participants – The appeal hearing provides for an objective hearing of all facts related to the appeal and should include at a minimum the student and a spokesperson for the faculty. The hearing will be "closed" and confidential. Only individuals personally involved in the hearing will be permitted to attend and participate, including hearing panel members, the student, faculty representative, witnesses, and counsel, if desired. A representative of the dean's

office or UAMS legal counsel may be available to provide advice on procedural and policy matters.

Witnesses – If called, witnesses will give only their testimony; witnesses may not be present in the hearing before or after their testimony is given. If the student and/or the faculty representative wish to call witnesses, they must inform the Hearing Officer of the names of the witnesses and a brief written summary of their relevant testimony at least 3 business days before the hearing. The hearing officer must inform each party of the witnesses that the other party plans to call at least 2 days before the hearing.

Procedures during the Hearing

- The hearing officer will review the purposes of the hearing and procedures to be followed, and clarify the data-gathering and decision-making functions of the hearing panel. The hearing officer will orally read the student's appeal submitted to the dean. Only the concerns of the student presented in the written appeal will be discussed during the hearing.
- The student will present the issues and rationale for the appeal. The hearing panel may question the student. The student and faculty representative may question each other, at the discretion of the hearing officer.
- The hearing officer will call witnesses as desired by the student and the faculty representative, and the hearing panel may question the witnesses. The student and the faculty representative may question the witnesses at the discretion of the hearing officer. At all times, it is the prerogative of the hearing officer to monitor and control the extent and degree of questioning and terminate it as her/his judgment dictates.
- Counsel of choice, if requested by the student, may be present to advise and support the student. The student must inform the hearing officer of the name of the counsel of choice, if one is desired, at least 3 business days before the hearing. The hearing is not intended to be adversarial in the sense of a court trial and, therefore, witnesses will not be "cross examined" as in a legal context. Counsel of choice may only confer with the student and will not be allowed to question witnesses or otherwise engage in discussion with the hearing officer, hearing panel, or other participants in the hearing.
- If the student's counsel of choice is an attorney, university counsel must also attend. The university's counsel will observe the proceedings and will not be allowed to question witnesses or otherwise engage in discussion with the hearing officer, hearing panel, or other participants in the hearing.
- When all testimony has been provided, all individuals except the hearing officer and hearing panel will leave the hearing room. The hearing panel will discuss the matters and may request additional information as deemed appropriate and necessary. Although it is desirable to conclude appeals expeditiously, the hearing panel may use as much time as necessary and reasonable to assess thoroughly and evaluate the appeal and related facts. If the hearing panel's decision is delayed more than 5 days after the hearing, the hearing officer will notify the dean, student, and faculty of the delay. Following

careful review of all information, the hearing panel will make a recommendation to the dean about the student's appeal.

- The hearing officer will notify the dean of the hearing panel's recommendation(s) within 5 business days of its final meeting on the appeal.
- The dean may concur with, modify, or reject the hearing panel's recommendations. The dean will notify the student, department chair, hearing officer, and hearing panel in writing of their decision within 3 business days.
- The decision of the dean is final and may not be appealed.

¹ "Dean" may refer to the dean or another person designated by the dean, e.g., the associate dean.

APPROVAL

This policy was approved by the College of Health Professions Executive Committee on February 18, 2015. Revised August 13, 2020.

Policy: Student Academic Professional Standards

Number: 02.00.02

Approval Date: Not Available

Revision Dates: July 7, 2016; Revised June 2020; Revised January 11, 2024 Section:

Student Affairs Area:

Subject: Student Academic Professional Standards

POLICY

Student Academic Professional Standards are a set of principles reflecting the ethical foundation of health professions practice. The student must strive toward unquestionable integrity in all professional relations. In order to pursue this goal, students should demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. The following Student Academic Professional Standards should be utilized as a guide toward these future goals. Programs in the College of Health Professions (CHP) may have additional and/or more extensive student academic professional behavior expectations; however, CHP program policies do not override College or University policies.

Student Academic Professional Standards are categorized as academic requirements by the College. The following are representative of the responsibilities of all students enrolled in the CHP:

Attentiveness: The student regularly attends class. All extended absences are for relevant and serious reasons and approved, where applicable, by the appropriate authority. The student is consistently on time for class, labs, and clinics and stays until the end of the time period. The student is alert during classes and demonstrates attentiveness by taking notes and asking appropriate questions.

Authority: The student shows appropriate respect for those placed in authority over them both within the University and in society.

Communication: The student demonstrates the ability to communicate professionally and effectively verbally, nonverbally, and in writing with peers, faculty, patients, and others.

Confidentiality: The student exhibits respect for privacy of all patients and patients' family members. The student demonstrates restraint when utilizing social media (X, Facebook, Instagram, or other social media

sites) and, at no time, communicates information that could lead to exposure of patient identity. The student is aware that specific patient data discussed in a specified time frame may be sufficient information to identify a patient. The student follows all directives of the UAMS Social Media Policy (UAMS Academic Affairs Policy 2.1.1).

Cooperation: The student demonstrates an ability to work effectively in large and small groups and with other members of the health care team, giving and accepting freely in the interchange of information.

Demeanor: The student has a positive, open attitude towards peers, faculty, and others during their course of studies. The student maintains a professional bearing in interpersonal relations. The student functions in a supportive and constructive fashion in group situations and makes good use of feedback and evaluations.

Ethics: Students are expected to adhere to the specific code of ethics relevant to their field of study.

Inquisitiveness: The student acquires interest in all courses and curricular subjects, demonstrating

Judgment: The student shows an ability to think critically regarding options, reflecting an ability to make intelligent decisions in their personal and academic life.

Maturity: The student functions as a responsible, ethical, law-abiding adult.

Personal Appearance: The student's personal hygiene and dress reflect the standards expected of a professional health care provider.

Professional Role: The student conducts self as a professional role model at all times and in compliance with rules and regulations regarding professional conduct of the specific health profession in which one is enrolled. The student demonstrates the personal, intellectual, and motivational qualifications of a professional healthcare provider.

Professionalism: There are core values of professionalism that are universal and apply to those in health care professions and in education. These include, but are not limited to, moral values such as honesty, integrity, and trustworthiness; values that are specific to one's profession (*e.g.*, confidentiality), to society (*e.g.*, commitment to excellence), to oneself (*e.g.*, self-reflection), and to humanistic values such as empathy and compassion.

All students in the CHP are expected to demonstrate high standards of professional behavior in all educational settings, including classrooms and laboratories, professional and clinical sites, and in non-educational settings. Examples of such behavior include, but are not limited to: honesty and integrity, trustworthiness, effective communication, punctuality, professional behavior, ethical standards, social contracts; negotiation, compromise, and conflict resolution; lifelong improvement and professional competence; time management and decision-making; appearance.

Responsibility: Students must prioritize their academic and clinical responsibilities in their health professions program, demonstrating reliability and trustworthiness in all interactions with peers and faculty.

Students who fail to comply with the requirements of any of the Student Academic Professional Standards will be subjected to disciplinary action. Programs have the authority to determine sanctions based upon their policies and procedures. In cases where a sanction of program dismissal is being considered, the Chair/PD should contact the CHP Associate Dean for Academic Affairs (ADAA). The ADAA will work with the program to determine if the issue is classified as: 1) an academic violation or 2) if it falls into the category of prohibited conduct as outlined in the UAMS Student Code of Conduct Policy, 2.2.14. Academic violations will be addressed according to departmental and/or College policies. Violations of the UAMS Student Code of Conduct will follow the processes outlined in UAMS Policy 2.2.14.

APPROVAL

Information about the original approval of this policy is not available.

Policy: CHP Substance Abuse Policy

Number: 02.00.03

Approval Date: Not Available

Revision Dates:

Section: Student Affairs

Area:

Subject: Student Substance Abuse

POLICY

If a faculty member or the director of Student Wellness Program (SWP) suspects a student of impairment due to substance abuse, the student will be required to submit to an immediate drug screen and will be referred to SWP services for evaluation. SWP will forward a report with treatment recommendations and the results of the drug screen to the Associate Dean for Academic Affairs to be placed in the student's permanent record. The student must comply with the treatment plan recommended by SWP to continue in his/her respective program. A student who is identified under the CHP Substance Abuse Policy is subject to periodic random drug screening as long as he/she is a student at the University of Arkansas for Medical Sciences. Any subsequent drug screening that is reported as "positive" will result in the immediate dismissal of the student. The refusal of the student to submit to the drug screen or SWP evaluation and/or recommended treatment plan will result in immediate dismissal of the student.

APPROVAL

Information about the original approval of this policy is not available.

Policy: Student Conduct and Discipline¹

Number: 02.15.01

Approval Date: July 23, 2015

Revision Dates: February 22, 2018

Section: Student Affairs

Area:

Subject: Conduct and Discipline

POLICY

BACKGROUND AND RATIONALE

Students are expected and required to obey federal, state, and local laws; to comply with University of Arkansas policies and regulations, university and college rules and regulations, with directives issued by university administrative officials, and to observe standards of conduct appropriate for an academic institution. Students who do not adhere to these requirements may be subject to disciplinary actions and commensurate penalties.

PROCEDURE

1. Conduct Subject to Disciplinary Actions

Students who engage in the following conduct may be subject to disciplinary actions, whether the conduct takes place on or off campus or whether civil or criminal penalties are also imposed for the conduct:

- **Violation of laws, regulations, policies, and directives** – Violation of federal, state, and federal laws, including laws and policies on HIPAA (Health Information Portability and Accountability Act); violation of University of Arkansas policies and regulations; non-compliance with university or college rules and regulations; non-compliance with directives issued by administrative officials acting in the course of their authorized duties
- **Scholastic dishonesty** – Cheating, plagiarism, collusion, submission for credit any work or materials that are attributable in whole or part to another person, taking an examination or submitting work or materials for another person, any act designed to give unfair advantage to a student, or the attempt to commit such acts (see Definition of Scholastic Dishonesty in the college catalog)

- **Drugs and alcohol** – Illegal use, possession and/or sale of a drug or narcotic on campus or at education or clinical facilities affiliated with the university; use of alcohol in violation of university policy
- **Health or safety** – Conduct that endangers the health or safety of any person on campus, in any building or facility owned or controlled by the university, or any education or clinical facility affiliated with the university
- **Disruptions** – Acting singly or in concert with others to obstruct, disrupt, or interfere with any activities related to the university’s responsibilities in teaching, education, healthcare, research, administration, service, or other activities authorized to be held or conducted on property owned by the university or affiliated with the university
- **Inciting lawless action** – Engaging in speech, either orally or in writing, which is directed to inciting or producing imminent lawless action and is likely to incite or produce such action
- **Unauthorized use of property** – Engaging in unauthorized use of property, equipment, supplies, buildings, or facilities owned or controlled by the university or affiliated with the university
- **Hazing** – Hazing is prohibited by Arkansas Act 75 of 1983.
- **Altering of official documents** – Altering official records; submitting false information; omitting requested information required for or related to application for admission or the award of a degree; falsifying clinical records
- **Vandalism** – Defacing, mutilating, destroying, or taking unauthorized possession of any property, equipment, supplies, or facilities owned or controlled by the university or clinical facilities affiliated with the university
- **Prohibited conduct** – Engaging in prohibited conduct that occurs while participating in off-campus activities sponsored by the university, including field trips, internships, rotations, or clinical assignments
- **Use of explosives** – Unauthorized use or possession of any type of explosive, firearm, imitation firearms, ammunition, hazardous substance, or weapon as defined by federal or state law while on campus or in facilities owned or controlled by the university or clinical facilities affiliated with the university

2. Disciplinary Process

When student conduct occurs that may be subject to disciplinary action, the faculty member will immediately notify the department chair/program director. After consultation with the chair/program director, the student of the suspected violation should be notified through a face-to-face or telephone conversation. In some instances, the faculty member may take immediate action appropriate to the circumstances. For example, when a student is observed to be cheating on an examination, the faculty member may stop the examination process for the student and retrieve the examination. Or when a student engages in disruptive behavior, the faculty member may instruct the student to leave the instructional space so that order can be restored.

The faculty member will also complete and submit to the Dean a Student Conduct and Discipline Report, signed by the department chair or program director within 2 days¹ after observing or discovering the conduct. A copy of the report will be sent to the student, as well. The report will summarize the conduct deemed to violate conduct and discipline standards (detailed in Section 1

of this policy) along with pertinent details, e.g., time, place, other observers, etc. The Dean will forward the report to the Associate Dean for Academic Affairs (ADAA) who will investigate the disciplinary complaints or charges.

3. Interim Disciplinary Action

Pending a hearing or other disposition of the complaints or charges against the student, the ADAA may take immediate interim disciplinary action deemed appropriate for the circumstances when such action is in the best interest of the university, patients and their families, other students, etc. Interim actions may include suspension and bar from the campus when it reasonably appears to the ADAA that the continuing presence of the student poses a potential danger to persons or property or a potential threat for disrupting any activity authorized by the institution.

4. Investigation and Administrative Disposition by the Associate Dean for Academic Affairs

Within 2 days of receiving the Student Conduct and Discipline Report, the ADAA will schedule a meeting with the student for the purpose of investigating or discussing the complaints or charges. The request to meet will be emailed using the student's UAMS email account. The student's negligence in reading the email will not be good cause for the failure to respond to the meeting request.

If the student fails to appear for the meeting without good cause, as determined by the ADAA, (1) the ADAA may bar or cancel the student's enrollment or otherwise alter the student's status until the student complies with the summons, or (2) determine the facts and assess penalties, or (3) request that the Dean appoint a Conduct and Discipline Panel that will conduct a hearing to determine the facts and assess penalties.

4.1 Administrative Disposition by the Associate Dean for Academic Affairs

In any case where the accused student does not dispute the facts upon which the charges are based and agrees to the penalties the ADAA assesses, the student may execute a written waiver of the hearing procedures. The administrative disposition will be final and there will be no subsequent proceedings regarding the charges.

In any case where the accused student disputes the facts upon which the charges are based or the penalties imposed by the ADAA, the student may appeal either or both to a Conduct and Discipline Panel.

5. Investigation and Hearing Process

The charges will be heard and determined by a fair and impartial Conduct and Discipline Panel (CDP) appointed by the Dean. The CDP will consist of at least 3 faculty members

¹ For purposes of this policy, "days" refers to school days and excludes weekends and official university holidays.

outside of the student's department. The CDP may include faculty members outside the College of Health Professions. One member of the panel will be appointed as Chair of the CDP.

5.1 Notice of Hearing

Except in those cases where immediate interim disciplinary action has been taken, the student will be given at least 3 days written notice of the date, time, and place for the hearing and the CDP Chair's name and contact information. The notice will include a statement of the charges and a summary statement of the evidence supporting the charges. The notice will be emailed using the student's university email account. The date for a hearing may be postponed by the CDP Chair for good cause or by agreement of the student and the Dean.

5.2 Impartiality of the Conduct and Discipline Panel Chair

The student may challenge the impartiality of the CDP Chair. The challenge must be in writing, state the reasons for the challenge, and be submitted to the CDP Chair through the Office of the Dean at least 2 days before the scheduled hearing. The CDP Chair will be the sole judge of whether he or she can serve with fairness and objectivity. In the event that the CDP Chair disqualifies himself or herself, a substitute will be appointed by the Dean.

5.3 Duties of the Conduct and Discipline Panel and Chair

The CDP Chair is responsible for conducting the hearing in an orderly manner and controlling the conduct of the witnesses and participants in the hearing. The CDP Chair will rule on all procedural matters and on objections regarding exhibits and testimony of witnesses, may question witnesses, and is entitled to have the advice and assistance of university legal counsel.

Members of the CDP are responsible for carefully and fairly considering all evidence and testimony in light of the charges, questioning witnesses, and determining whether the student is responsible for the disciplinary violations as charged.

If the CDP determines that the student is responsible for the disciplinary violations, the CDP will recommend a penalty or penalties specified in Section 6 below. While unanimity among members of the hearing panel is desirable, a majority that includes the CDP Chair may determine the student's responsibility and penalties.

5.4 Procedures during the Conduct and Discipline Hearing

Conduct and Discipline Hearing Participants – The conduct and discipline hearing provides for an objective hearing of all facts related to the charges and should include at a minimum the student and the ADAA in addition to the Conduct and Discipline Panel. The hearing is "closed" and confidential. Only individuals personally involved in the hearing are permitted to attend and

participate, including CDP members, the student, ADAA, witnesses, and counsel, if desired. UAMS legal counsel may be available to provide advice on procedural and policy matters.

Witnesses – If called, witnesses will give only their testimony; witnesses may not be present in the hearing before or after their testimony is given. If the student and/or ADAA wish to call witnesses, they must inform the CDP Chair of the names of the witnesses and provide a brief written summary of their relevant testimony at least 3 business days before the hearing. The CDP Chair must inform each party of the witnesses that the other party plans to call at least 2 days before the hearing.

Procedures during the Hearing

- The CDP Chair will review the purposes of the hearing and procedures to be followed, and clarify the data-gathering and decision-making functions of the CDP. The CDP Chair will orally read the charges and summary of evidence submitted to the dean. Only the charges submitted to the Dean are discussed during the hearing.
- The student and the ADAA will present facts related to the charges. The CDP may question the student and ADAA. The student and ADAA may question each other, at the discretion of the CDP Chair.
- The CDP Chair calls witnesses as desired by the student and the ADAA, and the CDP may question the witnesses. The student and ADAA may question the witnesses at the discretion of the CDP Chair. At all times, it is the prerogative of the CDP Chair to monitor and control the extent and degree of questioning and terminate it as her/his judgment dictates.
- Counsel of choice, if requested by the student, may be present to advise and support the student. The student must inform the CDP Chair of the name of the counsel of choice, if one is desired, at least 3 business days before the hearing. The hearing is not intended to be adversarial in the sense of a court trial and, therefore, witnesses will not be “cross examined” as in a legal context. Counsel of choice may only confer with the student and will not be allowed to question witnesses or otherwise engage in discussion with the hearing officer, hearing panel, or other participants in the hearing.
- If the student’s counsel of choice is an attorney, university counsel must also attend. The university’s counsel will observe the proceedings and will not be allowed to question witnesses or otherwise engage in discussion with the hearing officer, hearing panel, or other participants in the hearing.
- When all testimony has been provided, all individuals except the CDP leave the hearing room. The CDP discusses the matters and may request additional information as deemed appropriate and necessary. Although it is desirable to conclude conduct and discipline investigations expeditiously, the CDP may use as much time as necessary and reasonable to assess thoroughly and evaluate the charges and related facts. If the CDP’s recommendation is delayed more than 3

days after the hearing, the CDP Chair will notify the dean, student, and ADAA of the delay.

- Following careful review of all information, the CDP will (1) determine the student's responsibility for the conduct and disciplinary violations and (2) recommend penalties deemed appropriate by the CDP.
- The CDP Chair notifies the dean in writing of the hearing panel's recommendations within 3 business days of its final meeting. The notification should include at a minimum: (a) summary of charges brought against the student; (b) summary of the proceedings, e.g., participants, sources of information, number of meetings, etc.; (c) summary of facts related to the charges; (c) penalties recommended; and (d) rationale for the penalties.
- The Dean may concur with, modify, or reject the hearing panel's recommendations. The Dean will notify the student, ADAA, and the student's department/program of the decision. The Dean's decision is final and may not be appealed

6. Penalties

The following penalties may be assessed by the ADAA, as indicated in Section 4.1, or by the CDP after a hearing in accordance with the procedures specified in Section 5.4.

- Probation
- Withholding of grades, official transcript, and/or degree
- Bar against reinstatement or readmission
- Restitution or reimbursement for damage to or misappropriation of university property
- Suspension of rights and privileges, including participation in student, clinical, or extracurricular activities
- Failing grade for an examination or assignment or for a course and/or cancellation of all or any portion of prior course credit
- Denial of degree
- Suspension from the institution for a specified period of time
- Expulsion, i.e., permanent separation from the university
- Revocation of degree and withdrawal of diploma
- Other penalty as deemed appropriate under the circumstances

7. Disciplinary Record

The College of Health Professions maintains a written disciplinary record for every student charged with a violation of conduct and discipline standards. A disciplinary record reflects the nature of the charge, the disposition of the charge, the penalties assessed, and any other pertinent information. The disciplinary record is treated as confidential, and is not accessible to or used by anyone other than the Dean or university officials with legitimate educational interests, except under written authorization of the student

or in accordance with applicable state or federal laws or court order or subpoena. The record is maintained for at least 5 years unless university or other regulations require a different retention period.

APPROVAL

This policy was approved by the College of Health Professions Executive Committee

College of Health Professions Policy and Procedure Guide

Policy of the University of Arkansas for Medical Sciences Division of Academic Affairs

Subject: Student Needle stick/Sharps Injuries and Blood/Fluid Exposure

Number: 1.300

Date Approved (Council of Deans): November 7, 2012

Last Review/Revision: October 15, 2014

Purpose: This document outlines the policy and procedures to follow when a student experiences a needle stick/sharp injury, blood/body fluid exposure when fulfilling requirements of a University of Arkansas for Medical Sciences education program. Regardless of where an incident occurs, students should be evaluated IMMEDIATELY. If indicated, chemoprophylaxis must be started within 2 hours to be effective.

Scope: All students enrolled in University of Arkansas for Medical Sciences education programs.

Policy: All students who experience a blood/body fluid exposure while carrying out clinical/experiential requirements of their education program should be evaluated for the need for chemoprophylaxis and monitoring regardless of the type of exposure or risk status of the source patient. Procedures for students who suffer parenteral (e.g. needle stick or cut) or mucous membrane (e.g., splash to the eye or mouth) exposure to blood or other body fluids, or who have a cutaneous exposure involving blood or prolonged contact with blood—especially when exposed skin is chapped, abraded, or afflicted with dermatitis -- are described according to the practice site location where the incident occurs.

- For incidents that occur at the UAMS Medical Center, the applicable policy can be found at <http://intranet.uams.edu/uh/Policy/Policy-PDF/Human%20Resources/HR401.pdf>.
- For incidents that occur at **OFF-CAMPUS** locations, the site-specific procedures for handling a needlestick or blood/body fluid exposure as established by that site/facility are in effect and may vary slightly from UAMS procedures. However, general requirements for notification, evaluation, and documentation are outlined.

The central points for UAMS students who experience a parenteral, mucous membrane, or cutaneous exposure to a blood/body fluid, regardless of practice site location, are:

1. Report the incident IMMEDIATELY to their clinical supervisor or instructor and appropriate College administrator.
2. Call Student and Employee Health Service (SEHS), 686-6565 or page 501-405-6734, as soon as possible regardless of where the incident occurs. However, in all cases, evaluation of the incident must occur IMMEDIATELY, and is not to be delayed pending discussion with SEHS.
3. The amount of risk incurred as a result of the exposure must be evaluated and prophylactic treatment must be started within 2 hours to be effective; therefore, students should seek evaluation and treatment IMMEDIATELY.
4. Complete the UAMS Incident and Injury (I&I) Report form available at <http://www.uams.edu/adminguide/PDFs/empinjury.pdf>.

A training module for Bloodborne Pathogens is available for completion through the UAMS Occupational Health and Safety website at <http://www.uams.edu/safety/Forms/Training.aspx>. Students are strongly encouraged to complete this module for their general education regarding bloodborne pathogen safety.

Post exposure Prophylaxis with Antiretroviral Agents: Under certain circumstances, it is recommended that individuals exposed to HIV through injury, etc., be offered combinations of anti-HIV medications for four weeks while surveillance laboratory monitoring is taking place. This process will be coordinated through Student/Employee Health (SEHS), so it is important that any such exposure be reported to SEHS as quickly as possible.

Billing: Students who have a blood/body fluid exposure shall be evaluated by SEHS or the Emergency Department (ED) and are required to complete an I&I Report form. All UAMS students are required to maintain a health insurance policy, which will be billed for services related to evaluation, treatment and monitoring. Deductible and co-pay costs not covered by the student's health insurance policy will be the responsibility of the student's primary college. Insured students will bear no out-of-pocket expenses.

In cases where a person is both a student and an employee, the role the person was fulfilling at the time of the incident will determine billing, so that if the person was carrying out student requirements, rules governing billing of care related to students will be in effect. If the person was carrying out employment related duties, the UAMS Medical Center employee policy will be applied.

Reporting

Incidents Occurring at UAMS Medical Center

For incidents that occur at the UAMS Medical Center, students will follow all procedures detailed in the UAMS policy located at <http://intranet.uams.edu/uh/Policy/Policy-PDF/Human%20Resources/HR401.pdf> These include:

1. Report the incident IMMEDIATELY to their clinical supervisor or instructor and the appropriate College administrator.
2. Call IMMEDIATELY to Student and Employee Health Service (SEHS), 686-6565 or page 501-405-6734, if it is during regular business hours. For after-hours incidents, students are to report to the UAMS ED - 686-6236.
3. The amount of risk incurred as a result of the exposure must be evaluated and prophylactic treatment must be started within 2 hours to be effective.
4. Complete the UAMS Incident and Injury (I&I) Report form
<http://www.uams.edu/adminguide/PDFs/empinjury.pdf>
5. All students who have a blood/ body fluid exposure are to be evaluated either by the SEHS or the ED regardless of the type of exposure or risk status of the source patient.
6. Information about the source patient shall be documented on the Incident and Injury (I&I) report form by the nursing supervisor or his/her designee from whom the source patient is receiving care. The I&I form shall accompany or be forwarded to the student to SEHS or the ED at the time of the initial evaluation.
7. It is the responsibility of the clinical supervisor or instructor to make sure that all information relevant to the incident has been completed on the I&I form and the student has called either SEHS or the UAMS ED, for triage.
8. It is the responsibility of the Nursing Supervisor or designee to record all information regarding the source patient on the I&I report form, notify either SEHS or the ED with the risk factors for HIV, and ensure that orders are written for lab work on the source patient's chart.

Reporting: Incidents Occurring at Off-campus Locations

When students participate in experiential training in a variety of practice locations, the procedures for handling a needle stick or mucosal splash injury as established by that site/facility are in effect and may vary slightly from UAMS procedures. However, general guidelines include:

1. Students should familiarize themselves with local procedures for needle sticks, splash and other injuries. Some sites may require site-specific training prior to the student entering the facility. However, if this information is not covered, students should educate themselves regarding local procedures.
2. In general, regardless of the practice site, if a student receives a needle stick or other sharp injury or has a body fluid exposure, the student should seek treatment IMMEDIATELY. If a specific site has not been identified through training/orientation materials, the student should go to the nearest Emergency Room for evaluation and possible treatment. Students must also IMMEDIATELY inform their clinical supervisor (i.e., resident and/or attending, preceptor, etc.) of the exposure, and make sure that an incident report, or reasonable facsimile, from the site/facility where the incident occurred is completed.
3. The student should make sure that Student and Employee Health (SEHS) and his/her College is informed of off-campus incidents since ongoing monitoring may be required.

References

UAMS Medical Center Policy, Number: HR.4.01, Needlestick/Sharps Injuries and Blood/Body Fluid Exposure, <http://intranet.uams.edu/uh/Policy/Policy-PDF/Human%20Resources/HR401.pdf>

UAMS Administrative Guide, University of Arkansas for Medical Sciences Employee/Student Injury and Incident Report, <http://www.uams.edu/adminguide/PDFs/empinjury.pdf>

SPHS website: <http://www.uams.edu/qme/needlest.htm> Last modified: 04/13/12

UAMS Medical Center, Billing Statement

BOARD POLICY

1260.1

REQUIREMENT FOR COMPULSORY HEALTH INSURANCE FOR STUDENTS AT UAMS

Trustee Shults moved and Trustee Miller seconded a motion authorizing the University of Arkansas for Medical Sciences to continue the policy of requiring compulsory health insurance for students since it relates to the educational program of that institution, with the understanding that the University of Arkansas Medical Sciences Campus will continue to consider alternatives. The motion was adopted.

August 1, 1975

AARC Statement of Ethics and Professional Conduct

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

- Demonstrate behavior that reflects integrity, supports objectivity, and fosters trust in the profession and its professionals.
- Promote and practice evidence-based medicine.
- Seek continuing education opportunities to improve and maintain their professional competence and document their participation accurately.
- Perform only those procedures or functions in which they are individually competent and which are within their scope of accepted and responsible practice.
- Respect and protect the legal and personal rights of patients, including the right to privacy, informed consent, and refusal of treatment.
- Divulge no protected information regarding any patient or family unless disclosure is required for the responsible performance of duty as authorized by the patient and/or family, or required by law.
- Provide care without discrimination on any basis, with respect for the rights and dignity of all individuals.
- Promote disease prevention and wellness.
- Refuse to participate in illegal or unethical acts.
- Refuse to conceal, and will report, the illegal, unethical, fraudulent, or incompetent acts of others.
- Follow sound scientific procedures and ethical principles in research.
- Comply with state or federal laws which govern and relate to their practice.
- Avoid any form of conduct that is fraudulent or creates a conflict of interest, and shall follow the principles of ethical business behavior.
- Promote health care delivery through improvement of the access, efficacy, and cost of patient care.
- Encourage and promote appropriate stewardship of resources.
- Work to achieve and maintain respectful, functional, beneficial relationships and communication with all health professionals. It is the position of the American Association of Respiratory Care that there is no place in a professional practice environment for lateral violence and bullying among respiratory therapists or between healthcare professionals.

Respiratory Care General Technical Standards

In order to graduate from the Respiratory Care program, students must be able to perform certain technical requirements prior to graduation. Graduates of this program must be able to meet certain physical and mental requirements to ensure the safe performance of respiratory care procedures.

Due to the nature of typical employment assignments, a graduate of this program must be able to meet the criteria listed below related to hearing, mobility, motor skills (fine & gross), tactile, visual, physical endurance and mental/attitudinal standards.

1. Auditory ability sufficient to hear and understand patients and staff, assess and monitor patient sounds.

Examples: Communicate and interact with patients and families from a variety of backgrounds. Follow verbal instructions. Hear heart and breath sounds. Detect and discriminate between sounds of normal conversation. Identify and localize alarm sounds emitted from patient care equipment.

2. Mobility and strength sufficient to support and move patients.

Examples: Support and transfer patients, move in and out of treatment areas. Reach equipment or parts of patient's body.

3. Perform multiple motor tasks simultaneously. Fine and gross motor skills sufficient to handle equipment and provide safe and effective patient care; steady arm and hand movements while manipulating objects or assisting patients.

Examples: Operate and manipulate equipment, blood collection devices, and several items at once. Administer aerosols, suction patient, and adjust pressure gauges. Lift and transport oxygen cylinders, move in and out treatment areas. Push/pull hospital bed.

4. Tactile ability sufficient to assess patient's response to therapy.

Examples: Distinguish textures, degrees of firmness, temperature differences and pulse rate.

5. Visual ability sufficient to monitor and assess patient and equipment function to provide safe and effective respiratory care.

Examples: Read written instructions/orders. Read fine print, monitors, and gauges. Differentiate color/character of sputum for signs/nature of infection/disease. Chart procedures and observation in a permanent medical record.

6. Physical endurance ability sufficient to work in a clinical setting for eight (8) to twelve (12) hours performing physical tasks requiring physical energy without jeopardizing patient safety.

Examples: Remain standing and walking between patient care areas for over an hour. Perform chest compressions during CPR. Manually ventilate a patient for over 30 minutes during resuscitation.

7. Mental/attitudinal ability sufficient to interact with patients and other health care personnel in providing appropriate patient care exhibiting attitudes and actions consistent with the ethical standards of the profession.

Examples: Function safely, effectively, and calmly under stressful situations. Maintain composure while managing multiple tasks simultaneously. Prioritize multiple tasks. Exhibit social skills necessary to interact effectively with patients, families, supervisors, and co-workers of the same or different cultures such as respect, politeness, tact, collaboration, teamwork, and discretion. Maintain personal hygiene consistent with close personal contact associated with patient care.

University of Arkansas for Medical Sciences
College of Health Professions
Cardio-Respiratory Care Program
Professional Development Form

Name: _____ Date: _____

Brief Description of Proposed Activity: _____

Date of Activity: _____ # Hours Requested: _____

Approved By: _____ Date: _____

Professional Development Log (12 hrs)

Student:

Deposits/Withdrawals	Date of Event	Activity	Running Balance

University of Arkansas for Medical Sciences

College of Health Professions

Cardio-Respiratory Care Program

Service Credit Form

Name: _____ Date: _____

Brief Description of Service Activity: _____

Date of Activity: _____ # Hours Completed: _____

Confirmed By: _____ Date: _____

Service Log (24 hrs – 12th Street 16 hrs)

Student:

Deposits	Date of Event	Activity	Running Balance

IPE Milestones:

- Exposure _____ / _____
Date Event
- Immersion _____ / _____
Date Event
- Competence _____ / _____
Date Event

**University of Arkansas for Medical Sciences
College of Health Professions
Department of Respiratory Care
Cardio-Respiratory Care Program**

PROGRAM POLICY AND PROCEDURE ACKNOWLEDGMENT

By my signature below, I acknowledge that I have received a copy of the Respiratory Care Program Handbook, which includes the Program Policies and Procedures and agree to abide by the content within.

Printed Name

Student Signature

Date

(This signed and dated form will be placed in a permanent file)

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**University of Arkansas for Medical Sciences
College of Health Professions
Department of Respiratory Care
Cardio-Respiratory Care Program**

CLINICAL POLICY AND PROCEDURE ACKNOWLEDGMENT

By my signature below, I acknowledge that I have received a copy of the Respiratory Care Program Handbook, which includes the Clinical Policies and Procedures.

I have read the document and I agree to abide by the content within during all clinical rotations.

Printed Name

Student Signature

Date

(This signed and dated form will be placed in a permanent file)

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**UAMS College of Health Professions
AUTHORIZATION to TAKE and
DISCLOSE PHOTOGRAPHS or
VIDEO/AUDIO RECORDINGS**

Name of Subject: _____ Date: _____

Print Name

UAMS ID#: _____

I hereby consent to the taking of photography, audio/visual recordings or other images of me by UAMS. I understand that the photographs and recording described above may be used by the UAMS College of Health Professions faculty for educational purposes. I also give my permission and authorize the UAMS College of Health Professions to make and DISCLOSE photographs or recordings to the public for educational, commercial, or other purposes as follows:

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- UAMS Posters, UAMS Publications, UAMS Photograph Books (by, on behalf of, or about UAMS) Student slide shows

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Expiration Date – This Authorization expires after the photographs and recordings are no longer needed by UAMS for the use and disclosure that I have authorized.

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Re-Disclosure – I understand that once the above information is disclosed, it may no longer be protected by privacy laws.

Signature _____

Street Address _____

City _____ State _____ Zip _____

Telephone # _____