Respiratory Therapy

Program Handbook

2026-2027

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WELCOME

The faculty and staff of the University of Southern Indiana, the Kinney College of Nursing and Health Professions, and the respiratory therapy program welcome you for another academic year. No matter the level of the program you are currently studying, we are here to encourage, instruct, support, and contribute to your success. Keeping our patients and profession in mind, we are dedicated to promoting and improving cardiopulmonary health everywhere we serve.

There are numerous changes in our building this academic year and many more to come as we move through a multimillion-dollar renovation that will bring our program, College, and University new spaces and technology to serve students. That change continues outside our building with ongoing advances in the roads leading to our institution. While change can sometimes feel slow or frustrating, we know that the results will be worth the time invested. In the meantime, we invite you to renew your own commitment to communicating your educational and academic needs to your instructors so that we may partner with you to support as much continuity in your experience as possible.

As we celebrate the 55th year of USI respiratory therapy, we see your hard work and discovery of what it means to be a respiratory therapist, and we are so proud of you. We pledge to continue our efforts to strengthen our profession and program. Let's have a great 2026-2027 academic year!

PREFACE

Welcome to the University of Southern Indiana (USI) Respiratory Therapy Program. The choice of Respiratory Therapy is a course of study that should be accompanied by a devotion of one's total effort toward sound educational and professional objectives. You have been selected on the basis that you have made such a commitment.

This handbook has been written to provide you with important information about the program and inform you of the many policies and procedures that affect students. Although great care has been taken to provide virtually all of the information students need to know, this handbook is not the only source of information. As a student of the University of Southern Indiana, you are subject to all policies, procedures, rules, and regulations established by the University and Kinney College of Nursing and Health Professions. All students should, therefore, should review the current University Bulletin and become familiar with its content. In addition, the University's Code of Conduct, "Student Rights and Responsibilities" and registration schedules for each semester contain important information. Information concerning various university services can be obtained by contacting appropriate offices on campus. The university telephone directory contains a section describing Campus Emergency Procedures. A list of all personnel associated with the program is provided in this handbook. The list provides names, office locations, and telephone numbers for your reference. Finally, all students should read the Kinney College of Nursing and Health Professions' Handbook found on the College's webpage.

Please read through this Student Handbook completely as all students are required to know the program's policies and procedures and to abide by them. This handbook should not be construed as a contract or offer to contract between program and student. All contents are subject to periodic revision.

All students and faculty are also required to abide by the policies found in the Kinney College of Nursing and Health Professions (KCNHP) Handbook. The KCNHP handbook is located on the KCNHP website and can also be accessed through this web link: https://www.usi.edu/health/handbook/

If you have questions or comments regarding this handbook or any policy or procedures, do not hesitate to contact the program director or faculty. We look forward to helping you complete the program and achieve your goal of becoming a competent respiratory therapist.

For information regarding policies or information not contained in this handbook, refer to the Kinney College of Nursing and Health Professions Handbook and/or the University of Southern Indiana Student Handbook.

UNIVERSITY INFORMATION

ACADEMIC CONTINUITY POLICY

In the event of an announced campus closure or emergency, it may be necessary for the university to suspend normal operations. During this time, the university may opt to continue instruction through online or alternative modes of delivery. Each student is responsible to monitor the USI homepage at www.usi.edu and their USI email for important general information and instructions regarding classes. Please also view the guidance on emergency preparedness and information.

CIVILITY AND INCLUSION POLICY

The university is dedicated to a culture of civility among students, faculty, and staff. The university embraces and celebrates the many differences that exist among the members of a dynamic, intellectual and inclusive community, and strives to maintain an environment that respects differences and provides a sense of belonging and inclusion for everyone. Any form of unlawful discrimination will not be tolerated. Each student has the right to be free from discrimination, including harassment, on the basis of race, color, religion, sex, pregnancy or marital status, parental status, national origin or ancestry, age (40 or older), disability, genetic information, sexual orientation, gender identity, veteran status, or any other category protected by law or identified by the University as a protected class. If you have experienced discrimination, or know someone who has, you may seek help by contacting USI's Affirmative Action Officer, Chelsea Givens, at 812-464-1703 or at USI.equity@usi.edu. Find more information in the Student Rights and Responsibilities: Code of Student Behavior and Equal Opportunity and Non-Discrimination policy.

CLASS REGISTRATION

It is the student's responsibility to make an advising appointment with the academic advisor prior to class registration. Details regarding registration will be sent to the student's USI email address prior to registration opening. Failure to register by the deadline for the semester or term will result in the student completing the late registration process. Find more information at https://www.usi.edu/registrar/registration/registration-schedule.

CLASS WITHDRAWAL AND INCOMPLETE POLICY

It is the student's responsibility to officially drop/withdraw from any courses before the deadline. The university does not withdraw students from any classes. Please refer to the USI Academic Calendar for specific dates. For more information, please visit Registrar's Office Schedule Changes. Under special circumstances, students may petition for an incomplete grade. However, it is up to the course instructor and Program Director to decide if an incomplete will be granted.

Students receiving an incomplete grade will need to complete all course requirements by the agreed deadline to avoid an "F" grade.

DISABILITY ACCOMMODATIONS POLICY

For on-campus courses: If you have a disability and need academic accommodations for this class, please register with Disability Resources (DR) as soon as possible. Students who receive an accommodation letter from DR are encouraged to meet privately with course faculty to discuss the provisions of those accommodations as early in the semester as possible. To qualify for accommodation assistance, students must first register to use the disability resources in DR, Science Center Rm. 2206, 812-464-1961 http://www.usi.edu/disabilities. To help ensure that accommodations will be available when needed, students are encouraged to meet with course faculty at least 7 days prior to the actual need for the accommodation. However, if you will be participating in an internship, field, clinical, student teaching, or another off-campus setting this semester, please note that approved academic accommodations may not apply. Please contact Disability Resources as soon as possible to discuss accommodations needed for access while in this setting.

For online learning courses: If you have a disability and need academic accommodations for this class, please contact Disability Resources at 812-464-1961 or email usi1disres@usi.edu as soon as possible. Students who are approved for accommodations by Disability Resources, should request their accommodation letter from the DR office. The student can then forward the letter

to the online instructors. Due to the nature of online courses, some accommodations that are approved for on campus courses may not apply to online courses. Please discuss this with Disability Resources to clarify as needed. However, if you will be participating in an internship, field, clinical, student teaching, or another off-campus setting this semester, please note that approved academic accommodations may not apply. Please contact Disability Resources as soon as possible to discuss accommodations needed for access while in this setting.

Students who receive an accommodation letter from Disability Resources are encouraged to discuss the provisions of those accommodations with their professors before or during the first week of the semester.

For more information, please visit the Disability Resources website at http://www.usi.edu/disabilities.

STUDENT RECORDS POLICY

The University of Southern Indiana complies with federal regulations pertaining to student educational records, as set forth in the Family Educational Rights and Privacy Act (FERPA) of 1974. The Family Educational Rights and Privacy Act affords students certain rights with respect to their education records. All student records accumulated during the program are considered confidential and kept secured. The contents of a student's file are not revealed to any unauthorized person without the student's knowledge and written consent. Students may review any records pertaining to them at the university or clinical affiliate by request during regular office hours. Student records are archived electronically and retained according to minimum requirements.

The Respiratory Therapy program uses Castlebranch/DISA Healthcare for storage of medical records and other program documents. Students use this system to upload their required program immunizations and information. Students have access to the system for retrieval of that information after graduation. **Additional information pertaining to FERPA is located in the KCNHP Handbook. Web Link: https://www.usi.edu/health/handbook/**

TITLE IX - SEXUAL MISCONDUCT POLICY

The University of Southern Indiana is committed to providing a safe learning, living, and working environment free from discrimination. Sexual misconduct and incidents of interpersonal violence deeply interrupt the collegiate experience, and USI is dedicated to ensuring a campus that is free of these types of incidents in order to promote community well-being and student success.

USI encourages individuals who believe that they have been sexually harassed, assaulted or subject to sexual misconduct to seek assistance and support. Confidential resources are available on campus at Counseling and Psychological Services (CAPS) and the University Health Center (UHC).

As Responsible Employees, all faculty, staff and administrators of the University community (Except those noted above) are not considered confidential resources and are required to report incidents of sexual misconduct to the University Title IX Coordinator. The University will work with complainants to protect their privacy by sharing information with only those who need to know to ensure that USI can respond and assist. For a full list of resources, support opportunities, and reporting options, contact Chelsea Givens, the University Title IX Coordinator, at 812-464-1703. Additionally, you may email the office at TitleIX@usi.edu or stop by the Institutional Equity Office located in the Wright Administration Building, Forum Wing, Suite 171

TOBACCO POLICY - UNIVERSITY

The University of Southern Indiana prohibits smoking or the use of tobacco or tobacco products, including E-cigarettes while on University-owned, -operated or -leased property or in University-owned, -operated or -leased vehicles. Students are not permitted to use any type of tobacco products, including E-cigarettes, while on campus. Please review the tobacco policies located in the Student Handbook. **Web Link:** University Student Handbook

UNIVERSITY DELAYS, CANCELLATIONS AND EMERGENCY CLOSINGS

When University classes are cancelled, respiratory therapy classes and clinicals are also cancelled. Everyone with an active USI email address is automatically enrolled in the Rave Alert emergency system; however, students can also register their mobile or home phone number(s) to receive text and voice alerts. Students are strongly advised to do so. The instructions can be found at this web link: Rave Alerts. In addition, the 6:00 a.m. local news channels will make announcements regarding weather-related university-declared delays or closures.

1. Class/Clinical cancellation: In the event of a university-declared closure, all classes and clinicals will be canceled. Students are not required to make up clinical time as a result of a university-declared closure.

2. Class/Clinical Delay: In the event of a university-declared delay, all classes/clinicals ill begin at the designated hour. If the delay is declared during a scheduled class/clinical time, the class/clinical will meet for the time remaining. Students are not required to make up clinical time as a result of a university-declared delay.

3. When the university does not cancel or delay classes/clinical, students must use their own judgment about whether they may safely travel to class/clinicals. Regardless, if the university does not cancel or delay classes/clinical, the absence will be considered unexcused. If this is a class absence, the student must notify course faculty according to policy. If this is a clinical absence, the student must notify the clinical site and DCE according to policy.

PROGRAM INFORMATION

ACCREDITATION

The program is accredited by the Commission on Accreditation for Respiratory Care (CoARC). The 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 CoARC is located at 264 Precision Blvd. Telford, TN 37690 and can be contacted at 817-283-2835.

CoARC Main Webpage: www.coarc.com

CoARC Outcomes Webpage: https://coarc.com/students/programmatic-outcomes-data/

PROGRAM STRUCTURE

The University of Southern Indiana Respiratory Therapy Program is a 30-month program, which consists of five semesters. Each new cohort begins in the spring and graduates at the end of the spring session after five semesters have been successfully completed (2.5 years).

Respiratory therapy clinical courses will be taught off-campus at area hospitals. Clinical rotations can be conducted at the following clinical affiliates: Ascension St. Vincent Evansville Medical Center, Deaconess Midtown Hospital, Deaconess Henderson Hospital, Deaconess Gateway Hospital, Deaconess Women's Hospital, Deaconess Memorial Hospital, Owensboro Health, Good Samaritan Hospital (Vincennes). Additional clinical affiliates may be utilized as necessary.

PROGRAM VISION

In conjunction with the Kinney College of Nursing and Health Professions, it is the vision and desire of the Respiratory Therapy Program faculty to produce highly skilled, trained, and competent graduates through excellence in training and instruction in the profession of Respiratory Therapy.

MISSION STATEMENT

The mission of the Respiratory Therapy Program is to provide sound instruction and resources that will enable students to develop the knowledge, skills, attitude, and critical thinking which are necessary to become successful and competent respiratory therapists. The Respiratory Therapy Program fosters and promotes health and wellness through the advancement of education, teaching excellence, practice, research, community engagement and a commitment to lifelong learning.

PROGRAM GOALS

1. To prepare graduates with demonstrated competence in the knowledge, skills and behavior required for 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 field of respiratory care in one or more of the following: management, education, research, and advanced clinical practice (which may include an area of specialization).
3. To promote and advance personal development of respiratory faculty, staff, and health professionals.

STUDENT PROGRAM OUTCOMES

Upon successful completion of all respiratory therapist program requirements, graduates will be able to:

1. Demonstrate proficiency as a respiratory care practitioner, as described by the National Board of Respiratory Care and the Commission on Accreditation for Respiratory Care.
2. Demonstrate professional behaviors consistent with the respiratory care code of ethics, ethical obligations, and professional conduct.

3. Demonstrate appropriate critical thinking and problem-solving skills, time management skills, interpersonal communication skills, and technical skills necessary to provide competent respiratory care in multidisciplinary care settings.
4. Demonstrate the ability to communicate effectively in oral, written, and visual forms.
5. Show proficiency in establishing an evidence base for best practices through research and the critique and interpretation of professional scientific literature.
6. Display knowledge of current issues and trends in health care, including public policy, access, quality improvement, and legal and ethical topics.
7. Exhibit knowledge of the roles in respiratory education and management.
8. Assist physician/providers in diagnosis, management, and treatment of patients affected by cardiopulmonary disorders.
9. Demonstrate the ability to apply and evaluate information relevant to his/her role as an advanced level respiratory therapist.
10. Demonstrate basic competencies in alternate care sites (i.e., homecare, rehabilitation centers, and long-term mechanical ventilator centers).

CURRICULUM OUTLINE

The program is comprised of 120 credit hours of coursework leading to a Bachelor of Science degree in Respiratory Therapy. The program includes 41 credit hours from selected shared Core courses, 11 credit hours selected from elective course offerings, and 68 credit hours of required respiratory therapy courses.

The shared Core will consist of 44 credit hours selected from the following:

- ENG 101- Rhetoric and Composition I: Literacy and the Self (3 credits)
- ENG 201- Rhetoric and Composition II: Literacy and the World (3 credits)
- MATH 114 - Quantitative Reasoning (3 credits) ***or*** MATH 111- College Algebra (4 credits) ***or*** MATH 215 - Survey of Calculus (3 credits) ***or*** MATH 230 - Calculus I (4 credits)
- BIO 121- Human Anatomy and Physiology I (4 credits)
- BIO 122 - Human Anatomy and Physiology II (4 credits)
- PSY 201- Introduction to Psychology (3 credits)
- USI 101- Soar to Success (1 credit)
- IPH 356 - Ethics and Health Care in a Pluralistic Society (3 credits)
- CMST 101- Introduction to Public Speaking (3 credits) ***or*** CMST 107 - Introduction to Interpersonal Communication (3 credits)
- CHEM 141- Principles of Chemistry (4 credits) ***or*** CHEM 261- General Chemistry 1 (4 credits)
- KIN 192 - Concepts of Wellness and Fitness (1 credit)
- SOC 121- Principles of Sociology (3 credits)
- WOK (Elective) - Ways of Knowing (HI, WLC or CAE) (3 credits)
- IPH 401- Interprofessional Perspectives on Global Health (3 credits)
- WLS (Elective) -World Language and Cultures for BS (3 credits)

The shared required non-respiratory courses will consist of 9 credit hours selected from the following:

- BIOL 272 - Medical Microbiology (4 credits)
- PHYS 101- Introduction to Physical Sciences (3 credits)
- HP 115 - Medical Terminology for the Health Professions (2 credits)

The shared respiratory therapy courses will consist of 68 credit hours from the following:

- REST 201- Introduction to Respiratory (2 credits)

- REST 211- Respiratory Therapy Modalities I (3 credits: 2 credit lecture, 1 credit lab)
- REST 216 - Cardiopulmonary A&P I (3 credits)
- REST 223 - Pulmonary Diseases I (3 credits)
- REST 226 - Cardiopulmonary Pharmacology (3 credits)
- REST 303 - Cardiopulmonary Support and General Airway Mgt. (1 credit)
- REST 322 - Mechanical Ventilation I (4 credits: 3 credit lecture, 1 credit lab)
- REST 312 - Respiratory Therapy Modalities II (2 credits, 1 credit lab)
- REST 317- Cardiopulmonary A&P II (3 credits)
- REST 325 - Pulmonary Diseases II (3 credits)
- REST 381- Clinical Practice of Respiratory Therapy I (1 credit)
- REST 323 - Mechanical Ventilation II (4 credits: 3 credit lecture, 1 credit lab)
- REST 361- Emergency Respiratory Therapy Mgt. (3 credits)
- REST 362 - Pediatric and Newborn Respiratory Therapy (2 credits)
- REST 363 - Pulmonary Diagnostics (3 credits)
- REST 382 - Clinical Practice of Respiratory Therapy II (2 credits)
- REST 451- Management and Leadership for Respiratory Therapy (3 credits)
- REST 452 - Introduction to Research in Respiratory Therapy (3 credits)
- REST 453 - Respiratory Therapy Disease Management Concepts (3 credits)
- REST 491- Clinical Practice of Respiratory Therapy Ill (3 credits)
- REST 454 -Advanced Critical Care Management (3 credits)
- REST 455 - Pulmonary Rehabilitation Concepts (3 credits)
- REST 492 - Clinical Practice of Respiratory Therapy IV (3 credits)
- REST 456 - Professional Issues in Respiratory Therapy (3 credits)

PLAN OF STUDY

First Year, Fall Semester

Course Number	Course Name	Semester Hours
USI 101	Soar to Success	1
ENG 101 (C or better)*	Rhetoric and Composition I	3
BIO 121 (C or better)*	Human Anatomy and Physiology I	4
PSY 201 (C or better)*	Introduction to Psychology	3
MATH 111 (C or better)* ***or***	College Algebra	4
MATH 114 (C or better)* ***or***	Quantitative Reasoning	3
MATH 215 (C or better)* ***or***	Survey of Calculus	3
MATH 230 (C or better)*	Calculus I	4

First Year, Spring Semester

Course Number	Course Name	Semester Hours
ENG 201 (C or better)*	Rhetoric and Composition II	3
BIO 122 (C or better)*	Human Anatomy and Physiology II	4
HP 115 (C or better)*	Medical Terminology for the Health Professions	2
CHEM 141 (C or better)* ***or***	Principles of Chemistry	4
CHEM 261 (C or better)*	General Chemistry I	4
CMST 101 (C or better)* ***or***	Introduction to Public Speaking	3
CMST 107	Introduction to Interpersonal Communication	3

Second Year, Fall Semester

Course Number	Course Name	Semester Hours
KIN 192 (C or better)	Concepts of Wellness and Fitness	1
BIOL 272 (C or better)	Medical Microbiology	4
PHYS 101 (C or better)	Introduction to the Physical Sciences	3
SOC 121 (C or better) ***or*** GNDR 111 (C or better)	Principles of Sociology	3
	Introduction to Gender Studies	3
Core 39 Elective from the Ways of Knowing (WOK) section	Select a course from Creative & Aesthetic Expressions, Historical Inquiry, ***or*** World Languages and Culture	3
Core 39 Elective from the BS Skills/World Languages & Culture section	Select a course from World Languages & Culture	3

Second Year, Spring Semester

Course Number	Course Name	Semester Hours
REST 201	Introduction to Respiratory Therapy	2
REST 211	Respiratory Therapy Modalities I	3
REST 216	Cardiopulmonary Anatomy & Physiology I	3
REST 223	Introduction to Pulmonary Diseases	3
REST 226	Cardiopulmonary Pharmacology	3

Third Year, Fall Semester

Course Number	Course Name	Semester Hours
REST 303	Cardiopulmonary Support and General Airway Management	1
REST 312	Respiratory Modalities II	3
REST 317	Cardiopulmonary Anatomy & Physiology II	3
REST 322	Mechanical Ventilation I	4
REST 325	Advanced Pulmonary Diseases	3
REST 381	Clinical Practice of Respiratory Therapy I	1

Third Year, Spring Semester

Course Number	Course Name	Semester Hours
REST 323	Mechanical Ventilation II	4
REST 361	Emergency Respiratory Therapy Management	3
REST 362	Pediatric and Newborn Respiratory Therapy	2
REST 363	Pulmonary Diagnostics	3
REST 382	Clinical Practice of Respiratory Therapy II	2

Fourth Year, Fall Semester

Course Number	Course Name	Semester Hours
REST 451	Management & Leadership in Respiratory Therapy	3
REST 452	Introduction to Research & Evidence Based Practice in Respiratory Therapy	3
REST 453	Respiratory Therapy Disease Management	3
REST 491	Clinical Practice of Respiratory Therapy III	3
IPH 356	Ethics & Healthcare in a Pluralistic Society	3

Fourth Year, Spring Semester

Course Number	Course Name	Semester Hours
REST 454	Advanced Critical Care	3
REST 455	Pulmonary Rehabilitation and Geriatrics	3
REST 456	Professional Issues in Respiratory Therapy	3
REST 492	Clinical Practice of Respiratory Therapy IV	3
IPH 401	Interprofessional Perspectives on Global Health	3

PROGRAM COMPETENCY SUMMARY

Upon successful completion of the USI Respiratory Therapy Program, graduates should be able to achieve the following competencies associated with the Respiratory Therapy scope of practice:

1. Patient Data Evaluation and Recommendation
    a. Evaluate data in the patient record
    b. Gather clinical information
    c. Perform procedures to gather clinical information
    d. Evaluate procedure results
    e. Recommend diagnostic procedures
2. Troubleshooting and Quality Control of Equipment and Infection Control
    a. Assemble and troubleshoot equipment
    b. Ensure infection control
    c. Perform quality control procedures
3. Initiation and Modification of Interventions
    a. Maintain a patient airway including the care of artificial airways
    b. Perform airway clearance and lung expansion techniques
    c. Support oxygenation and ventilation
    d. Administer medications and specialty gases
    e. Ensure modifications are made to the respiratory care plan
    f. Utilize evidence-based medicine principles
    g. Provide respiratory care techniques in high-risk situations
    h. Assist a physician/provider/provider in performing procedures
    i. Initiate and conduct patient and family education

PROJECTED ADDITIONAL PROGRAM COSTS

Students will incur additional costs outside of university tuition and fees while in the respiratory therapy program. Some required purchases come from independent vendors, and USI and the respiratory therapy program do not have control over prices or price changes. Every effort will be made by program leadership to communicate price changes when that information is available. Students are encouraged to communicate with faculty regarding additional costs at any time. These costs are accurate as of July 2026.

Trajecsys Reporting System	2nd semester of program	$150 one-time cost
DISA Healthcare/Castle Branch	Beginning of program	$155 one-time cost (may vary slightly)
Health Requirements (documentation and immunizations, etc.)	Beginning of program	$160-$670 Costs will change depending on the specific requirements that the student already possesses.
Laboratory Fees	Throughout program	$150
Classmate LR	2nd semester of program	$110/year $165/18 months

AARC Student Membership	Yearly in January	$25-$40/year
Scrubs	2nd semester of program	$40-100 Costs will vary depending on brand, size, and availability
Embroidery for Scrubs	2nd semester of program	$10-$20 (Debit/Credit Card Processing Fees may apply)
USI RT Polo	Beginning of Program	$30-$40 one time cost
BLS	Student should possess BLS when entering program; renewal occurs within 2 years	$40-$45 (renewed every 2 years)
ACLS	4th semester of program	$50 one-time out-of-pocket cost
USI Clinical Badge	2nd semester of program	$5 one-time cost
Kettering Seminar	5th semester of program	$385-$455 one-time cost
Textbooks	Throughout program	$800-$900 purchase estimate for all RT semesters Optional: Archie's Book Bundle-Costs vary by semester. www.usi.edu/archies-book-bundle
Travel	2nd semester-end of program	Cost of travel to and from clinical sites will vary
Clinical Site Fees	2nd semester-end of program	Some clinical sites require additional paperwork and processing fees for clinical rotations. Costs and sites vary. See DCE.

STUDENT HEALTH INSURANCE (OPTIONAL BUT RECOMMENDED)

Students are liable for medical expenses associated with illness or injury while a student of the USI respiratory therapy program. USI will not be held responsible for the expenses or liability. Affiliated hospitals do not provide free health care services to students. Student Health Services provides information on how students can purchase an office visit plan (OVP) to be seen in the campus health clinic. Services related to hospitalization, surgical procedures, referrals to specialists, and accident care (typically "insured services") are not covered by the OVP. Students are expected to have their own health insurance to pay these expenses. Many students are covered by their parents' insurance. Students who are married or who are no longer considered dependents on a family policy will need their own health insurance policies.

ADMISSION REQUIREMENTS POLICY

A review of the admission application occurs after completion of 29 hours of required pre- requisite courses. Students admitted to the entry level BSRT program will begin respiratory therapy courses in the following spring semester.

To be considered for admission to the entry-level BSRT program, students must have completed 29 college credit hours identified as the first year's courses (or their equivalent) in the respiratory therapy curriculum. The first-year courses (or their equivalent) MUST be completed by all students before applying to the program.

General Admission Guidelines

Students must have completed all of the following courses with a grade of "C" or better prior to the application deadline of November 1. Applicants in the process of completing required program prerequisites during the fall semester will be given consideration on a contingency basis, although those who have completed all prerequisites will be given first consideration in the selection process.

ENG 101 *	BIO 121 *
ENG 201 *	BIO 122*
PSY 201 *	HP 115*
CHEM 141 * *or* 261*	MATH 114* ***or*** 111* **or** 215* ***or*** 230*
CMST 101 * *or* 107*	

- Applicants must apply and be accepted to the University of Southern Indiana. This includes the payment of an application fee as well as the submission of high school and college/university transcripts to USI Undergraduate Admissions, 8600 University Blvd, Evansville, IN 47712 or registrar@usi.edu
- Applicants must submit official transcripts from all undergraduate institutions attended.
- Applicants must complete and submit the USI Respiratory Therapy Program Application that can be found on the USI website or at the Kinney College of Nursing and Health Professions office. Respiratory Therapy program applications open on May 1 of each year for priority admission. Priority admission closes on August 15. Standard admission opens on August 16, and applications are due on or before November 1 for spring semester admission to the program.
- Applicants can complete 12 hours of observation in a hospital Respiratory Therapy Department and submit an Observation Verification Form prior to the November 1 application deadline. The form is available on the program website. ***Note:*** we are not requiring observation prior to admission; however, we reserve the right to resume this standard at a future date.
- After completion of the required prerequisite courses, pre-respiratory students are eligible to apply to the respiratory therapy program. Accepted admission students must maintain a "C" or better in the completion of all prerequisite courses according to the curriculum.
- Admission acknowledgment forms will accompany acceptance letters and must be returned no later than 12:00 midnight Central Time (CT) on the deadline provided on the acceptance letter. Admission acknowledgment forms not received by this date and time will signify an admission decline.

Admission to the program is competitive and the selection of applicants is based upon the following criteria:

- Applicants must have a grade point average (GPA) in required first year prerequisite courses of at least 2.5 or above based on a 4.0 scale. These courses are designated with an asterisk(*). The applicant's GPA will then be multiplied by 6 for total maximum of 24 points. ***Note: GPA points are calculated based on pre-requisite scores and not overall GPA.***
- Up to two points will be awarded for healthcare experience: Two points for direct health care work experience (i.e. C.N.A. or E.M.T.) or one point for indirect health care work experience (i.e. receptionist, pharmacy tech) or for completion of a health occupations program
- In the event that applicants have equivalent qualifications, SAT and /or ACT scores will be considered.
- Completion of all required pre-respiratory therapy courses.
- If an applicant is put on the alternate list, please note that this does not carry a guarantee of acceptance to this class or any future class. Each year, students are selected from the available pool of applicants for that year. If students placed as an alternate for one year, they may apply again the following year and be considered again among those applicants.

CRIMINAL BACKGROUND CHECK AND DRUG SCREEN

To ensure that students in professional programs in the Kinney College of Nursing and Health Professions uphold the professional standards, integrity, and behavior expectations of their discipline, all students are required to obtain a satisfactory national background check and drug screen. Please review the KCNHP Handbook for a complete policy for Criminal Background Check and Drug Screen.

Certain criminal convictions prohibit individuals from sitting for licensure/certification examinations and therefore may prohibit entry into the program. A criminal conviction occurring while in the program may be grounds for dismissal from the program. If a conviction appears on the criminal background check, the student will be asked to confer with the Program Chair for follow up information and action.

If the drug screen comes back positive for any one of the ten drug categories and a statement confirming use of a prescription drug affecting the results is not provided, the student will not be allowed to begin the program.

Please review the Criminal Background Check and Drug Screen policies located in the KCNHP Handbook. Web Link: https://www.usi.edu/health/handbook/

TECHNICAL STANDARDS (ESSENTIAL FUNCTIONS) POLICY

Essential functions are those physical, mental, and psychosocial characteristics that are necessary to meet the clinical/practice/fieldwork expectations for the Kinney College of Nursing and Health Professions programs. Becoming a healthcare professional requires the completion of an education program that is both intellectually and physically challenging. The purpose of this statement is to articulate the essential function requirements of the KCNHP programs in a way that allows students to compare their own capabilities against these demands.

There are times when reasonable accommodations can be made in order to assist a student with a disability. Reasonable accommodation does not mean that students with disabilities will be exempt from certain tasks; it does mean that we will work with students with disabilities to determine whether there are ways that we can assist the student toward completion of the tasks.

Technical Standards (Essential Functions)
Technical standards (essential functions) are determined by the tasks commonly performed by respiratory care practitioners. Students accepted into the program must meet certain technical standards necessary for successful and competent performance in respiratory care.

Standard	**Issue**	**Examples of Necessary Activities**
Critical thinking ability sufficient for clinical judgment.	Critical thinking	Assess patient's physical and emotional abilities as therapeutic procedures are performed.
Problem solving in order to make adjustments in therapy based on normal and abnormal physical and emotional responses to therapy.	Problem solving	After assessment, adjust therapy appropriately to conditions.
Interpersonal abilities sufficient to appropriately interact with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds.	Interpersonal Relations	Establish and maintain support relationships with patients, visitors, and other health care providers.
Communication abilities sufficient for appropriate interaction with others.	Communication Skills	Explain procedures, give directions, answer patient questions while performing procedures; communicate effectively with physician/providers, patients, visitors, and other healthcare professionals.
Ability to perform patient care procedures safely and efficiently.	Technical Skills	Manipulate equipment to control and adjust machines/equipment, operate panels and knob controls; position patient and equipment; assist patients from wheelchairs and stretchers. Conduct suctioning procedures and arterial blood sampling.
Ability to complete assessment of physical health conditions, implementation of patient care and monitoring procedures; and to monitor for issues related to environmental and patient safety.	Observational / Interpretive Skills	Observe patient responses, read orders, obtain data from computer screens, control panel buttons/patient monitors. Obtain data from radiographs for assessment and determination of tube placement. Detect environmental issues that are contributory to assessing and/or maintaining patient's health status, e.g. detect fire.

Ability to maneuver in small areas and to maneuver equipment.	Mobility	Independently move around patient's rooms and work areas with equipment. Administer CPR, chest percussion.
Ability to present professional appearance and implement measures to maintain own health.	Self-care	Implement universal precautions; follow established procedures for body hygiene.
Respond appropriately to stress produced by work and interpersonal interactions.	Temperament	Perform procedures on patients in pain from trauma, disease, or under the influence of drugs/alcohol. Maintain professional composure under stress.

Essential Physical and Cognitive Requirements

Constant:

1. Independently travelling through the respiratory therapy department and to/from other departments and floors of the facility.
2. Remaining in a stationary position for long periods of time.
3. Independently manipulating a weight of up to 20 lbs.
4. Observing and monitoring patients and the surrounding environment.
5. Effectively communicating with colleagues, patients, families, and other members of the public.
6. Maintaining concentration and appropriate decision-making processes, including during exposure to stressful situations.

Frequent:

1. Operating computers and telephones.
2. Physically positioning and transferring patients, and assisting patients with walker or wheelchair use.
3. Accessing and understanding information from a variety of sources.
4. Operating controls, equipment, etc.
5. Maintaining professional demeanor during exposure to trauma, grief, or death.
6. Wearing personal protective equipment for prolonged periods of time, including, but not limited to gloves, gown, N95 mask.

Occasional:

1. Operating office machines.
2. Independently manipulating more than 20 lbs.
3. Assuming a variety of physical positions in order to access patients and/or equipment.

Please review the Essential Functions policies located in the KCNHP handbook. Web Link:
https://www.usi.edu/health/handbook/

PROFESSIONAL STANDARDS AND BEHAVIORS POLICY

Ethical, respectful, and professional behavior are important aspects in the respiratory care profession. We acknowledge that all participants in the USI Respiratory Therapy Program (faculty, staff, and students) have a role in maintaining and modeling behavior that is consistent with ethical, respectful, and professional practice. Ethical, respectful, and professional behavior is expected in the classroom, lab, online, clinical settings, and in any additional circumstances in which students, faculty, or staff are representing the university.

Maintaining professionalism is a shared responsibility of students, staff, and faculty. Each individual must accept responsibility for his/her own behavior but must also acknowledge responsibility for supporting and encouraging others to behave professionally. Respiratory Therapy professionals assume responsibility for working with others to promote desired outcomes. Students are expected to conduct themselves in an ethical, respectful, and professional manner with their peers/classmates,

preceptors, patients, and professors while participating in classroom, lab, online, and clinical training, and in any additional circumstances in which the student is representing the university.

The USI Respiratory Therapy Program promotes the highest standards of conduct and professionalism in its students, staff, and faculty. It is our responsibility as members of the profession to conduct ourselves in a manner that is consistent with those attributes deemed essential. The American Association for Respiratory Care (AARC) Statement of Ethics and Professional Conduct serves as the guide in defining the expectations of conduct for members of the respiratory therapy profession and guides the behavior of all faculty and students while in the classroom, at clinical sites, and when representing the USI Respiratory Therapy Program during other educational activities.

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. Disregard for the effects of one's actions on others, bullying, harassment, intimidation, manipulation, threats, or violence are always unacceptable behaviors. It is the position of the American Association for Respiratory Care that there is no place in a professional practice environment for lateral violence and bullying among respiratory therapists or between healthcare professionals.

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Revised: 07/12
Reviewed: 12/14
Revised: 04/15
Revised: 10/21
Effective: 07/12
Revised: 07/15
Revised: 04/21

P.O. Box 630007, Irving, Texas 75063
T: 972.243.2272
W: www.aarc.org

Violation of the Professional Standards and Behavior Policy is subject to the Performance Improvement Plan policy with sanctions ranging from deduction of course points up to and including dismissal from the program.

Examples of policy violations could include, but are not limited to:

- Making disrespectful, uncivil, and/or unprofessional comments (verbally and/or in writing, including on social media)
- Falsification of any documents or statements
- Intoxication or abuse of prescription or nonprescription drugs
- Theft of any kind
- Use of profane/vulgar, offensive language and/or gestures (verbally and/or in writing, including on social media)
- Argumentative behavior
- Insubordination
- Inappropriate use of technological devices, such as use of personal cell phones in patient care areas
- Malicious gossip, incivility, bullying with/regarding classmates, clinical personnel, USI faculty/staff/student body
- Failing or refusal to work/communicate with classmates, faculty, or clinical personnel
- Displaying rude or discourteous behavior
- Violating HIPAA
- Excessive absenteeism and/or tardiness
- Abandonment of clinical assignment
- Inattention or carelessness of clinical responsibilities (including sleeping during clinical assignment)
- Violation of local, state, or federal laws in clinical practice or employment as a respiratory therapy student worker
- Violations of the AARC Professional Standards and Behavior Policy
- Other misconduct as deemed by program administration and/or clinical affiliates

COMMUNICATION POLICY

Communication from program faculty will be via email and Blackboard. Students are responsible for checking their email and having access to a computer that meets or exceeds USI standards. If a student is unsure if their computer meets the USI standards, contact the Director of the LRC at (812) 464-1805.

To stay informed, students should check email and Blackboard daily for announcements, assignments, etc. It is recommended for students to have readily available access to their USI email. In order to do so, students may setup their USI email to forward to their personal email or setup their USI email on their mobile device. Instructions are at the following web links. For questions about USI e-mail, contact the IT Help Desk at (812) 465-1080.

Web Link: https://www.usi.edu/it/microsoft-365email/email-faqs

If a student chooses to use another e-mail account for course work, the student must forward their MyUSI email to the other account. However, there are times when only the USI email address (eagles.usi.edu) can be used to gain access to some University services such as MyUSI, Blackboard, and library databases from off-campus locations. Students must have an established e-mail account before the first class meeting.

All online class communication and interactions with other students and the professor should follow common social standards for respect and courtesy. To get the most out of their classes, students may learn more about Netiquette by using the following web link: https://www.usi.edu/online-learning/student-services

Violation of this policy is subject to the Performance Improvement Plan Policy.

CELL PHONE USE (DURING CLASS, LAB, & CLINICAL) POLICY

Cell phones are to be silenced or turned off during lecture, lab, and during all clinical activities. The use of the vibration mode is also prohibited during class time. Cell phones are prohibited in patient care areas and are to be silenced while at clinicals.

Absolutely no messaging or use of social media during class, lab, or clinicals. This includes web-based social media chat services utilized on laptop computers and texting on smart watches.

If a student is expecting an urgent call/message, the student must notify the instructor prior to class/lab/clinical in order for an exception to be made. While emergencies cannot be predicted, if the student has an emergency, the student must notify the instructor. Failure to notify the instructor may result in sanctions.

Full rules for cell phone use in clinicals can be found in the individual clinical course syllabus.

Additional cell phone guidelines may apply in clinical and off-campus areas. Reasonable efforts will be made to notify students in advance of any changes in cell phone regulations for these situations. The student is responsible to read and understand published guidelines and other communications from faculty and facility leadership in these situations and ask for clarification, if needed.

Violation of this policy is subject to the Performance Improvement Plan Policy and could also result in a deduction of points in the course.

CLASSROOM DRESS CODE POLICY

For all on-campus didactic classes, students should always dress in suitable, clean, and appropriate clothing. For off-campus didactic classes, students should dress in business casual or wear program uniform. Dress requirements may be adjusted on a case-by-case basis depending on the activity. Faculty will make reasonable efforts to advise students of dress requirements in the event of change in the standard policy. Violation of this policy is subject to the Performance Improvement Plan Policy.

In the event that class activities are held in an alternate area (e.g. Clinical Simulation Center), guidelines for dress and personal hygiene will be adherent to the area's policies. Information will be provided to the student prior to such activities.

GRADING POLICY

In order to be eligible for graduation from USI, respiratory therapy students must maintain a cumulative grade point average (GPA) of 2.0 or above based on a 4.0 scale. All respiratory therapy courses must be completed with a grade of "C" or higher. Failure to achieve a minimum grade of "C" or higher in any REST course will prevent the student from progressing in the program. Unless otherwise specified in a course syllabus, letter grades for respiratory therapy courses (prefix REST) are based on the following scale:

Grade	Percent
A	90%-100%
B+	87%- 89%
B	83%-86%
C+	80%-82%
C	75%- 79%
D	72%- 74%
F	71% and below

Grades in the lecture courses are based on quiz and examination grades, assignments, projects, laboratory experiences, and/or class discussion and participation. Grades in the clinical courses are based on accurate and complete documentation of time and attendance, accurate and complete documentation of required competencies, assignments, and evaluations. Letter grades are established by totaling the scores of all assessments and requirements, then dividing by the total points possible. Grades may be assigned weighted values to determine overall grades as specified in the course syllabus.

Grades received throughout the semester, including grades on examinations, quizzes, projects, papers, etc. may be rounded up to the next whole number if the numeric grade contains a fraction of 0.5 or greater. For example, an examination grade of 87.8%

might be rounded up to an 88%. An examination grade of 87.4% would not be rounded up and would be recorded as an 87%. The rounding of grades throughout the semester is subject to the discretion of the course instructor and may vary from course to course. **The final course percentage grade for the semester will not be rounded up.** For example, a final course percentage grade of 87.8% would be recorded as an 87%.

A grade of an "Incomplete" at the close of an academic semester must be approved by the Program Chair. An "Incomplete" will be used only when extenuating circumstances have resulted in the student being unable to complete course requirements by the end of the semester. When a grade of an "Incomplete" is entered, the following policies are in effect:

1. A grade of "Incomplete" will not be used to allow for remedial work. The student's work must be at the passing level.
2. All USI policies regarding incomplete grades are applicable to respiratory therapy courses. Please refer to the USI Letter Grades policy.
3. The student must complete coursework to remove the incomplete grade within one calendar year or the grade will revert to an F.

ASSIGNMENTS POLICY

Each course syllabus outlines the assignment policy for that specific course. It is the student's responsibility to read, understand, and clarify with the course instructor details of course assignment policies. It is the policy of the Program that all assignments and projects must be completed as instructed and submitted on or before the due dates. Instructors may have additional and/or specific course assignment policies. For assignments not completed as instructed, the course instructor reserves the right to not accept the assignment. Late assignments may have point deductions according to the course syllabus. For assignments more than 5 days late, the course instructor reserves the right to not accept the assignment. If make- up assignments are scheduled, they must be submitted by the dates specified by the course instructor. Violation of Assignments policy is subject to the Performance Improvement Plan Policy.

QUIZZES AND EXAMINATIONS POLICY

The only items that may be used during a quiz or an exam are a calculator (which will be provided to you), a pencil, and, if necessary, ear plugs approved by the instructor. Wearing headphones, smart watches (i.e. Apple watch), or any other electronic device is prohibited during a quiz or exam.

Allotted Time for Quizzes/Examinations

Unless the student has provided the course instructor with an accommodations letter from

Disability Resources, all quizzes and examinations must be completed in the allotted time given by the instructor. Additional time will not be permitted.

Online Quizzes/Examinations

Online quizzes and/or examinations require online proctoring via Honorlock. For additional information regarding Honorlock, refer to the following web link: https://honorlock.kb.help/how-to-use-honorlock-with-blackboard-ultra/

Missed Quiz/Examination

Except for excused absences, all exams and quizzes will be administered only on the date and time listed on the course calendar or as announced by the instructor. Exams/quizzes missed due to excused absences must be made up within 48 hours unless otherwise directed by the instructor. Exams/quizzes missed due to unexcused absences will not be able to be made up.

Quiz/Examination Review

Following each quiz/examination, time will be scheduled for the student to review and discuss the quiz/examination. The time and place for the review will be at the discretion of the instructor. Students will not be permitted to keep previous quizzes/examinations.

During an in-class review of an exam/quiz, students may only have a blue or black ink pen and one piece of paper (provided by instructor) on their desk. All other items, including cell phones, laptops, etc. must be put away and off the desk. Taking photos or any duplication of the exams/quizzes is prohibited. Review of exams is not permitted during the week of final exams.

ATTENDANCE POLICY

Prompt attendance and preparation for classroom, lab, and clinical experiences are required for success. Attendance records will be maintained by program faculty. Faculty reserve the right to dismiss a student from class/clinical for tardiness, dress code violations, being unprepared, being physically or mentally compromised, or for any evidence of unprofessional conduct.

Absences (Class)

The student is responsible for communication with course faculty in the event of an absence as soon as possible. If the absence is excused, it is the student's responsibility to develop a plan for make- up of missed assignments, clinical, and/or exams. If the absence is unexcused, there is no opportunity to make up missed quizzes or exams. Make up of assignments for unexcused class absences is subject to the discretion of the instructor. Unexcused class absences are subject to the Performance Improvement Plan policy.

Absences (Clinical)

Students who must be absent from assigned clinical rotations must be notify the Director of Clinical Education AND the clinical facility within 2 hours of the assigned shift start time. The student should notify the clinical facility by phone, and the Director of Clinical Education should be notified by email. Notifications not made within 2 hours of the assigned clinical shift start time will be assessed by the Program Director and the Director of Clinical Education in regard to program discipline.

Failure to properly notify the necessary faculty or clinical site of the absence will result in the absence being deemed unexcused and will be subject to the Performance Improvement Plan policy.

A reasonable number of excused absences will be allowed. However, excessive absences, including excused absences, may affect progression in the respiratory therapy program and result in dismissal from the program. Individual circumstances may be reviewed on a case-by- case basis and students are encouraged to communicate with program faculty. If the student feels he/she has a disability or illness that will/may require multiple absences, the student should petition for variance through the program chair.

Examples of an excused absence:

- Student's illness in which the student provides a physician/provider's excuse upon return to the next class or clinical day or within three (3) days of absence, whichever comes first.

If a student is absent for three (3) or more consecutive days due to illness, injury, and/or hospitalization, the student must submit a written statement from his/her physician/provider regarding the student's fitness to return to classes and/or clinical patient contact.

- Hospitalization of student, spouse, or child **and** the student provides documentation upon return to the next class or clinical day or within three (3) days of absence, whichever comes first.
- Emergency Room visits for the student and/or immediate family will only be excused the day of class/clinical, not pre-class/clinical days, **and** the student provides a physician/provider's excuse upon return to the next class or clinical day or within three (3) days of absence, whichever comes first.
- Death of an immediate family member such as spouse, child, parent, sibling, or grandparent **and** the student provides documentation upon return to the next class or clinical day or within three (3) days of absence, whichever comes first.
- Court summons or jury duty **and** the student provides documentation upon return to the next class or clinical day or within three (3) days of absence, whichever comes first.
- Students living in or traveling through a county in which a declared state of emergency has been ordered
- Military service

- University-declared closures
- Other rare, extenuating circumstances discussed and approved by faculty PRIOR to absence

Examples of an unexcused absence (not limited to this list):

- Student's illness in which the student does not present a physician/provider's excuse according to policy
- Child's illness which does not require hospitalization
- Routine physician/provider or dental appointments
- Childcare dilemmas (babysitting issues)
- Employment-related conflicts
- Family time, vacation, leisure activities, etc.
- Transportation issues

Arriving Late to Class/Clinical (Tardy)

Tardy to Class

Students are expected to arrive on time for all classes. Students arriving to class more than 5 minutes late will be considered tardy. Students are expected to communicate late arrival with faculty according to course syllabus. This policy is not applicable when an examination is being administered in a course. If a student is not present at the start of class for an examination, it is considered a tardy. Violation of this policy is subject to the Performance Improvement Plan Policy.

Tardy to Clinical

Please refer to clinical attendance policies in the Clinical portion of this Handbook.

Leaving Class or Clinical Early

Students are expected to stay the entire class and clinical times as assigned/scheduled. Leaving class before it concludes may negatively affect student performance and grades. Students leaving class more than 10 minutes before the conclusion of class without obtaining permission from the course instructor will be subject to the Performance Improvement Plan policy. Likewise, students leaving clinical more than 15 minutes before the end of their scheduled clinical time without obtaining permission from the Director of Clinical Education will be in violation of policy.

ACADEMIC INTEGRITY POLICY

Academic integrity is the hallmark of truth and honesty in an engaged university community. Students have the right and responsibility to pursue their educational goals with academic integrity. All members of the university are accountable for their actions in maintaining high standards of academic integrity. Academic integrity is an expected behavior of all students. Students are responsible for completing academic requirements without action and/or material that violates academic integrity. Academic dishonesty may include, but is not limited to, cheating, plagiarism, fabrication, submitting artificial intelligence (AI)-generated content as own work, submitting work previously assessed in another course, and knowingly assisting others in an act of academic dishonesty. Students violating the academic integrity policy are subject to sanctions as outlined in the university student handbook. Students who engage in academic dishonesty in any form, even as a first offense, place themselves in jeopardy of receiving a failing grade for the assignment, failing grade for the course, and/or removal from the program. Please view the Academic Integrity Policies and Procedures.

DIDACTIC/LAB COURSE COMPETENCY CHECKOFF POLICY

Through learning and experience, students become competent in carrying out tasks and procedures in the field of respiratory care. It is imperative that students demonstrate mastery of a skill or procedure in the lab before carrying out tasks or procedures in the clinical setting. This process enables the students to find gaps in knowledge and, when successful in completing the competency, demonstrates the student is ready to carry out the task independently within the clinical setting.

Checkoffs for any skill or procedure within the respiratory therapy program will be assigned a point value (instructor's discretion).

Students must achieve a passing score of C (>75%) or above to pass all competencies.

Competencies measured in the didactic/lab settings are subject to the following grading conditions. Competencies measured in the clinical settings within clinical courses are subject to separate guidelines. Please consult the relevant clinical course syllabus and manual for complete clinical rotation policies.

A list of all didactic/lab course competencies can be found in Appendix K of this handbook.

Student Fails 1st Attempt

- If a student fails on the first attempt, they will have an opportunity to try again.
- A 10%-point reduction will be taken.

Examples: 20 pts, 1st attempt= 2-point reduction= 18 points 40 pts, 1st attempt= 4-point reduction= 36 points

- It is the student's responsibility to reschedule with the instructor within a week of the failed competency.
- An instructor will provide the student with a written remediation plan prior to the next attempt.
- Student may attempt again on the same day, given the instructor is available.

Student Fails 2nd Attempt

- If the student fails the second attempt, the student will have ONE final chance to pass the competency.
- Please note an additional 10% point-reduction will be taken, which will total a 30%-point reduction for both attempts.

Examples: 20 pts, 2nd attempt= 4-point reduction= 12 points 40 pts, 2nd attempt= 8-point reduction = 28 points

- An instructor will provide the student with a written remediation plan prior to the next attempt.
- Student may not attempt again on the same day. The student must wait at least 3-5 days before the 3rd and final attempt can be scheduled.

Student Fails 3rd Attempt

- If the student fails the 3rd attempt, they will have no further chances to complete the checkoff. This will result in a failing grade for the competency/checkoff.
- Additionally, this will result in a failing grade for the course.
- A failing grade for the course will result in the student not progressing in the program.

PROGRAM PROGRESSION POLICY

Students must earn a ‘C’ or better in all courses required for graduation to progress through the program. Failure to do so will result in a in delay program progression and/or graduation from the program.

Progression through the respiratory therapy program will be delayed if a student:

- Withdraws from a respiratory therapy course (with or without evaluation)
- Postpones enrollment in any respiratory therapy course
- Fails to achieve a "C" or higher in a respiratory therapy (REST) course

Regarding courses required for graduation but without “REST” prefix (Ex. IPH 401 or BIO 272, etc):

- Failure to pass these courses will result in the student being required to repeat the course to earn minimum grade

A revised plan of study will be required for any of these situations. The students should see their academic advisor for a new plan. Revised academic plans may affect financial aid. Failure to pass required courses with a 'C' or better may result in dismissal from the USI respiratory therapy program. Program dismissal may also result from other non-academic violations. See 'Program Dismissal' policy.

RESPIRATORY THERAPY STUDENT HANDBOOK/ POLICY CHANGES

The student handbook and/or respiratory therapy program policies are subject to changes and/or additions. Students will receive notice of new policies and/or changes to existing policies. Students will receive an electronic version of the policy. Students may be required to submit a signed statement acknowledging the new or changed policy.

STUDENT EMPLOYMENT POLICY

Students who work may need to modify their hours of employment to avoid conflicts with program requirements, such as scheduled classes, labs, and clinical assignments. It is important for students to realize that semester schedules and clinical rotation schedules show contact hour requirements--hours spent in class, lab, or in clinical education. In addition, students must allow adequate time for study and rest. If too many work hours are attempted, fatigue or poor preparation can adversely affect student performance.

Each semester, students have access to a schedule with meeting times and days for all academic and clinical courses well in advance. It is important to note that while the scheduled times and days for academic classes and labs are fixed, clinical hours may vary according to course requirements or assigned clinical affiliate. Prior to each clinical semester, students are provided with a detailed clinical schedule well in advance.

This is helpful in avoiding most conflicts; however, it is the student's responsibility to schedule work/employment activity around classroom and clinical activities as to not allow any conflicts between work and program schedules. Work-related absences are unexcused. Violation of this policy is subject to the Performance Improvement Plan Policy.

RESPIRATORY THERAPY STUDENT LICENSURE

Students may be eligible to work at a facility delivering certain aspects of respiratory care under the supervision of credentialed, licensed respiratory therapists. State laws governing the application, issuance, and practice under this licensure/permit vary; however, the student must be in good standing in a respiratory care program and have completed competencies in class, lab, and clinical before applying for a student license/permit. Student license/permit applications require the signatures of the Program Director and in some states, the Director of Clinical Education, and the issuance of a student license/permit to practice respiratory therapy is a joint legal agreement among the student, University, Program, state of issue, and facility at which the student will be employed. Students interested in this licensure/permit should discuss their intent with program administration before seeking employment to confirm competencies. Students begin competencies in the fall semester of the junior year.

Students must maintain good standing with the respiratory therapy program as a condition of state student licensure/permit. If the student fails to maintain good standing, the program must notify any/all licensing boards and employers, and the state license/permit will be revoked. Revocation of a state student respiratory license/permit may affect the student's ability to gain licensure after graduation.

Students who violate local, state, and/or federal laws while in student practice of respiratory therapy on a student license/permit may incur Program sanctions (in addition to legal and/or employer sanctions) up to and including dismissal from the program/University.

CHANGE OF NAME/ADDRESS/PHONE

Changes in name, local and/or permanent addresses, and/or telephone number must be promptly reported to the USI Registrar's Office and the Respiratory Therapy Program.

Applicable forms may be found on the USI Registrar's Office webpage. **Web Link:** https://www.usi.edu/registrar/

ZACHARY LAW COMPLIANCE POLICY

To comply with the state and federal regulations, potential and current students and faculty in selected programs within the Kinney College of Nursing and Health Professions, will be required to have a criminal records check relating to sexual and violent offenses against children.

In accordance with the state of Indiana's revisions of Zachary's law made in January of 2003, the Kinney College of Nursing and Health Professions will verify if the student is registered with the registry for convicted sexual and violent offenders against children and will continue to do so at least annually for as long as the student remains in the program.

Should the student's name appear in the registry, the student will be denied admission to or progression in the undergraduate nursing program. If the listing is the result of an error, it will become the student's responsibility to correct the error before admission or progression in the program will be permitted. **Please review the policy in the University Handbook. Web Link:** https://handbook.usi.edu/zacharys-law

CHILD PROTECTION POLICY: DUTY TO REPORT

Indiana law states that any person who has reason to believe that a child is a victim of child abuse or neglect has an affirmative duty to make an oral report to Child Protective Services ("CPS") 1-800-800-5556 or to their local law enforcement officials. Failure to report may result in criminal charges. **Please review the policy in the University Handbook.**

Web Link: https://handbook.usi.edu/child-protection-policy

KCNHP SOCIAL MEDIA POLICY

Please review the KCNHP Social Media policies located in the KCNHP Handbook. USI respiratory therapy students are subject to this policy in all of its aspects. Policy violations will result in sanctions, up to and including program and/or University dismissal. **Web Link:** https://www.usi.edu/health/handbook/

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

Health Information Privacy Policies and Procedures have been implemented by the KCNHP. Student and faculty members of the KCNHP workforce are obligated to protect the privacy of individually identifiable health information that we create, receive, or maintain as part of participation in a health program or course. Examples of HIPPA violations could include posting photos, videos, or describing patient experiences on social media platforms, such as Facebook, that could possibly identify a patient. Violating HIPAA is a serious offense and is punishable by fines and/or imprisonment. Students found in violation of HIPAA could be immediately dismissed from the program. **Please review the HIPAA policies located in the KCNHP Handbook. Web Link:** https://www.usi.edu/health/handbook/

HIPAA EDUCATION REQUIREMENTS

The USI Nursing and Health Professions Programs comply with HIPAA standards for patient confidentiality and personal health information. Students must complete the USI KCNHP HIPAA education program on an annual basis and submit documentation to Castlebranch/DISA Healthcare. Submission of annual HIPAA certification through an employer is acceptable as an alternative. **Please review the HIPAA policies located in the KCNHP handbook.**

Web Link: https://www.usi.edu/health/handbook/

CONFIDENTIALITY POLICY

Please review the Confidentiality policies located in the KCNHP Handbook. Web Link: https://www.usi.edu/health/handbook/

INFECTION CONTROL POLICIES

Protecting health care professions students from exposures to pathogenic microorganisms is a critical component of the clinical education environment. Clinical situations present the possibility for contact with blood, body fluid, or biological agents which

pose infectious disease risk, particularly risk associated with the hepatitis B virus, hepatitis C virus, the human immunodeficiency virus, and tuberculosis. The Kinney College of Nursing and Health Professions maintains policies and procedures on infection control. The policies and procedure found within the Infection Control policy are designed to prevent transmission of pathogens and must be adhered to by all students and faculty in the Kinney College of Nursing and Health Professions when participating in clinical education experiences. The policy includes methods for preventing exposure to blood and other potentially infectious materials as well as measures to take in the event an exposure occurs. **Please review the Infection Control policies located in the KCNHP Handbook. Web Link:** https://www.usi.edu/health/handbook/ and click on "Infection Control"

Violation of the Infection Control policy is subject to the Performance Improvement Plan policy.

MANAGEMENT OF EXPOSURE INCIDENTS

Please review the Management of Exposure Incidents policies located in the KCNHP Handbook. Web Link: https://www.usi.edu/health/handbook/

STUDENT EXPOSURE INCIDENT REPORTING

Please review the Student Exposure Incident Reporting policies located in the KCNHP Handbook. Web Link: HTTPs://www.usi.edu/health/handbook/

CASTLEBRANCH/DISA HEALTHCARE AND DOCUMENTATION REQUIREMENTS

It is the responsibility of the student to ensure all Castlebranch/DISA Healthcare requirements remain current throughout the program. In addition to initial program requirements that must be documented in Castlebranch/DISA Healthcare, the following requirements are due on an annual (yearly) basis and/or biennial (every other year) basis:

Annual requirements include the following:

1. Completion and submission of the USI KCNHP OSHA Training as instructed in Castlebranch/DISA Healthcare
2. Completion and submission of the USI KCNHP HIPAA Training as instructed in Castlebranch/DISA Healthcare
3. Completion and submission of the Tuberculosis requirement as instructed in Castlebranch/DISA Healthcare
4. Submission of proof of Influenza vaccination or approved declination form as instructed in Castlebranch/DISA Healthcare

Biennial requirements include the following:

1. CPR renewal as instructed in Castlebranch/DISA Healthcare

Compliance with these requirements is applicable to both didactic and clinical components of the Program. Failure to comply with these requirements in either context will be subject to the Performance Improvement Plan policy and may result in deduction of points in applicable courses.

If a student attends clinical without current requirements documented and approved in Castlebranch/DISA Healthcare, the student will be in violation of this policy.

Failure to maintain current with all requirements will result in suspension of clinical education and any absence(s) will be unexcused. All missed clinical education must be made up according to clinical policy.

CPR REQUIREMENTS

All students are required to have current "Healthcare Provider" CPR documented and approved in Castlebranch/DISA Healthcare. Violation of the CPR Requirements policy is subject to the Performance Improvement Plan policy.

OSHA REQUIREMENTS

The USI Nursing and Health Professions Programs comply with OSHA standards for infection control and exposure. Students must adhere to the USI KCNHP Infection Control Program.

Students must complete the USI KCNHP OSHA education program on an annual basis and submit certificate to Castlebranch/DISA Healthcare. Submission of annual OSHA certification through an employer is acceptable as an alternative.

PROGRAM PERFORMANCE AND DISCIPLINE

PERFORMANCE IMPROVEMENT PLAN POLICY

The performance improvement plan policy is utilized by program faculty to document and warn students in violation of program, college, university, and/or clinical affiliate policies and provide students with a plan of action in order to correct behaviors and prevent subsequent violations. Students who violate policies of the Respiratory Therapy Program, the Kinney College of Nursing and Health Professions, the University of Southern Indiana, or clinical affiliates shall be subject to a performance improvement plan. The performance improvement plan involves disciplinary action with four levels of severity. The level of action taken is dependent on the nature of the offense and circumstances under which it occurred. A performance improvement plan can impact the student's status in the Respiratory Therapy Program and/or course grade(s).

The levels are:

1. VERBAL: Receive a verbal-level warning with performance improvement plan
2. WRITTEN: Receive a written-level warning and performance improvement plan
3. PROBATIONARY: Receive a written-level warning, performance improvement plan, and be placed on program probation.
4. DISMISSAL: Dismissal from the program

When a student violates a program, college, university, and/or clinical affiliate policy, the student will receive a warning by faculty on the violation and provided with a performance improvement plan. See the appendices for a sample warning and performance improvement plan. Students will have the opportunity to discuss the violation and plan and make written comments. Regardless of the nature of the violation, the student must sign and date the plan to indicate they have received it.

Performance Improvement Plans remain on the student's record until graduation from the program, voluntary withdrawal from the program, or program dismissal.

Program probation may be deemed permanent or reviewable. If reviewable, the student will be advised of when a review may be requested. The Program Probation Review document is available in the handbook appendices. Should a reviewable probation be lifted, the performance improvement plan will remain on the student record.

A pattern of policy non-compliance as evidenced by five (5) or more policy violations of any type cumulatively throughout the respiratory therapy program is grounds for program probation or dismissal from the program. For example, if the student receives a verbal warning and performance improvement plan for a policy violation, then violates a different policy and receives a verbal warning and performance improvement plan for violating a separate policy, then violates three more policies, the student can be placed on program probation or dismissed from the program, even if each separate violation is at the verbal warning level.

Some examples of policy violations and corresponding level of disciplinary action include (but are not limited to):

- Attendance Policy: A reasonable number of excused absences will be allowed.

Excessive absences, including excused absences, may affect progression in the respiratory therapy program and result in dismissal from the program. Individual circumstances may be reviewed on a case-by-case basis and students are encouraged to communicate with program faculty. If the student feels he/she has a disability or illness that will/may require multiple absences, the student should petition for variance through the program chair.

- Unexcused Absences [in class/clinical/official Program activities)
    1. First unexcused absence: Receive verbal warning with performance improvement plan

2. Subsequent unexcused absence(s): Progressive disciplinary action
    - Arriving Late to Class/Clinical: Three (3) or more occurrences in a semester will result in an unexcused absence and is subject to the Performance Improvement Plan policy
    - Leaving Early from Class/Clinical: Three (3) or more occurrences in a semester will result in one unexcused absence and is subject the Performance Improvement Plan policy
    - Time clock violations
    - Failing to communicate absences/tardiness according to course and/or clinical manual policy
- Clinical Dress Code Policy:
    - First violation: Receive verbal warning with performance improvement plan
    - Subsequent violation(s): Receive progressive disciplinary action
- Infection Control Policy:

Failure to use appropriate personal protective equipment (PPE) according to program, college, and/or clinical site

    - First violation: Receive written warning and performance improvement plan
    - Subsequent violation(s): Receive progressive disciplinary action
- Castlebranch/DISA Healthcare and Documentation Requirements Policy (with the exception of CPR requirements):
    - First violation: Receive written warning and performance improvement plan
    - Subsequent violation(s): Receive progressive disciplinary action
- [Note: Students can incur additional Performance Improvement Plans if failure to comply with Castlebranch/DISA Healthcare and Documentation Policies results in other violations.)
- CPR Requirements Policy:
    - First violation of a student being unable to attend clinical due to expired CPR:

Receive written warning and performance improvement plan ***or***

    - First violation of a student attending clinical with expired CPR: Receive written warning and performance improvement plan
    - Subsequent violations of either listed above: Receive progressive disciplinary action

    [Note: Students can incur additional Performance Improvement Plans if failure to comply with CPR policy results in other violations.]

Violations of the following college and university policies are subject to harsher sanctions as outlined in these policies:

- Academic Integrity
- Civility and Inclusion
- Infection Control (including COVID-19 safety)
- Title IX
- Zachary's Law Compliance
- Child Protection Policy: Duty to Report
- CNHP Social Media
- HIPAA
- Confidentiality

PROGRAM DISMISSAL

Students shall be dismissed from the program for serious or repeated violations of program, college, university, and/or clinical site policies. Dismissal actions shall follow due process. Due process for a program dismissal action follows the university's process for student conduct. This process contains three fundamental steps:

1. presentation of the charges
2. hearing
3. decision and action by an administrator

Read the entire policy on Conduct located in the Student Rights and Responsibilities: Code of Student Behavior at the following web link: https://www.usi.edu/student-handbook

Program dismissal is implemented upon recommendation of a Disciplinary Committee. The Disciplinary Committee is comprised of the Program Director, Director of Clinical Education, and a Director/Program Chair from another health program in the College of Nursing and Health Professions.

1. The Disciplinary Committee conducts a hearing to determine the proper course of action.
2. The student is given written advanced notice of the date and time of the hearing and advised of all rights as described under "Program Dismissal".
3. The hearing is conducted with or without the student's participation.
4. After the hearing, the student is informed, in writing, of the committee's recommendations and resultant program action.
5. The student may appeal within five days of notification. See the "Appeals" section below.
6. If a dismissal action is the final recommendation, the student is required to withdraw immediately from all respiratory therapy courses.

PROGRAM APPEALS

Students shall have the right to appeal any action taken against them by the program. The program uses the University's policy on Grievances for appeals to disciplinary action. Formal and informal methods of appeal may be utilized. Since most grievances can be resolved through informal methods, the student is strongly encouraged to use the informal procedure first.

Students should review the University policy on Grievances found in the University Student Handbook located at the following web link: https://www.usi.edu/student-handbook

All grievances and their resolutions will be kept on file with the program.

PROGRAM PROBATION REVIEW

Program probation may be deemed permanent or reviewable. If reviewable, the student will be advised of when a review may be requested. The Program Probation Review document is available in the handbook appendices. Should a reviewable probation be lifted, the performance improvement plan will remain on the student record.

STATEMENT ON USE OF ARTIFICIAL INTELLIGENCE (AI)

Student use of artificial intelligence (AI) for content in any submission is strictly prohibited in the USI Respiratory Therapy program unless the use is directly led by the course instructor for a specific academic objective with defined parameters of use. All other AI use is not permitted, including but not limited to generating content for homework, labs, in-class activities, clinical coursework, research, projects, and discussions/blogs/journals. Coursework containing AI-generated content, in whole or in part, will be subject to the Program and University Academic Integrity policies and will incur appropriate sanctions, up to and including program/university dismissal. Students are encouraged to work closely with faculty if support is needed for any coursework.

CLINICAL POLICIES AND PROCEDURES

OVERVIEW OF CLINICAL/FIELDWORK/INTERNSHIP EXPECTATIONS

Following a violation of the code of ethics, infractions of professional behavior, or other violations of program, college, university or clinical site policies, clinical sites reserve the right to refuse a student admission or continued clinical experiences at their facility. Clinical affiliates also reserve the right to ask a student to leave their facility when patient safety is a concern.

Please review the Overview of Clinical Fieldwork/Internship Expectations policies located in the CNHP Handbook. Web Link: https://www.usi.edu/health/handbook/

CLINICAL FACILITIES

USI Respiratory Therapy utilizes the following clinical facilities as primary sites for clinical rotations: Deaconess Health System (Evansville, Henderson (KY), Jasper); Ascension St. Vincent Hospital Evansville; Owensboro (KY) Health Regional Hospital; Good Samaritan Hospital Vincennes

Other sites may be utilized to fulfill CoARC accreditation requirements for meeting clinical rotation objectives and/or to create additional educational opportunities for students. Required program clinical rotations will stay within a 75-mile radius of the USI campus whenever possible, and students are expected to be prepared and able to travel up to 75 miles from campus for required experiences. Optional experiences may require varying distances for travel.

CLINICAL SCHEDULE POLICY

Clinical schedules are developed based on several factors (i.e. required experiences, clinical site availability). Students are not guaranteed preferences of clinical site, day(s) of week, and/or shifts. The DCE reserves the right to schedule student rotations as necessary.

The approximate number of clinical hours provided in the clinical manual is based on completion of all scheduled clinical shifts. Regardless of the number of hours a student has recorded in Trajecsys, all scheduled shifts must be completed as scheduled.

Except for circumstances approved by the DCE, there will be no changes made to the clinical schedule once finalized.

CLINICAL DRESS CODE POLICY

In order to reflect a positive health image, a professional and groomed appearance is always expected and required while participating in clinical activities. Students are required to wear the uniforms as approved by the Respiratory Therapy program and photo ID/nametag for all clinical assignments, rotations and physician/provider-student rounds. If the site/specialty rotation requires special dress to attend (i.e. operating room), the student may change uniform at the clinical site. Any situation in which there is a planned lab, simulation or clinical day, the student will be required to dress in full clinical attire. The clinical uniform consists of:

1. Black embroidered scrub top (USI Respiratory Therapy) or USI Respiratory Therapy polo (for events outside of clinical)
    a. Embroidery can be completed at Southwest Grafix; 2229 W Franklin St; Evansville; 812-425-5104
    b. USI polo is ordered through the USI Respiratory Therapy Program
2. Black uniform scrub pants
3. Conservative tennis shoes (no extreme "loud" colors)
4. Socks
5. USI photo ID/name tag; if applicable, clinical facility ID/name tag*
6. Stethoscope (may be loaned from USI)
7. White crew neck T-shirt (optional)
8. White long sleeve lab coat (optional)

In addition, during each clinical assignment and in all clinical situations:

1. Students should have a stethoscope, black ink pen, small notebook, and clinical handbook.
2. Hair should be clean. Long hair should be tied back and kept off the shoulders.

3. All clothing must be clean and free from rips, tears, and other damage.
4. Fingernails must be clean and trimmed. USI Respiratory Therapy follows the CDC guidelines for health workers' hand hygiene stating that at any clinical rotation or activity, fingernails should be clean and trimmed to ¼ inch and no artificial nails may be worn in high-risk areas. For the purposes of clinical rotations, high risk areas include intensive care units (neonatal, pediatric, and adult), surgical areas, and clinical simulation with high fidelity manikins.
5. Jewelry should be limited to wedding or engagement rings, watch, and one pair of small, non-dangling earrings. Any other visible body piercings are not permitted in the clinical setting.
    - The wearing of permanent jewelry is strictly prohibited during all clinical rotations and skill assessments
    - Students must be able to fully remove all jewelry prior to participating in clinical activities, including skills checkoffs and patient care.
    - Jewelry that interferes with hand hygiene, PPE use, or poses a safety risk to patients or staff is strictly prohibited.
    - Failure to comply with this policy may result in disciplinary action, removal from the clinical site, or delay in clinical progression.
    - It is the student's responsibility to ensure all jewelry worn during clinical activities is removable and compliant with program and site-specific guidelines. Students must consult with the Director of Clinical Education for any questions/concerns and plan ahead to avoid scheduling conflicts or delays due to non-compliance.
6. Visible tattoos do not have to be covered unless they are vulgar or offensive. If tattoos are vulgar or offensive, they must be covered.
7. Students should be free of any strong odors about their person, including but not limited to perfumes/colognes/scented lotions. Strong odors may be irritating and offensive to patients, especially those with respiratory problems.

*NOTE: Name badges associated with employment outside of the program are prohibited during clinical rotations and activities. (Ex: A student works at a hospital/hospital system outside of their class and clinical activities.) Any display of a badge(s) (purposefully or inadvertent) other than those issued specifically for program clinical rotations/activities is not permitted and will be considered a dress code violation.

Unless instructed otherwise, dress policy for attendance at special lectures/events, meetings, conferences, service learning, etc:

1. The student will wear the USI Respiratory Therapy polo and approved dress casual slacks/pants (khaki).
2. Any other non-approved attire is not acceptable and may not be worn to any clinical event (i.e. jeans of any design/color/style, cargo pants, shorts, capri pants, tank tops, flip flops, frayed/torn clothing, "cut-offs", halter/midriff tops, open-toed shoes/sandals, etc.).

Violation of the Dress Code policy is subject to the Performance Improvement Plan policy.

USI program faculty accompanying students at clinical sites should dress in black scrubs with USI RT embroidered logo or USI RT polo and black scrub pants or khakis. Dress code standards are applicable for faculty.

CLINICAL DOCUMENTATION POLICY

Completion of clinical requirements for each clinical course must be documented according to the corresponding clinical course manual policy. Violation of these policies is subject to the Performance Improvement Plan policy.

STUDENT/EMPLOYEE STATUS AT CLINICAL SITES

1. Students must not complete clinical coursework while in an employee status at a clinical site.
2. Students are not permitted to receive any form of compensation in exchange for work they perform during their clinical education coursework and/or experiences.
3. Students must not serve as substitute respiratory care staff while in the clinic setting. Violation of this policy is subject to the Performance Improvement Plan Policy.

CLINICAL COMPETENCY VALIDATION POLICY

To ensure consistency, accountability, and adherence to program standards, all clinical skill checkoffs and competency validations must receive final approval from the Director of Clinical Education (DCE). This policy applies regardless of preceptor signature or date of completion.

- Preceptor signatures obtained by the student during clinical rotations signify the preceptor's observation of basic competency on the observed date only. A preceptor's signature for any skill does not constitute final approval of competency.
- Final determination of clinical competency for any/all skills belongs to the Director of Clinical Education (DCE) and in some circumstances, the Program Director (PD).
- All clinical skills performed and documented during clinical rotations must be reviewed and approved via signature by the DCE to be considered valid and complete.
- A clinical competency is considered approved when the DCE verifies with signature.
- Failure to obtain final competency via the DCE will result in a delay in clinical and/or program progression.
- The student is responsible for obtaining preceptor signatures for each skill performed at the clinical site.
- The student is responsible for seeking support and help from the DCE for outstanding competencies and any necessary skill remediation.
- The student may track competency progress by using the designated clinical skills checklist provided by the program.

CLINICAL ATTENDANCE POLICY

Clinical attendance includes, but is not limited to, clinical practice rotations, conferences/seminars, service learning, skills lab, and simulation experiences. Student clinical practice is a very important part of integrating skills and critical thinking concepts learned in the program. Therefore, clinical time and attendance is taken very seriously, and attendance records are maintained and monitored by program faculty. Being on time and prepared for all scheduled program learning activities is essential to success in the program and is required.

Except for the following two situations, students are required to make up all missed clinical time:

1. The university has declared a closure the day of the student's scheduled clinical day
    a. **Inclement Weather example:** Everyone with an active USI email address is automatically enrolled in the Rave Alert system, however, you can also register your mobile or home phone number(s) to receive text and voice alerts. I strongly advise all students to register their phone number in order to immediately receive information regarding university closures and delays. The instructions can be found here at Rave Alerts. In addition, the local news channels will make announcements regarding University delays or closures.)
    b. **In the event of a university-declared closure:** All classes/clinicals will be canceled, absences will be excused, and the student will NOT be required to make up clinical time. The DCE will notify the clinical site on the student's behalf.
    c. **In the event of a university-declared delay:** All classes/clinicals will begin at the designated hour. If the delay is declared during a scheduled class time, the class will meet for the time remaining. The student will NOT be required to make up the clinical time missed as a result of the delay and the missed time will be excused. The DCE will notify the clinical site on the student's behalf.
    d. **In the event the university does NOT declare closure or delay in class/clinicals:** Students should always use their best judgment when weather is a factor for transportation to class and/or clinicals. It is the student's decision whether or not they feel safe driving to class or clinical. The student must notify the clinical site and the DCE as soon as possible, but preferably 2 hours prior to the start of his/her assigned clinical time. Refer to the "Clinical Site Contact Information" for the appropriate contact.
2. The student has been summoned for jury duty; however, if jury duty results in the student missing more than one scheduled clinical day, the student will be required to make up the additional missed clinical days.
3. NOTE: **Military Leave Policy**
    Students who are required to be absent due to military obligations—including drills, training, or deployment—are

required to make up missed classes, assignments, and clinical hours for the duration of their leave. However, these absences will be considered excused, and students will not be penalized. Students are encouraged to notify the instructor in advance and provide documentation when available so that appropriate accommodations can be discussed.

CLINICAL ABSENCES

Excused Absence(s)

Each absence will be reviewed and classified separately. Points will not be deducted for excused absences nor will the absence count towards the total allowed while enrolled in the program as long as supporting documentation is provided to the DCE within one week of returning to clinical.

In the event of an excused clinical absence on the day of a scheduled rotation:

1. The student must notify the clinical site within 2 hours of his/her assigned clinical time. At all times, notification should take place PRIOR to the shift. Refer to the "Clinical Site Contact Information" for the appropriate contact. Notification made after the start of the shift within the 2 hour window will be reviewed individually.

2. After notifying the clinical site, the student must also notify the DCE via email within 2 hours of the scheduled start time. Clinical absences will be documented in Trajecsys.

3. Supporting documentation must be provided to the DCE within one week of returning to clinical or the absence will be deemed unexcused, points will be deducted according to the unexcused absence policy, and the absence(s) will count towards the total allowed while enrolled in the program.

4. The student is required to make up the missed clinical day(s). It is the student's responsibility to schedule make up time for absences from clinical activities by communicating with the DCE first, then verifying with clinical facility. Failure to make up required clinical hours by the end of the semester will result in a grade of an "Incomplete" for the course, and the student will not be allowed to progress in the program until all required clinical hours have been completed. If the clinical hours are not made up prior to the beginning of the upcoming program semester, the student will not be allowed to progress in the program. The grade of an "Incomplete" will not be changed until all clinical hours have been made up and documented within the time frame designated by the DCE. Regardless, the student must make up all missed clinical hours within one calendar year, or the course grade will revert to an F.

    - **Note**: In the event that the student requires a leave of absence, the student should petition the Program Director and the Director of Clinical Education for variance.

    - **Note**: In the event that the student requires accommodations via Disability Resources, the student should include the clinical course that receives notifications from that office.

Examples of excused absences:

1. Death of an immediate family member such as spouse, child, parent, grandparent, or sibling
2. Court summons or jury duty; if jury duty results in the student missing more than one scheduled clinical day, the student will be required to make up the additional missed clinical days
3. Hospitalization of student, spouse, or child; grandparents who are hospitalized will be reviewed on an individual basis
4. An emergency room visit on the day of the scheduled clinical time (student and/or immediate family); an emergency room visit on the day before the scheduled clinical time does not excuse an absence.

5. When the university is open, the student lives in a county in which a snow emergency is in effect, or the student must travel through a county in which a snow emergency is in effect in order to get to the clinical site.
6. University weather-related closures/delays
7. Isolation or quarantine of a student for infectious disease mitigation (with supporting documentation)
8. Illness, condition, or Injury that renders the student unable to complete the essential physical requirements as listed in the Program Handbook (with supporting documentation)

Unexcused Absence(s)

Absences will be reviewed and classified on an individual basis. Physician/provider appointments or any personal business should be scheduled on the student's days off or breaks, NOT DURING CLINICAL TIME. The DCE will meet with each student before the start of each clinical course to discuss any scheduling conflicts. However, once the clinical schedule has been completed, please contact the DCE for any new conflicts. Approval is not guaranteed.

Absence from more than two clinical days may constitute clinical failure and absence from more than six clinical days in one academic year is grounds for program dismissal. The Program Chair and the DCE will review documentation and circumstances regarding excess clinical absences to determine if the student will continue in the program.

In the event of an unexcused clinical absence:

1. The student must notify the clinical site at least 2 hours prior to the start of his/her assigned clinical time. Refer to the "Clinical Site Contact Information" for the appropriate contact.

2. After notifying the clinical site, the student must also notify the DCE via email.

3. The student is required to make up the missed clinical day(s). The student must work with the DCE to arrange make up days and are pending site approval. Failure to make up required clinical hours by the end of the semester will result in a grade of an "Incomplete" for the course and the student will not be allowed to progress in the program until all required clinical hours have been completed. If the clinical hours are not made up prior to the beginning of the upcoming program semester, the student will not be allowed to progress in the program. The grade of an "Incomplete" will not be changed until all clinical hours have been made up and documented within the time frame designated by the DCE. Regardless, the student must make up all missed clinical hours within one calendar year, or the course grade will revert to an F.

    a. **1st offense:** Non-Performance Improvement Plan Warning with 10-point deduction.
    b. **2nd offense**: Verbal Performance Improvement Plan issued with additional 10-point deduction.
    c. **3rd offense**: Disciplinary action including possible program probation and an written performance improvement plan with an additional 20-point deduction. (ex. 3 unexcused absences results in a minimum of 60/100 points for attendance.)

Violations of the unexcused policy are contained to the specific clinical course and are not carried to the next clinical course. If cell phone violations result in a Performance Improvement Plan (PIP), the PIP will remain on the student's record per policy.

Examples of unexcused absences:

1. Student's own illness that does not require hospitalization; It is not recommended to attend clinical if ill. Clinical staff and patients do not want to be exposed to your illness nor do they want to be responsible for sending you home or listen to you complain about your illness. Please stay home if you have a fever, vomiting, or diarrhea. Be aware, this will count as an unexcused absence without physician/provider documentation.
2. Child's illness that does not require hospitalization
3. Physician/provider or dental appointments
4. Childcare dilemmas
5. Family time

6. Any other situation not listed with “Excused Absences”
7. Inclement Weather

CLINICAL TARDINESS

Tardiness

Tardiness is unacceptable and will not be tolerated. Tardiness is a trait considered undesirable by clinical staff and future employers. Students are expected to arrive on time for all classes and clinical assignments, be ready to begin the shift at the scheduled time, receive report at the beginning of the clinical shift and give report prior to the end. It is the student’s responsibility to find out when and where to report.

1. Students must clock in and out through the Trajecsys system at the clinical site for all scheduled clinical time and it is the student’s responsibility to ensure all “clock in” and “clock out” times are recorded in Trajecsys.
2. Students must arrive 10 minutes before the clinical start time. (i.e.. the shift start time is 0700 CST so the student must arrive no later than 0650 CST.)
3. Arriving to clinical/clocking in more than five minutes after this time is considered tardy. (i.e.. with the example above, a student clock-in of 0656 and later is considered tardy.)
4. If the student is more than 15 minutes late, the student will be sent home and the entire clinical time must be made up. This will count as an unexcused absence. (i.e.. with the examples above, the shift start time is 0700 CST, a student arrival and clock-in of 0716 CST and later will be sent home.)
5. Regardless of the reason, tardiness is unexcused.
6. Tardiness of three occurrences in one semester will result in one unexcused absence.
7. If the student will be late (i.e. woke up late), they must notify the clinical site and DCE.
8. On occasion, students may not be able to clock in on the clinical site’s computer. ONLY during these few occasions are students permitted to clock in on their mobile phone, however, the student must be connected to the clinical site’s WIFI prior to accessing Trajecsys. Trajecsys reports all IP addresses when students clock in and out. Only IP addresses from the student’s assigned clinical site will be accepted. Additionally, a preceptor must email the DCE confirming the lack of access to a computer.
9. Students are not permitted to clock in or out from the parking lot or surrounding area of the assigned clinical facility for any reason. Clock entries that are documented in Trajecsys from a facility’s parking lot or surrounding area will result in a Performance Improvement Plan, regardless of the time of clock entry.
    a. **1st offense:** Non-Performance Improvement Plan Warning with 10-point deduction.
    b. **2nd offense**: Verbal Performance Improvement Plan issued with additional 10-point deduction.
    c. **3rd offense**: Disciplinary action including possible program probation and an written performance improvement plan with an additional 20-point deduction. (ex. 3 tardies results in a minimum of 60/100 points for attendance.)

Violations of the tardiness policy are contained to the specific clinical course and are not carried to the next clinical course. If cell phone violations result in a Performance Improvement Plan (PIP), the PIP will remain on the student’s record per policy.

Clocking Out Too Early

Students must stay the entire shift at each clinical site unless the clinical site’s department educator, supervisor, or manager approves early dismissal (only up to 15 minutes) due to decreased census/patient acuity. The preceptor may not approve this.

1. **5 points will be deducted if the student clocks out more than 15 minutes before the end of the scheduled clinical time**. (i.e.. the shift end time is 1930 CST, the student cannot clock out any earlier than 1915 CST without site and DCE approval.)
2. If the student clocks out more than 15 minutes before the end of the scheduled clinical time, the entire clinical time must be made up and will count as an unexcused absence (unless leaving early due to a matter considered an “Excused Absence”).

3. Abandoning the clinical rotation is defined as leaving the scheduled clinical rotation at ANY TIME before scheduled end-of-shift without verbal or written approval of the Director of Clinical Education, the Program Director, USI Respiratory Therapy program full-time faculty, or Assistant Dean PRIOR to leaving the rotation. Contact information for these individuals is available in each student's clinical course manual.

   Leaving the scheduled clinical rotation is defined as not being present in areas for patient care and department activities and not actively participating in such. Scheduled and/or approved breaks are not included in this definition but must be a reasonable length of time with verbal approval from preceptor.

   Even if the student clocks out, leaving the rotation under these circumstances without program personnel approval (as detailed above) is considered abandonment. Abandoning a clinical shift in will result in the following:

   i. An immediate one (1) letter-grade reduction, then
   ii. Hearing with the Program Director and Director of Clinical Education to determine circumstances surrounding incident, then
   iii. Final discipline based on findings from hearing. Final discipline will result in sanctions. Possible sanctions include starting with Performance Improvement Plan and could progress up to and including Program dismissal.

Forgot to Clock In and/or Out

It is understandable there may be times when a student is unable to clock in and/or out for various reasons. However, clocking in and out is a responsibility of the student. If a student forgets to clock in or out, the student must ask their preceptor to contact the DCE via email to confirm clinical attendance. This is the student's responsibility and is outlined in the clinical manual.

1. Students are permitted 3 clock omissions per semester (note: this is 3 clock omissions TOTAL—not 3 in and 3 out). The 4th clock omission will result in a Performance Improvement Plan, and subsequent clock omissions will result in escalating discipline.

USE OF CELL PHONES AT CLINICAL ROTATIONS

1. Cell phones are to be ***silenced or turned off*** during lecture, lab, and during all clinical activities. The use of the vibration mode is also prohibited during class time. Cell phones are prohibited in patient care areas and are to be silenced while at clinicals.
2. Students are free to use their personal devices in the RT Department according to each department's protocol. Using a cell phone in a patient area without DCE and preceptor permission is a serious offense and jeopardizes a patient's privacy.
3. Absolutely no messaging or use of social media during class, lab, or clinicals.
4. If you are expecting an urgent call/message, notify the DCE to obtain permission, then seek permission from preceptor prior to class/lab/clinical in case an exception can be made. If you have an emergency, notify the DCE and preceptor via the protocol in the clinical handbook.
5. Violation of this policy **will result in:**
   - **1st offense:** Non-Performance Improvement Plan Warning with point deduction.
   - **2nd offense**: Verbal Performance Improvement Plan issued with additional point deduction.
   - **3rd offense**: Disciplinary action including possible program probation with additional point deduction.

Violations of the cell phone policy are limited to the specific clinical course and are not carried over to the next clinical course. If cell phone violations result in a Performance Improvement Plan (PIP), the PIP will remain on the student's record per policy.

FIT TESTING

Students must complete mask fit testing prior to entering clinical rotations in the 2nd semester and repeat fit testing yearly. If the student is employed with a healthcare facility that completes mask fit testing, the student may present that documentation in place of being tested at USI provided that the employer's documentation was completed within the last calendar year. Valid

mask fit testing documentation MUST be on record with the respiratory therapy program or the student may not participate in clinical rotations. Clinical rotations missed because the student does not have valid mask fit documentation will be unexcused absences and subject to the Performance Improvement Plan policy.

PPE REQUIRED FOR AEROSOL-GENERATING PROCEDURES (AGP)

Regardless of clinical site, students participating in/providing AGPs to any patient (non-COVID, COVID positive, and persons under investigation), must abide by the University of Southern Indiana Respiratory Therapy Program policies and procedures for use of PPE. It is the policy of the Respiratory Therapy Program that students must wear a fit-tested N95 mask, NlO0 mask, or fit-tested PAPR **and** approved eye protection for **fill** of the following:

- **Nebulizer administration:** via face mask, mouthpiece, trach mask, inline via non- invasive positive pressure and invasive positive pressure. The only exception to this is when administering inline medications via vibrating mesh nebulizer (i.e. Aerogen) to a patient on invasive ventilation. After the vibrating mesh nebulizer is initially setup within the circuit, there is no exposure to the particles as long as the ventilator system remains closed.
- **High flow 02 delivery**
- **Non-invasive ventilation (i.e. BiPAP, CPAP)**
- **Endotracheal intubation and extubation**
- **Bronchoscopy:** includes intubated, non-intubated, and bedside percutaneous tracheotomy
- **Manual ventilation:** includes bag-valve-mask and bag-valve-tube
- **Cardiopulmonary resuscitation**
- **Open suctioning of airways:** includes NT suction, open tracheostomy suctioning, and open endotracheal tube suctioning
- **Sputum induction**

According to Centers for Disease Control and Prevention (2021), the following are "often considered AGPs, or that might create uncontrolled respiratory secretions":

- non-invasive ventilation (e.g., BiPAP, CPAP)
  - endotracheal intubation and extubation
  - bronchoscopy
  - manual ventilation
  - cardiopulmonary resuscitation
  - open suctioning of airways
  - sputum induction

In addition, the Centers for Disease Control and Prevention (2024) states "it is uncertain whether aerosols generated from some procedures may be infectious". Examples of these are:

- nebulizer administration
- high flow 02 delivery

Violation of this policy is subject to the Performance Improvement Plan policy.

Centers for Disease Control and Prevention. (2024). Clinical questions about COVID-19: questions and answers. CDC Infection Control for HCP

STUDENTS PROVIDING CARE TO COVID-19 PATIENTS

Students may care for COVID patients with the following recommendations:

1. Faculty/clinical instructors are comfortable with making these assignments.
2. Student assignment to care for a COVID diagnosed patient ***must be voluntary.*** As a student attending clinicals, if you do not feel comfortable providing care to a patient suspected of or confirmed to have COVID, you have the right to refuse to participate in the care of the patient. You will not be penalized for your decision.
3. Students and faculty must follow protocols for USI and the clinical agency regarding PPE, isolation, and reporting.

4. Students and faculty should be diligent in self-monitoring and immediately report any signs/symptoms and/or exposures.

TOBACCO POLICY - CLINICAL

Students shall adhere to tobacco regulations established by the clinical affiliate. All clinical affiliates prohibit the use of tobacco or tobacco products, including E-cigarettes, anywhere on hospital properties. Violation of the tobacco policy is subject to the Performance Improvement Plan policy.

APPENDICES

APPENDIX A: FACULTY AND STAFF, OFFICES, AND PHONE NUMBERS

Campus Offices

The offices of the Dean of the Kinney College of Nursing and Health Professions (KCNHP), Respiratory Therapy Program Chair, and faculty are located on the second floor of the Health Professions Center on the University of Southern Indiana main campus. Offices are closed on weekends and holidays.

Faculty Availability

Program faculty are available to meet with students during established office hours or by appointment. Office hours are included in each course syllabus and posted on faculty office doors. Student meetings should be pre-scheduled to ensure availability of faculty. Students can request to schedule an appointment by telephone or email. Program faculty are available for appointments during normal University operating hours Monday through Friday excluding university closures (i.e. holidays). In the event of an after-hours emergency, the student may leave a voice message with faculty or may communicate via email. The student should provide details and return contact information in the message.

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Evansville, IN 47712
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Adjunct Instructor
easchnarr@usi.edu

APPENDIX B: STUDENT WARNING AND PERFORMANCE IMPROVEMENT PLAN

Kinney College of Nursing and Health Professions Respiratory Therapy Program

STUDENT WARNING AND PERFORMANCE IMPROVEMENT PLAN

Attention: _____

Student First and Last Name, Student ID

You are receiving a formal student warning and performance improvement plan for violating an established program, college, university, and/or clinical site policy (see below for details of the violation). This warning is an effort to provide you with documentation of the violation, a plan of action in order to correct the behavior, and prevent subsequent policy violations.

Date, Time, Location of Violation: _____

Level of Warning (faculty to select)

- ☐ Verbal Warning with Performance Improvement Plan
- ☐ Written Warning with Performance Improvement Plan
- ☐ Written Warning with Performance Improvement Plan and Program Probation
- ☐ Program Dismissal

Violation(s) of Program/College/University/Clinical Site Policies (faculty to select)

- ☐ Assignments
- ☐ Attendance (absences, tardiness, leaving early, clocking in/out, etc.)
- ☐ Castlebranch/DI SA Healthcare
- ☐ Cell Phone Use
- ☐ Clinical Documentation
- ☐ KCNHP Social Media
- ☐ COVID-19 Safety
- ☐ CPR Requirements
- ☐ Dress Code
- ☐ Confidentiality
- ☐ Infection Control
- ☐ Professional Standards and Behavior
- ☐ HIPAA
- ☐ PPE Requirements for AGP
- ☐ Other _(specify)
- ☐ University Policy Violation___(specify, i.e. Academic Integrity)

Summary of Violation (faculty to summarize)

_____

_____

_____

Corrective Action Plan (faculty to summarize in discussion with student)

Failure to correct this behavior and/or further policy violations will result in additional disciplinary action, as stated in program policy. Subsequent violations of this policy and/or other program, college, university, and/or clinical policies can lead to program probation and/or dismissal from the program. It is strongly advised that you review the program policies provided in the Respiratory Therapy Student Handbook, Kinney College of Nursing and Health Professions Handbook, University Student Handbook, and/or Clinical Manual.

The next violation of this policy will subject you to:

- □ Written Warning with Performance Improvement Plan
- □ Written Warning with Performance Improvement Plan and Program Probation
- □ Program Dismissal

Student Comments and Acknowledgement Section

Student may provide any comments below:

The violation has been discussed with me by program faculty. I acknowledge and understand this student warning and performance improvement plan, the corrective action required, and the consequences of continued non-compliance.

Student Printed Name

I Student Signature Date

Program Faculty Signature Date

Program Director Signature Date

APPENDIX C: RESPIRATORY THERAPY PROGRAM POLICIES ACKNOWLEDGEMENT

Kinney College of Nursing and Health Professions Respiratory Therapy Program

RESPIRATORY THERAPY PROGRAM POLICIES ACKNOWLEDGEMENT FORM

I hereby acknowledge and agree that I have been informed about each of the policies described below and to confirm this, I have placed my initials at the line before each policy to signify my understanding of the policy and also to confirm that all questions about the information described below have been answered to my satisfaction. I understand that any violation of any of these policies will result in disciplinary action, which may include dismissal from the program.
Place your initials next to each item below to signify your acknowledgement of the statement above.

_____ I understand that I am financially responsible for any treatment or care provided from any clinical affiliation or healthcare organization as the result of an injury or exposure while participating as a USI respiratory therapy student in the event that the participating affiliation denies coverage of care.

_____I give consent allowing the University of Southern Indiana (USI) Kinney College of Nursing and Health Professions (KCNHP) to use my picture and personal statement for educational and promotional purposes, including but not limited to the web site of the KCNHP. This consent form is valid from the date below until withdrawal of the consent is received in writing from the person whose signature is below.

_____I am responsible for updating and maintaining my health forms and CPR certificate.

_____I understand I must maintain professional behavior and adhere to the dress code when representing USI and the Respiratory Therapy Program.

_____I have reviewed and will continue to review on an annual basis, the HIPAA and OSHA policies and understand my responsibilities involved with those policies. I understand that laptops may be used in classrooms for educational use; only with permission of faculty and handbook signatures.

_____I understand that it is my responsibility to read handbooks every semester prior to entering clinical sites/labs.

_____I understand that it is my responsibility to ask questions of faculty about handbooks, policies, and assignments.

_____I understand it is my responsibility to submit completed assignments on or before due dates as assigned.

_____I understand that while in a clinical setting of any type, I am to use facility resources including, but not limited to computers, copy machines, and food only for activities which are directly related to patient care. These resources are never to be used for my personal needs.

_____I understand I cannot use computers at the clinical facility to access personal web pages, social networking sites, or online communication networks such as Twitter, Instant Messaging, Facebook, or other sites used for personal communication.

_____I understand that if I use a phone of any type as a storage device for clinical resource information, the Phone may only be used to access the clinical resources. While on the clinical unit, the phone must be set so it cannot transmit or receive calls or data.

_____I understand that the use of cell phones for calls, text messaging, and Internet use is strictly prohibited during all clinical experiences and/or classrooms. The cell phone may ONLY be used when off the clinical unit during scheduled breaks.

_____I understand I cannot take pictures for personal reasons in the clinical setting. This restriction includes pictures/video anywhere in the clinical setting and is not limited to patient care areas or pictures that include patients, staff, or visitors.

_____I understand the Performance Improvement Plan policies and the disciplinary actions associated with the policies.

_____I understand that willful violation of any of the program policies and standards can result in disciplinary action not limited to program probation and/or possible dismissal.

_____
Student's Printed Name

_____
Student's Signature

_____
Date

APPENDIX D: CONSENT TO USE PICTURE AND PERSONAL STATEMENT

Kinney College of Nursing and Health Professions Respiratory Therapy Program

CONSENT TO USE PICTURE AND PERSONAL STATEMENT

I,_____, give my consent allowing the University of Southern Indiana Respiratory Therapy Program
(Print ***Full Legal*** Name)
to use my picture and personal statement for educational and promotional purposes, including but not limited to the web site of the Respiratory Therapy Program at USI. This consent form is valid from the date below until withdrawal of this consent is received in writing from the person whose signature is below.

Witness's Signature (faculty member)	Student's Signature
Date	Date

APPENDIX E: INFECTION CONTROL TRAINING STUDENT/FACULTY RECORD

University of Southern Indiana Kinney College of Nursing and Health Professions

INFECTION CONTROL TRAINING STUDENT/FACULTY RECORD

I have received a copy of the University of Southern Indiana Kinney College of Nursing and Health Professions infection Control Program and have received training in the following areas as it relates to my clinical education at the University of Southern Indiana:

See the KCNHP handbook for a complete policy on infection control. Web Link: https://www.usi.edu/health/handbook/

1. Information regarding the content of the OSHA Bloodborne Pathogens Standard
2. The location of an accessible copy of the OSHA Bloodborne Pathogens Standard
3. The etiology, symptoms and transmission of infectious diseases
4. My potential for exposure to blood or other potentially infectious materials
5. Actions to take in the event I am exposed to blood or other potentially infectious materials
6. Methods for reducing my potential for exposure to blood or other potentially infectious materials and preventing the transfer of infectious diseases including the use of:
    - standard precautions
    - engineering and work practice controls designed to reduce exposure potential
    - personal protective equipment
    - decontamination and protection of equipment and environmental surfaces
    - infectious waste management

I agree to use the required standard precautions, engineering and work practice controls, and personal protective equipment as presented in the Kinney College of Nursing and Health Professions Infection Control Program and in the curriculum of my discipline.

_____

Student's Printed Name

_____ _____

Student's Signature Date

Revised May 2012

APPENDIX F: PERMISSION TO DISCLOSE PERSONAL/CONFIDENTIAL INFORMATION

Kinney College of Nursing and Health Professions Respiratory Therapy Program

PERMISSION TO DISCLOSE PERSONAL/CONFIDENTIAL INFORMATION

I,_____, do hereby grant permission for authorized persons in the University of Southern Indiana Respiratory
(Print ***Full Legal*** Name)
Therapy Program to comply with requests for information for evaluative purposes by others acting on my behalf in such matters as employment, admission to another school, admission for internship, and/or securing financial aid, scholarships, honors, or awards.

I further authorize the acquisition of performance data from the hospital/agency which employs me as a respiratory care practitioner. I understand that this data will be used by the college for curriculum evaluation and will be kept confidential.

This permission extends indefinitely and until such time as I withdraw it with a written statement to the Dean of the Kinney College of Nursing and Health Professions.

_____

Student's Signature

_____

Date

APPENDIX G: CHNP SOCIAL MEDIA POLICY ACKNOWLEDGEMENT

KCNHP Social Media Policy

Kinney College of Nursing and Health Professions Social Media Policy Acknowledgement Form Approved: August 2015

Revised: May 2022

The use of social media has grown exponentially in the last decade and continues to reshape how society communicates and shares information. Social media can have many positive uses in health care; it can be used to establish professional connections, share best practices in providing evidenced based care, and educate professionals and patients. However, communication about professional issues can cross the line and violate patients' privacy and confidentiality, whether done intentionally or not. Health professionals, including students in health profession disciplines, have a legal and ethical obligation to protect the privacy and confidentiality of each patient's health information and privacy. The unauthorized or improper disclosure of this information, in any form, violates state and federal law and may result in civil and criminal penalties. Health professionals, including students in health care profession disciplines, have an obligation to respect and guard each patient's privacy and confidentiality at all times.

Postings on social media sites must never be considered private, regardless of privacy settings. Any social media communication or post has the potential to become accessible to people outside of the intended audience and must be considered public. Once posted, the individual who posted the information has no control over how the information will be used. Students should never assume information is private or will not be shared with an unintended audience. Search engines can find posts, even when deleted, years after the original post. Never assume that deleted information is no longer available.

Policy

- Patients (and their families) and clinical experiences with patients must never be discussed on any social media site. A patient's identifying information is only to be discussed with faculty and other health care providers who have a need to know and have a role in the patient's care. Discussion of a patient's case may occur with faculty and peers in a course related assignment in a place where such discussion can't be heard by people who are not involved in the clinical experience. Patients (and their families) are never to be discussed in a negative manner. At no time during course discussions is the patient to be identified by name or any other personally identifying information such as any relationship to the student. Students are prohibited from using any form of social media to discuss patients, their families or any of their patients/ families medical or health care information.

- No photos or videos of clients/patients (and their families) or of any client/patient health records may be taken on any personal electronic devices (such as, but not limited to, cameras, smartphones and tablets), **even if** the patient gives you permission.

- No photos or videos of patients/clients (and their families) or clinical field work or internships may be taken on personal electronic devices (such as, but not limited to, cameras, smartphones and tablets), unless the video or photo is a specific requirement of the internship experience and is requested in writing by an authorized representative of the clinical site.

- Students may not post messages that: incite imminent lawless action, are a serious expression of intent to inflict bodily harm upon a person, are unlawful harassment, are a violation of any law prohibiting discrimination, are defamatory or are otherwise unlawful.

- Students are prohibited from uploading tests/quizzes, faculty generated presentations, or faculty information to any website.

- Students are prohibited from claiming or even implying that they are speaking on behalf of the University.

Sanctions

Students may be subject to disciplinary action or removal from a clinical experience if they:

- violate University policy or HIPAA regulations;

- share any confidential patient and/or University-related information;

- make unprofessional or disparaging comments or posts related to patients, patients' families, or employees of third party organizations which provide clinical experiences for University students.

I HAVE READ THIS POLICY CAREFULLY AND UNDERSTAND I AM BOUND BY ITS TERMS.

_____ _____

Student's Printed Name Student's Signature

_____

Date

APPENDIX H: WORKFORCE MEMBER REVIEW OF HIPAA POLICIES & PROCEDURES

Kinney College of Nursing and Health Professions

WORKFORCE MEMBER REVIEW OF HIPAA PRIVACY POLICIES AND PROCEDURES

I, _____, have received and reviewed a copy of the University of Southern Indiana Kinney College of Nursing
(Print Name)
and Health Profession's Health Information Privacy Policies and Procedures.

_____

Student's Signature

_____

Date

APPENDIX I: PROGRAM PROBATION REVIEW DOCUMENT

Respiratory Therapy Program Probation Removal Rubric and Policy

Student: _____ ID: _____
Evaluator: _____
Objective: To provide a structured framework for students readmitted into the Respiratory Therapy program to come off probation by demonstrating improvement in academic performance, clinical proficiency, and professionalism.
Probation Removal Policy

1. **Minimum Requirement:** To come off probation and continue in the Respiratory Therapy program, a student must achieve a total score of at least 70% on the rubric.
2. **Evaluation Period:** Students will be evaluated at the end of each semester or specified evaluation period during their probationary status. Evaluation periods may vary based on the student's situation.
3. **Probationary Period:** A student's reviewable probationary status will typically last for a specified number of evaluation periods, determined on a case-by-case basis. The duration of probation will depend on the severity of the issues that led to the probation and the student's progress during the probationary period.
4. **Support and Guidance:** Students on probation will receive academic and professional advising, counseling, or additional support resources to help them address the areas of concern.
5. **Appeals:** Students have the right to appeal the decision regarding their probation status.

Probation Removal Criteria and Rubric **Student Score**

Academic Performance - GPA (Weight: 30%) **_____**

- 3.0 or higher - 10 points
- 2.5 to 2.99 - 7 points
- Below 2.5 - 0 points

Clinical evaluations: (Weight: 30%) **_____**

- Consistently met expectations - 10 points
- Occasionally met expectations - 7 points
- Rarely met expectations - 0 points

Demonstrated professionalism, ethics, and teamwork: (Weight: 20%) **_____**

- Consistently exhibited professionalism - 10 points
- Occasionally exhibited professionalism - 7 points
- Frequently lacked professionalism - 0 points

Faculty Recommendations (Weight: 10%) **_____**

- Strongly recommended - 10 points
- Recommended with reservations - 5 points.
- Not recommended - 0 points

Demonstrate Professional Personal Growth & Improvement (Weight: 10%) **_____**

- Demonstrated significant improvement and effort - 10 points.
- Showed some progress - 5 points.
- Limited or no documented growth - 0 points

Total Possible (100%)

Total Student Score (%) _____

Evaluator Signature: _____ Date: _____

Student Signature: _____ Date: _____

APPENDIX J: RESPIRATORY THERAPY PROGRAM HANDBOOK ACKNOWLEDGEMENT

Kinney College of Nursing and Health Professions Respiratory Therapy Program

RESPIRATORY THERAPY PROGRAM HANDBOOK ACKNOWLEDGEMENT

This is to acknowledge that I,_____ , have received an electronic or hard copy of the Respiratory Therapy
(Print Name)
Student Handbook. I have read the policies and practices contained in the Handbook which includes the Kinney College of Nursing and Health Professions Social Media Policy and agree to comply with them. I understand the program has the right to revise policies and practices and I agree to abide by said revisions in these policies and practices. I further acknowledge that I understand that any violation of the Respiratory Therapy Program policies which include all policies set forth by the University of Southern Indiana can result in disciplinary action including possible program dismissal.

_____

Student's Signature

_____

Date

Appendix K: List of USI RT Program Didactic/Lab Course Competencies

Competencies Measured in USI Respiratory Therapy Didactic/Lab Courses

Semester	Course Number	Course Name	Competency
Spring (1st semester)	REST 211	Respiratory Therapy Modalities I	Infection Control
			Vital Signs
			Chest Assessment
			Oxygen administration
			Medication Delivery
			Incentive Spirometry
			PEP Therapy
Spring (1st semester)	REST 226	Cardiopulmonary Pharmacology	Medication Administration and Patient Safety
Fall (2nd semester)	REST 303	Cardiopulmonary Support and General Airway Management	Trach Care
			Manual Resuscitator (BVM)
			Alternate Airways
			Pharyngeal Airways
Fall (2nd semester)	REST 312	Respiratory Modalities II	Chest Physiotherapy (CPT)
			Arterial Blood Gas Sampling (ABG)
Fall (2nd semester)	REST 322	Mechanical Ventilation I	Suctioning (nasotracheal, tracheal, inline)
			Extubation
			NIV Setup
			Mechanical Ventilator Setup
Spring (3rd semester)	REST 361	Emergency Respiratory Therapy Management	Intubation
			Securing the Artificial Airway
			ETT Cuff Management