

RUSH UNIVERSITY
COLLEGE OF HEALTH SCIENCES

Department of Cardiopulmonary Sciences
Respiratory Care Program

Master of Science Degree
Program Handbook

2025-2027

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Revised: August 2025

CLINICAL AFFILIATES

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Respiratory Care Services
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1620 West Harrison Street
Chicago, IL 60612
(312) 947-0066

RML Specialty Hospital Chicago

3435 West Van Buren
Chicago, IL 60624
(773) 826-6672

RML Specialty Hospital Hinsdale

5601 S County Line Rd
Hinsdale, IL 60521

Rush Oak Park Hospital

520 S Maple Ave
Oak Park, IL 60304
(708) 660-2678

Advocate Hope Children's Hospital

4440 west 95th Street
Oak Lawn, IL 60453
(708)-528-2173

Advocate Good Samaritan

3815 Highland Ave
Downers Grove, IL 60515
630-275-1109

Advocate Lutheran General Hospital

1775 W. Dempster Street
Park Ridge, IL 60068
(847) 723-7818

Ann & Robert H. Lurie Children's Hospital

225 E. Chicago Avenue
Chicago, IL 60611

Barnes-Jewish Hospital*

1 Barnes-Jewish Hospital Plaza
St. Louis, MO 63110

Central DuPage Hospital

25 N Winfield Road
Winfield, IL 60190
(630) 933-2432

Children's Hospital Boston*

Department of Respiratory Care
300 Longwood Ave
Boston, MA 02115
(617) 355-0445

Children's Hospitals and Clinics of Minnesota*

2525 Chicago Ave.
Minneapolis, MN 55404
612-813-6000

Cincinnati Children's Hospital Medical Center*

7714-a Montgomery Road
Cincinnati, OH 45236
(513) 636-7461

Cook County Health & Hospital System

1801 W. Polk Street
Chicago, IL 60612
(312) 864-2255

Duke University Health Systems*

2301 Erwin Road
Durham, NC 27705
(919) 681-5689

Edwards-Elmhurst Hospital

155 E. Brush Hill Road
Elmhurst, IL 60126

The Johns Hopkins Hospital

1800 Orleans St.
Baltimore, MD 21287

Loyola University Medical Center

2160 South First Ave,
Russo Building SLL, S815
Maywood, IL 60153

Northwestern Memorial Hospital

Department of Respiratory Care
Feinberg Pavilion 8-326
251 E. Huron Street
Chicago, IL 606011
(312) 926-2614

Prism Healthcare

1337 Basswood Rd.
Schaumburg, IL. 60173

Shirley Ryan AbilityLab

355 East Erie
Chicago, IL 60611

University of California- San Francisco*

400 Parnassus Ave.
San Francisco, CA. 94143

University of Chicago Medicine

5841 S Maryland Ave
Chicago, IL. 60636

Comer Children's Hospital

5721 S Maryland Ave
Chicago, IL 60637
773-795-6622

University of Wisconsin Hospitals & Clinics*

600 Highland Avenue
Madison, WI 53792

Virginia Commonwealth University Medical Center*

1250 E. Marshall Street
Richmond, VA 23298
(804) 828-7906

Cooper University Health Care*

246 S 6th St,
Camden, NJ 08103

Health Technology Resources

1400 E. Lake Cook Rd., Ste. 170
Buffalo Grove, IL 60089
(847) 947-8044

Health Care Solutions, Inc

8031 Ridgeway Ave
Skokie, IL 60076
847-982-9880

Emory University Hospital*

1364 Clifton Rd NE
Atlanta, GA 30322
404-561-5481

* Indicates Advanced Clinical Rotation Site ONLY

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RUSH UNIVERSITY COLLEGE OF HEALTH SCIENCES

Department of Cardiopulmonary Sciences

Master of Science in Respiratory Care

GOALS OF THE PROGRAM AND DIVISION

The Division of Respiratory Care in the College of Health Sciences at Rush University in Chicago is dedicated to clinical and academic excellence in teaching, research, service and patient care. The Respiratory Care Program is designed to provide students with an outstanding education in preparation for a satisfying professional career as advanced respiratory care practitioners as well as to provide a foundation for leadership in management and supervision, education, research and clinical specialization.

The Respiratory Care Program involves motivation, curiosity, professional fulfillment and personal satisfaction. The work is both hard and rewarding.

Interaction with faculty, therapists, physicians and nurses is essential and is the key to the program. Students engage in seminars, intensive classes and laboratories, and clinical training in hospitals. The result is an outstanding education in respiratory care, but it is more than that: There is a sense of personal growth and a real commitment to serving people.

The overall purpose of the program is to provide a high-quality education that is relevant and professionally sound to meet the respiratory care leadership needs in the health care community. Inherent in this purpose is the goal to prepare respiratory therapists who can demonstrate the attitudes, skills and knowledge required to meet the changing needs in the community.

It will be necessary for the respiratory therapist to collaborate with all members of the health care team in identifying and solving the problems that relate to respiratory diseases and disorders of the cardiopulmonary system. The respiratory therapist must be able to think critically, communicate effectively, demonstrate judgment and provide self-direction. It is a primary objective of the program to educate well-qualified, competent respiratory therapists who demonstrate leadership ability.

As an academic medical center program, the Respiratory Care program must also make an appropriate contribution in the areas of research, service and patient care. With respect to research and scholarship, the division conducts and publishes original research studies, participates in the publication of textbooks and chapters, abstracts, and invited presentations based on original research. Service activities include participation on local, state and national professional boards and committees, community service, university service activities and continuing education. Patient care is integral to the division's teaching, research and service activities. The faculty embrace the practitioner-teacher model and are passionate about students achieving academic excellence and professional competence.

The Respiratory Care Program is dedicated to the mission, vision, and values of the college of Health Sciences, University, and Medical Center.

MISSION, VISION, and VALUES OF RUSH UNIVERSITY MEDICAL CENTER

Our Mission

The mission of Rush is to improve the health of the individuals and diverse communities we serve through the integration of outstanding patient care, education, research and community partnerships.

Our Vision

Rush will be the leading academic health system in the region and nationally recognized for transforming health care.

Our Values

Rush University Medical Center's core values — innovation, collaboration, accountability, respect and excellence — are the roadmap to our mission and vision.

These five values, known as our I CARE values, convey the philosophy behind every decision Rush employees make. Rush employees also commit themselves to executing these values with compassion. This translates into a dedication — shared by all members of the Rush community — to providing the highest quality patient care.

RUSH UNIVERSITY'S MISSION and VISION

Mission: Rush University provides outstanding health sciences education and conducts impactful research in a culture of inclusion, focused on the promotion and preservation of the health and well-being of our diverse communities.

Vision: The Rush learning community will be the leading health sciences university committed to transforming health care through innovative research and education.

COLLEGE OF HEALTH SCIENCES MISSION, VISION AND DIVERSITY STATEMENTS

College of Health Sciences Mission

The Mission of the College of Health Sciences is to advance the quality and availability of health care through excellence in education, research and scholarship, service and patient care. The college promotes the values of diversity, access and inclusion in all of its endeavors.

College of Health Sciences Vision

The College of Health Sciences at Rush University will be a world-class school of allied health sciences whose programs are recognized as among the best in the United States.

College of Health Sciences Diversity Statement

The College of Health Sciences at Rush University supports an environment that values individuals and encourages engagement. Respecting multiple experiences and perspectives will serve to challenge all individuals to learn from each other. By promoting diversity, inclusion and intellectual exchange, we will not only mirror society as it is, but also model society as it should and can be.

Diversity encompasses the range of human differences, including but not limited to race, ethnicity, gender, gender identity, sexual orientation, age, socioeconomic status, physical ability, cognitive, linguistic, or psychosocial abilities, religious or ethical values system, national origin, and political beliefs. Inclusion is involvement and empowerment in which the inherent worth and dignity of all people are recognized. As an inclusive college, we will promote and sustain a sense of belonging, as well as value and respect the talents, beliefs, and backgrounds of all individuals.

RESPIRATORY CARE PROGRAM'S MISSION and VISION

Mission: Rush University Medical Center's Division of Respiratory Care is committed to providing high quality, safe, family-centered, culturally sensitive, innovative care. We strive to achieve excellence in clinical service, education, and research by collaborating within and outside our community.

Vision: Through passionate service, education and research, RUMC's Division of Respiratory Care is committed to providing the best cardiopulmonary healthcare available.

RESPIRATORY CARE PROGRAM GOAL AND OBJECTIVES

Goals of the Program:

The Respiratory Care Program is designed to offer the student planned learning experiences and to provide knowledge, skills, attitudes, and ethical behavior that will culminate in successful employment of the graduate as a respiratory therapist.

The specific program competency goals are as follows:

Entry-level program goals/Objectives: Graduates of the program will be prepared to function as competent registered respiratory therapists.

Standards:

- a. To prepare graduates with demonstrated competence in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains of respiratory care practice as performed by registered respiratory therapists (RRTs).
- b. Upon completion of the program, all students will demonstrate technical proficiency in all skills necessary to fulfill the role of a registered respiratory therapist.
- c. Upon completion of the program, all students will demonstrate personal behaviors

consistent with professional and employer expectations a registered respiratory therapist.

- d. To prepare leaders for the field of respiratory care by including curricular content with objectives related to the acquisition of skills in one or more of the following: management, education, research, and clinical practice (which may include an area of clinical specialization).

In addition to these competency goals: The program seeks to develop skills in the five core areas of the program of *clinical excellence, education, leadership, research, and professional competencies*. These core areas provide the foundation upon which our graduates develop a career, educate the next generation of practitioners, lead our profession, and create evidence-based changes that advance the practice of respiratory care.

Clinical Excellence

1. Evaluate data in the patient record
2. Gather clinical information through patient assessment
3. Perform procedures to gather clinical information
4. Evaluate procedure results
5. Recommend diagnostic procedures
6. Assemble and troubleshoot equipment
7. Ensure infection control
8. Perform quality control procedures
9. Initiation and modification of interventions to maintain a patent airway
10. Initiation and modification of interventions to perform airway clearance and lung expansion techniques
11. Initiation and modification of interventions to support oxygenation and ventilation
12. Initiation and modification administer medications and specialty gases
13. Ensure modifications are made to the respiratory care plan to improve patient outcomes
14. Use evidence-based medicine principles
15. Provide respiratory care techniques in high-risk situations
16. Assist a physician/provider in performing procedures
17. Initiate and conduct patient and family education
18. Initiate and manage advanced methods and forms of mechanical ventilation.
19. Apply understanding of all ventilation modes currently available on invasive and noninvasive mechanical ventilators.
20. Make management recommendations based on waveform graphics, pulmonary mechanics, and related imaging studies.
21. Demonstrate management of patients needing advance cardiac life support
22. Demonstrate ability to recommend use of pharmacotherapy in managing cardiopulmonary patients.
23. Distinguish between and recommend actions based on cardiac rhythms.
24. Distinguish between and recommend actions based on hemodynamic monitoring
25. Understand the etiology, anatomy, pathophysiology, diagnosis, and treatment of cardiopulmonary diseases.

26. Apply knowledge and understanding of circulatory gas exchange devices to respiratory therapy practice.
27. Evaluate and treat patients using respiratory care protocols.
28. Develop, administer, evaluate, and modify respiratory care plans in the acute-care and chronic-care setting, using evidence based medicine, protocols, and clinical practice guidelines.

Education

1. Identify learning theories and education principles.
2. Identify cognitive processes.
3. Communicate and educate to empower and engage patients with cardiopulmonary diseases.
4. Describe common motivational theories and identify applications of each in patient education.
5. Conduct and utilize educational needs assessment.
6. Assess specific learner educational needs (e.g. age, health literacy, diversity, and culture).
7. Create learning activities based on a needs assessment and/or program goals.
8. Develop lesson plans that facilitate cognitive, psychomotor, and affective skills.
9. Design appropriate evaluation tools for formative and summative evaluations.
10. Develop criterion related testing for an educational unit.
11. Incorporate technology into educational activities.

Leadership

1. Describe organizational theories used in health care services.
2. Understand terminology used in health care management.
3. Describe health care organizational structures.
4. Describe health care financial systems and current reimbursement challenges and opportunities.
5. Understand principles of strategic planning as applied to organizational and departmental operations.
6. Identify and discuss quality improvement methodologies.
7. Apply metrics to evaluate and control the effectiveness and efficiency of departmental services.
8. Describe principles and practices of Human Resource Management.
9. Participate in or lead professional collaborations.
10. Differentiate roles associated with respiratory care department leadership.

Research

1. Locate and critique evidence to validate or advance clinical practice.
2. Distinguish various research designs and methods.
3. Interpret and apply basic statistics.
4. Identify specific problem areas for research and conduct a thorough review of the literature to identify knowledge gaps.
5. Synthesize relevant information, and formulate specific aims, research questions, and hypotheses to address knowledge gaps in the respiratory care field.

6. Select and apply appropriate research methodology to address specific research questions.
7. Comply with research ethics and regulations which include the informed consent process.
8. Initiate approved research protocols and collect data.
9. Manage data quality control and data safety.
10. Write a research manuscript for peer-reviewed publication.
11. Develop posters that summarize research and present posters orally to receive peer-review.

Professional Competencies

1. Demonstrate professionalism using Rush ICARE values (innovation, collaboration, accountability, respect, excellence) in interactions with the public, patients, students, faculty, and the healthcare team.
2. Demonstrate effective communication across all forms of media.
3. Demonstrate effective skills as a team member and leader.
4. Protect confidentiality related to protected health information.
5. Demonstrate principles within the AARC statement of ethics and professional conduct.
6. Use technology effectively for professional goals and communication.
7. Provide volunteer healthcare-related service to the community.
8. Participate in activities associated with professional development.

The specific program outcomes for the above goals are as follows:

CoARC Thresholds related to Entry-level Program Standards

- TMC High Cut Score Success - 60% of total number of graduates achieving the high cut score (3 yr average)
- RRT credentialing success – Tracked but no threshold
- Retention/Attrition- 70% retention of the total number of students in the enrollment cohort (3-yr average)
- Positive Job placement – Tracked but no threshold
- Graduate Survey Overall Satisfaction- At least 80% of returned employer surveys rating overall satisfaction 3 or higher on a 5-point Likert scale. Participation threshold- 50% of the graduates have returned surveys (3-yr average)
- Employer Survey Overall Satisfaction- At least 80% of returned employer surveys rating overall satisfaction 3 or higher on a 5-point Likert scale. Participation threshold- 50% of the graduates have returned surveys (3-yr average)

Clinical Excellence

- Students demonstrate the ability to comprehend, apply, and evaluate information relevant to the role of registered respiratory therapist.
- Students demonstrate technical proficiency in all skills necessary to fulfill the role of a registered respiratory therapist.

- Students demonstrate personal behaviors consistent with professional and employer expectations for a registered respiratory therapist.
- A majority (greater than 50%) of the student will attain at least one specialty credential within three years of graduation.

Education

- Develop graduates such that at least 20% enter educational roles within five years of graduation.
- Prepare graduates such that at least 10% enter doctoral programs within five years of graduation.

Leadership

- All students will participate in leadership opportunities associated with service activities.
- Develop graduates such that at least 50% will occupy leadership roles in a clinical (entry level supervisor or higher), industry, or professional (officer in a state, regional, or national society level) capacity within five years of graduation.

Research

- All students present research findings to a peer group prior to graduation.
- 50% of student research projects become published papers.

ACCREDITATION

The Rush University Respiratory Care Program currently has continuing accreditation from the Commission on Accreditation for Respiratory Care (www.coarc.com). Those students successfully completing all program requirements are eligible to sit for the examinations given by the National Board for Respiratory Care (NBRC) and to obtain state licensure after passing the examinations.

Commission on Accreditation for Respiratory Care
264 Precision Blvd Telford, TN 37690 USA
817-283-2835

CLASS AND CLINICAL HOURS

The program provides classroom study, laboratory study and observation, clinical experience, independent study, and seminars. Courses are arranged on a set schedule and sequence. Clinical classes in area hospitals meet from 6:45 A.M. until either 3:15 P.M or 7:15 P.M., depending on the corresponding shift assignment, or as specified for specialty rotations. Students are expected to provide their own transportation to clinical training sites. When necessary, the program reserves the right to adjust class schedules, times and program sequencing, to include the possibility of evening classes and clinical practicums, as well as clinical rotations outside of the Chicago metropolitan area.

RESPIRATORY CARE CURRICULUM

Master of Science Respiratory Care Program

Degree Offered: Master of Science Degree in Respiratory Care

THE PROFESSION

Respiratory Care, also known as respiratory therapy, is the allied health profession responsible for caring for patients with deficiencies and abnormalities of the cardiopulmonary system. Respiratory care is a dynamic and exciting health profession offering many opportunities for the new graduate.

Areas of respiratory care include basic care (oxygen, aerosol, and secretion clearance therapies), critical care (ventilator management and physiologic monitoring), perinatal and pediatric respiratory care, cardiopulmonary diagnostics, pulmonary laboratory, skilled nursing, restorative, subacute, home care, and pulmonary rehabilitation.

The respiratory therapist may often see a diverse group of patients ranging from the newborn and pediatric patients to adults and the elderly. Disease states or conditions often requiring respiratory care include asthma, emphysema, chronic obstructive lung disease, pneumonia, cystic fibrosis, infant respiratory distress, and conditions brought on by shock, trauma or post-operative surgical complications.

Respiratory therapists are also involved in many specialty areas in the hospital such as newborn labor and delivery, neonatal and pediatric intensive care units, pulmonary function laboratory, sleep laboratory, adult intensive care units, extracorporeal membrane oxygenation (ECMO), and EKG testing. Therapists may also be employed in physicians' offices, clinics, extended care facilities, or working in home care.

The master's degree prepared respiratory therapist is an advanced level practitioner who is able to perform patient assessment, develop and monitor respiratory care plans, administer protocols, carry out disease management and rehabilitation, provide patient and family education and serve as a physician extender to the pulmonologist. The master's degree prepared respiratory therapist will perform basic and critical respiratory care therapeutic and diagnostic procedures in the hospital, home, and alternate care sites. The master's degree respiratory care program also provides a foundation for professional leadership in the areas of management, education, and research. Program graduates are eligible to sit for the national board exams for certification as an entry-level respiratory therapist, to become registered as an advanced-level respiratory therapist, and to take specialty examinations in perinatal/pediatrics, critical care, pulmonary function technology, and/or asthma education.

THE PROGRAM

The Master of Science degree in Respiratory Care requires a minimum of 92 semester hours of credit for graduation. This is an integrated program, requiring 29 semester hours of program pre-professional prerequisite requirements prior to admission to Rush University for the **professional phase** (24 months). The **pre-professional phase** requirements may be completed at any accredited college or university and include the successful completion of a baccalaureate degree. Dedicated to clinical and academic excellence, the professional phase includes over 1000 hours of clinical practice.

As a leadership program in respiratory care, this course of study aspires to provide graduates with the foundation needed to assume professional leadership roles in clinical practice, clinical specialty areas, research, education and management. Upon completion of the program, graduates are eligible for the national board examinations in respiratory care as well as state licensure.

PRE-PROFESSIONAL PHASE: PROGRAM PREREQUISITES

The preprofessional phase (lower-division college-level course work) requires a minimum of 29 semester hours of prescribed study as outlined below.

Professional Prerequisites*	Semester Credit Hours
Mathematics (College Algebra or Higher)	3
Human Anatomy and Physiology (or 4 hrs. Anatomy and 4 hrs. Physiology)	8
Chemistry (with Lab)	4
Physics (with Lab)	4
Microbiology (with Lab)	4
Psychology (courses with prefixes PSYC)	3
Statistics	3
TOTAL	29

General Education Requirements

Successful completion of a bachelor's degree to include general education course work in mathematics (college algebra or above), communications, humanities and social and behavioral sciences as outlined below:

	Semester Credit Hours	Quarter Credit Hours
Communications (English, composition)	6	9
Mathematics (college algebra or higher)	3	3

Humanities, Fine Arts, Philosophy or Ethics (may not include a performance class)	6	6
Elective courses in Communications, Humanities, Fine Arts, Philosophy, Ethics, Social Sciences, Life Sciences, Physical Sciences or Computer Science	16	43
TOTAL	31	61

ADMISSION REQUIREMENTS

Admission to the program is on a competitive basis. Student selection is based on a number of factors including overall grade point average, prerequisite grade point average, consistency of academic performance, and course work completed prior to application, Graduate Record Examination (GRE) scores, and interpersonal abilities. The program is rigorous, and applicants are required to arrange an orientation visit to a respiratory care department at a hospital prior to acceptance to the program if the applicant has no previous experience in the field of respiratory care.

Requirements for admission to the professional phase of the program in respiratory care include:

- A minimum overall GPA of 2.5 in undergraduate course work.
- Completion of all professional prerequisite required courses with a grade of "C" or better.
- Completion of a bachelor's degree.
- Senior standing at the time of application and the ability to complete all professional prerequisite course work by the beginning of the fall semester of the first year.
- Submission of Graduate Record Examination (GRE) scores is encouraged but not required (from an examination taken within five years of the date of application to the program).
- A personal interview with division faculty.
- Completed application to the program and submission of official transcripts for all college course work completed.

APPLICATION PROCEDURE

Application for admission into the professional phase of the Respiratory Care Program should be made through the College of Health Sciences Admissions Office at Rush University before

August 1 for admission into the class entering in September. Prospective applicants may submit an application using the [Allied Health Centralized Application Service](#). Any inquiries should be made to (312) 563-2050 or emailed at: chs_admissions@rush.edu

EQUAL OPPORTUNITY, DISABILITY RIGHTS AND ACCESSIBILITY

For more than three decades, our approach to equal opportunity and diversity has not wavered: Equal opportunity and diversity in employment, education and the delivery of health care are essential and must be furthered. This is a continuation of a policy that emanated from the hospital charters of 1865 and 1883, and the documents governing the establishment of Rush University in 1972.

Discrimination or harassment against any member of the Rush University Medical Center community (i.e., employee, faculty, house staff, student or patient) because of age, ancestry, color, disability as defined by Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act, gender, gender identity and/or expression, marital or parental status, national origin, pregnancy, race, religion, sexual orientation, veteran's status, or any other category protected by federal or state law is prohibited and will not be tolerated, nor will any person for those reasons be excluded from the participation in, or denied the benefits of, any program or activity within Rush University Medical Center or Rush University.

In certain instances, the implementation of this policy requires the use of affirmative action initiatives. At Rush, these are focused on strong recruitment and programming efforts — not on the use of quotas — and these recruitment and programming efforts will be continued, consistent with federal, state and municipal guidelines.

PROGRAM PREREQUISITES

All program prerequisite courses must be taken prior to entry into the first year of the regular professional program (alterations in the student's planned program require written approval by the Department Chair/Program Director). Registration for the first sequence of professional courses in the program requires:

1. Admission into the program;
2. Completion of Human Anatomy and Physiology, Chemistry, Physics, Microbiology, Psychology, Mathematics (College Algebra and higher) and Statistics with a grade of "C" or better; and
3. Consent of the Committee on Progress and Promotions for Respiratory Care.

Please note: Individuals holding the RRT credential may be admitted to the program prior to completion of all program prerequisites.

PROFESSIONAL PHASE - RESPIRATORY CARE PROFESSIONAL COURSES

Students accepted into the professional phase begin course work in the fall semester of the first year of the program. Course work in the professional phase is taken on a full-time basis in the following sequence:

FIRST YEAR

<u>Fall Semester</u>		<u>Semester Hours</u>
RCP 501	Foundations of Professional Practice – Teamwork, Conflict Resolution, Communication, and Informatics	3
RCP 511	Introduction to Respiratory Care	3
RCP 512	Cardiopulmonary Anatomy and Physiology	5
RCP 515	Respiratory Care Pharmacology	2
	TOTAL	13
<u>Spring Semester</u>		<u>Semester Hours</u>
RCP 520	Respiratory Care Equipment and Techniques	4
RCP 521	Patient Assessment	4
RCP 522	Pulmonary Diseases	3
RCP 523	Mechanical Ventilation	4
	TOTAL	15
<u>Summer Semester</u>		<u>Semester Hours</u>
RCP 531	Critical Care	4
RCP 532	Pulmonary Function Testing	3
RCP 534	Clinical Practice 1	3
RCP 563	Research Methods	3
RCP 566	Education	3
	TOTAL	16

SECOND YEAR

<u>Fall Semester</u>		<u>Semester Hours</u>
RCP 530	Cardiac Diseases	2
RCP 533	Pediatric and Neonatal Respiratory Care	4
RCP 569	Clinical Practice 2	7
RCP 565	Research Project 1	1
CHS 601	Biostatistics	2
	TOTAL	16

Spring Semester		Semester Hours
RCP 567	Management	3
RCP 570	Cardiopulmonary Diagnostics	2
RCP 575	Clinical Practice 3	7
RCP 577	Clinical Seminar 1	3
RCP 573	Research Project 2	1
	TOTAL	16
Summer Semester		Semester Hours
CHS 605	Healthcare Ethics	2
CHS 620	Healthcare in America	2
RCP 585	Clinical Practice 4	8
RCP 589	Disease Management / Home Healthcare	3
RCP 583	Research Project 3	1
	TOTAL	16
TOTAL Hours for MS Respiratory Care Program:		92

GRADUATION REQUIREMENTS

1. Completion of all required course work with a grade point average of 3.0 or better.
2. Completion of each required respiratory care professional course with a grade of "C" or better.
3. Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS), and Neonatal Resuscitation Provider (NRP) course completion.
4. Successfully completed a division research project.
5. Completion of all University requirements for graduation.

COURSE DESCRIPTIONS

RCP 501 Foundations of Professional Practice (3 semester hours)

The course provides the student with the knowledge and skills to appropriately utilize evidence-based communication, teamwork, and conflict resolution concepts. The opportunities and challenges of social media in professional and social contexts will also be explored. Additionally, the course will provide an overview of informatics topics that are most relevant to professional practice, namely, informatics standards, standardized clinical terminology, electronic health records, and information literacy.

RCP 511 Introduction to Respiratory Care (3 semester hours)

In this course, students apply specific principles of chemistry and physics to respiratory care, and are introduced to patient assessment, laboratory findings, radiography, and pathophysiology related to common cardiopulmonary disorders. Specific modes of respiratory care are examined to understand principles of application to common cardiopulmonary disorders and related interventions indications, hazards, contraindications and evaluation.

Prerequisite: Admission to the program.

RCP 512 Cardiopulmonary Anatomy and Physiology (5 semester hours)

Provides an in-depth study of cardiac and pulmonary anatomy and physiology, as well as the diagnostic procedures commonly used in the hospital to evaluate these systems. Topics include the function of the respiratory system, ventilatory mechanics, gas transport in the blood, natural and chemical regulation of breathing, circulation, blood flow and pressure, and cardiac output. The heart-lung relationship and clinical applications of these phenomena in the cardiopulmonary system will be emphasized. Prerequisite: Admission to the program.

RCP 515 Pharmacology (2 semester hours)

Provides the physiologic and pharmacologic basis of pulmonary and cardiac medications. Students will study the preparation, as well as the calculation of dosages and mixtures. General principles of pharmacology as a basis for an in-depth discussion of bronchoactive, mucus controlling drugs, surfactant, inhaled steroids and aerosolized anti-infective agents, and the drug groups related to the cardiopulmonary system such as neuromuscular blocking agents, central nervous system depressants, cardiovascular agents, diuretics and antimicrobial agents will be included. Prerequisite: Admission to the program.

RCP 520 Respiratory Equipment and Techniques (4 semester hours)

This course provides students with the opportunity to gain hands-on experience with respiratory care equipment. Students select, assemble, and check equipment for proper function, operation and cleanliness. Equipment malfunctions and actions to correct malfunctions will also be covered. Equipment will include oxygen delivery devices, humidifiers, aerosol generators, pressure ventilators, gas delivery, metering and analyzing devices, percussors, vibrators, environmental devices, manometers, gauges, and vacuum systems. Maintenance of artificial airways, fiberoptic bronchoscopy, thoracentesis, chest tube maintenance, and arterial blood gas sampling will also be discussed. Basic and advanced life support will be covered to include cardiopulmonary resuscitation, artificial ventilation and

circulation, endotracheal intubation, airway care, recognition and treatment of arrhythmias, and cardiovascular pharmacology. Related equipment will also be reviewed to include manual resuscitators, artificial airways, defibrillators, and cardiac monitors. Prerequisite: Admission to the program. Prerequisite: RCP 511, RCP 512.

RCP 521 Patient Assessment (4 semester hours)

Fundamentals of respiratory assessment will be covered to include review of existing data in the patient record, patient history, physical examination, oximetry, blood gases, respiratory monitoring, pulmonary function assessment, laboratory studies, chest and upper airway radiographs, ventilation/perfusion scans, bedside EKG interpretation, and cardiovascular monitoring. Prerequisite: RCP 511, RCP 512.

RCP 522 Pulmonary Disease (3 semester hours)

Topics include the etiology, pathophysiology, diagnosis, treatment and prognosis of common pulmonary diseases and conditions. Respiratory care management of non-respiratory disorders commonly encountered in the critical care unit will also be covered. Pulmonary and critical care medicine, obstructive and restrictive pulmonary disease, neoplastic disease of the lung, infectious diseases, neurological and neuromuscular disorders, drowning, burns, smoke inhalation, carbon monoxide poisoning, drug overdose, and respiratory care of the post-operative patient will be reviewed. Prerequisite: RCP 512.

RCP 523 Mechanical Ventilation (4 semester hours)

Provides instruction in the theory, set-up, operation and maintenance of mechanical ventilators, their associated modes of ventilation and related equipment. Topics include: mechanical ventilator theory, ventilator operation, modes of ventilation, ventilator maintenance and trouble shooting. Prerequisite: RCP 511, RCP 512.

RCP 530 Cardiac Diseases (2 semester hours)

Topics include the etiology, pathophysiology, diagnosis, treatment and prognosis of common cardiac and cardiovascular conditions. Respiratory care management of cardiac and cardiovascular disorders, shock, trauma, renal failure, acute G.I. disturbances, and invasive cardiovascular procedures will be reviewed. Additionally, learners will learn to interpret 12-lead ECGs and obtain their ACLS credentials. Prerequisite: RCP 512.

RCP 531 Critical Respiratory Care (4 semester hours)

Provides instruction on all phases of adult critical care and continuous mechanical ventilation. Topics include physiology and classification of mechanical ventilation, acid base balance, indications for mechanical ventilatory support, implementation, monitoring, ventilator weaning and discontinuance will be covered. Advanced critical care techniques for invasive and non-invasive patient monitoring will be covered. Hemodynamic monitoring will include arterial pressure monitoring, central venous and pulmonary artery catheters, and cardiac output measurement. Non-invasive monitoring techniques including oximetry, transcutaneous monitoring, capnography, ventilator graphic analysis, and assessment of the critical ill patient will also be reviewed. Prerequisites: RCP 512, RCP 520 RCP 521, RCP 522, RCP 523.

RCP 532 Pulmonary Function Testing (3 semester hours)

Provides a hands-on experience conducting and interpreting complete pulmonary function tests to include spirometry, lung volumes, and diffusing capacity. Common variations such as bronchoprovocation testing and bronchial responsiveness along with tests for muscle weakness are also included. In addition, the student will learn the operation, maintenance, and quality control principles for all common pulmonary function and gas analysis equipment. Bronchoscopy, exercise testing, and metabolic testing will also be reviewed. Prerequisite: RCP 512, RCP 522.

RCP 533 Pediatric and Neonatal Respiratory Care (4 semester hours)

In this course, the student will have the opportunity to utilize evidence-based knowledge and critical thinking skills in the planning and provision of comprehensive respiratory care to newborns, infants, and children along the health-illness continuum. Topics include fetal growth and development, neonatal and pediatric cardiopulmonary physiology and pathophysiology, respiratory care assessment of the newborn, infant and pediatric patient, as well as respiratory care diagnostic and therapeutic interventions targeted to specific cardiopulmonary pathologies. Prerequisites: RCP 512, RCP 520 RCP 521, RCP 522, RCP 523.

RCP 534 Clinical Practice I (3 semester hours)

Students will observe and achieve competencies related to respiratory procedures in general medical/surgical floors and adult intensive care units. Introduces students to clinical respiratory care procedures. Topics include: introduction to the clinical affiliate, patient assessment, medical gas therapy, aerosol therapy, incentive spirometry, positive pressure breathing, chest physiotherapy, and airway care. Prerequisites: Satisfactory completion of first two semesters of course work.

RCP 563 Research Methods (3 semester hours)

This course introduces the student to methods of scientific research to include review of literature, research designs, sampling techniques, variables and measurement, appraisal of the quality of existing evidence, research ethics, and formulation of a problem statement and hypothesis. Students will also produce the first draft of a research proposal.

RCP 566 Education (3 semester hours)

This course provides an introduction to basic principles and techniques used in respiratory care education. Topics include patient education, in-service education, needs assessment, writing objectives, lesson plan development, development of learning activities, use of media, development of presentations, and evaluation. Motivational interviewing and smoking cessation are also introduced.

RCP 567 Management (3 semester hours)

Management theory and practical application is explored. Supervisory, management, and leadership qualities and responsibilities are studied as well as organizational structures. Students are shown how these principles apply to organizations generally and Respiratory Care departments specifically. Students are introduced to hospital organization, healthcare finance,

quality assurance and improvement, and healthcare regulation. Prerequisite: Admission to program.

RCP 569 Clinical Practice 2 (7 semester hours)

This course provides students the opportunity to further develop both basic and advance skills required in the intensive care of the respiratory patient. Topics include: patient assessment, medical gas therapy, aerosol therapy, incentive spirometry, positive pressure breathing, chest physiotherapy, airway care using nasal, endotracheal, tracheal tubes, initiation of mechanical ventilation, patient stabilization and monitoring, evaluation of hemodynamic variables, bronchial hygiene, evaluation for weaning, endotracheal intubation, extubation, arterial line sampling, arterial puncture, blood gas analysis, and non-invasive monitoring. The students will also complete a pulmonary function, bronchoscopy observation, long-term care, and pediatric rotations. Prerequisite: RCP 534

RCP 565 Research Project I (1 semester hour)

Guided activities to complete the research protocol, create data collection instruments, and begin data collection. Prerequisite: RCP 563

RCP 570 Cardiopulmonary Diagnostics (2 semester hours)

This advanced cardiopulmonary diagnostics course covers a range of tests that assess different body systems. Topics include polysomnography and sleep disorders, bronchoscopy, ultrasound, and echocardiography. Learners will observe tests, identify indications, interpret findings, and describe the equipment required for each. Prerequisite: RCP 512, RCP 522, RCP 530.

CHS 601 Biostatistics (2 semester hours)

This course will focus on concepts and procedures for descriptive and inferential statistics for continuous and discrete data and data analysis using parametric and nonparametric statistical procedures. Computerized statistical programs, such as SPSS, will be used.

RCP 575 Clinical Practice 3 (7 semester hours)

This course provides an opportunity to acquire clinical experience in the intensive care of neonatal and pediatric patients. Topics include: patient assessment, medical gas therapy, aerosol therapy, incentive spirometry, chest physiotherapy, airway care, initiation of mechanical ventilation, patient stabilization and monitoring, evaluation of hemodynamic variables, bronchial hygiene, evaluation for weaning, endotracheal intubation, monitoring (invasive and non-invasive), labor and delivery assistance, and transport. Students are also given the opportunity to further develop their adult critical care skills. Prerequisite: Second year status. Prerequisite: RCP 569

RCP 577 Clinical Seminar (3 semester hours)

Learners review respiratory care across the lifespan with an emphasis on problem-solving and decision-making. Practice board credentialing examinations will be administered. Current issues relevant to respiratory care will be explored to include new trends in management, new treatments and technologies, ethical issues in health care, and issues related to professional development and practice. Prerequisite: RCP 534, RCP 569

RCP 573 Research Project 2

Guided activities to continue data collection, begin data analysis, interpret findings, and begin manuscript preparation. Prerequisite: RCP 565

CHS 620 Health Care in America: An Overview for Health Professions for Students (2 Semester hours)

Health Care in America is designed for students who are entering a health profession. Faculty leaders from across the Medical Center present topics that address contemporary issues in America's health care system. Examples include the organization and delivery system, the economics and financing of health care, the national's health care workforce, long-term care, technology and health care, biomedical ethics, health policy and the public's health, and future directions of America's health care system. Following presentations, the class breaks into interdisciplinary groups lead by faculty to explore those and other class-developed questions about health care in America.

CHS 605 Health Care Ethics (2 Semester hours)

This interdisciplinary course will introduce students to foundational theories of health care ethics, ethical decision-making frameworks, legal and professional standards in health care ethics, institutional and inter-professional ethical constraints, and major ethical issues facing health care professionals. Students will have the opportunity for case analysis and discussion with students from other professions with which they will someday be practicing. Course content will include lecture, on-line content, case analysis, and discussion.

RCP 585 Clinical Practice 4 (8 Semester hours)

This course provides an opportunity to advance the students clinical experience in neonatal and pediatric respiratory care in the areas of patient assessment and monitoring (invasive and non-invasive), mechanical ventilation, ECMO, airway care, labor and delivery assistance and transport. Students will also have an opportunity for reinforcement of adult intensive care. In addition, students are provided with an opportunity in home health, skilled nursing facility, pulmonary rehabilitation and sleep. Prerequisites: RCP 575

RCP 589 Disease Management / Home Health (3 Semester hours)

This course places emphasis on decision-making and problem-solving as they relate to clinical respiratory care and disease management. Current issues relevant to respiratory care will be discussed such as ethical issues in health care, smoking cessation, palliative care, and issues related to professional development and practice.

Prerequisite: RCP 520, RCP 521, RCP 522, RCP 530, RCP 565

RCP 583 Research Project 3 (2 semester hours)

Guided activities to answer an appropriate research question, data analysis, research presentation and develop a manuscript for completion of the required program research requirements. Prerequisite: RCP 573.

PROFESSIONAL RESPIRATORY CARE COURSE SEQUENCING

All professional courses (RCP prefix) in the program are taught in a sequential manner. Each professional course in the program serves as the prerequisite for the subsequent course. Consequently, professional courses must be taken in sequence. **Withdrawing or failure to successfully complete a professional course with a letter grade of "C" or better may result in the student being placed on the three-year track, given a leave of absence (LOA) and academic probation, or dismissed from the program after review by the Committee on Progress and Promotions.** Students readmitted to the program at times other than the fall semester of the second year will pick up the course sequence as prescribed by the Chair/Program Director or Committee on Progress and Promotions for Respiratory Care.

STANDARDS OF PERFORMANCE FOR RESPIRATORY CARE AND MAJOR FIELD RELATED COURSES

90 - 100 = A
80 - 89 = B
75 - 79 = C
70 - 74 = D
below 70 = F

Unless otherwise described in a given course syllabus, the minimum satisfactory grade for course credit is a letter grade of "C" and all stipulated segments of a course must be passed by this standard. Students must demonstrate proficiency in all clinical skills presented in order to pass clinical courses. For all clinical courses, the final exam must be passed at the designated cut score AND a grade of "C" or better must be maintained in order to successfully complete each clinical course to continue in the program.

Students earning less than 79.5% in a course will be provided an opportunity to remediate by retaking the exams in which they scored less than 79.5%. After retaking these exams, the student would need to take the final exam. Once the student retakes these exams, they will receive a course grade of "B" if your total course average is 79.5 or higher. The student will receive a course grade of "C" if the total course average is 74.5 to 79.4. The student will receive a course grade of "D" if the total course average is 69.5 to 74.4 and an "F" course grade if the total course average is below 69.5. This remediation will occur during the semester break. Students are only allowed to remediate one course per semester.

Students are expected to maintain an Overall GPA in The Program of at Least 3.0

Failure of the student to maintain a cumulative GPA of at least 3.0 will subject the student to a review and may result in the student being placed on probation, given an LOA, or dismissed from the program after review by the Committee on Progress and Promotions.

If dismissed, and the student wishes to reenter the program, they must reapply and will be considered on the same basis as any new applicant. Students who voluntarily withdraw from the program either passing or failing have no guarantee of reinstatement to the program. Students requesting readmission to the program should submit a letter to that effect to the Committee on Progress and Promotion for Respiratory Care. Students readmitted to the

program will pick up the course sequence as prescribed by the Chair/Program Director or Committee on Progress and Promotions for Respiratory Care.

CLINICAL FINAL EXAMINATIONS

All students are required to pass the clinical final examination after completing clinical courses to continue in the program. In the event a student fails the clinical final examination, the student is allowed to make ONE more attempt to pass. In the event the student passes the clinical final exam on the second attempt the student will continue in the program. The grade earned on the first attempt will be used to calculate the final clinical grade. In the event the student does NOT pass the clinical final exam on the second attempt, the student will be placed in remediation. The student will be given a third attempt to pass the final by the end of the next semester. In the event the student does not pass on the third attempt the student will earn an "F" in the clinical course and may be suspended or released from the program. The clinical final exam for RCP 575 and RCP 585 will be mock versions of NBRC exams, and rules for those courses are described in the section below.

COMPREHENSIVE END-OF-PROGRAM COMPETENCY ASSESSMENT EXAMINATION

Before graduating, students will complete comprehensive end-of-program examination assessments [NBRC secure Therapist Multiple Choice (TMC) and Clinical Simulation Examinations (CSE)]. The TMC examination will be taken at the end of the spring semester of the second year as part of RCP 577 Clinical Seminar. The CSE will be given at the beginning of the summer semester of the second year as part of RCP 585 Clinical Practice 4. The score earned on the first attempt will count toward the final grade in RCP 577 and RCP 585. Students who do not achieve a passing score will remediate the exam to meet the passing requirement. Remediation will be completed with assistance from the course faculty, tailored to the individual needs of the student.

CONDUCT AND ETHICS

Each student is expected to always conduct oneself in a dignified manner. This manner conforms to the ethics of the profession and instills patient confidence in one's abilities as a health care practitioner. Each student is expected to conform to the professional code of ethics as outlined in this handbook and policies outlined in the university catalog.

Irresponsible, unprofessional, or unethical behavior as determined by the instructor or failure to follow the instructions of a clinical instructor during clinical practice may result in dismissal from the program. Falsification on any clinical documents will be treated as scholastic dishonesty. All hospital regulations are to be followed by students when undergoing clinical training in a facility.

If employed by a clinical site in which the student is assigned a clinical rotation, the student must not complete clinical coursework while in an employee status.

SCHOLASTIC DISHONESTY AND CHEATING

The division will not condone cheating in any form. Plagiarizing or copying others' writing or work is considered cheating. Any allegations of cheating will be reviewed by the Committee on Progress and Promotions for Respiratory Care and, if merited, dealt with in a strict manner, including immediate dismissal from the program.

Any student found to be cheating on an examination, test, quiz, or assignment will automatically receive a "0" for the grade and will be subject to dismissal from the program at the discretion of the Committee on Progress and Promotions for Respiratory Care. Plagiarism on drafts of assignments may result in a "0" grade for the entire assignment.

The use of artificial intelligence (AI) must follow all syllabus-specific guidelines for each course. Failure to follow these guidelines may be considered academic dishonesty and subject to review by the Committee on Progress and Promotions for Respiratory Care. Consequences will be determined based on the nature of the violation and may include, but are not limited to, a grade penalty, remediation, or dismissal from the program.

Failure to report incidents involving scholastic dishonesty on the part of another student will be considered unprofessional conduct and may result in disciplinary action.

EXAMINATION ADMINISTRATION

All examinations given by the division will be always monitored by faculty or staff. Students will be seated in such a manner as to minimize the opportunity for observation of other students' examination papers. No breaks will be allowed once an examination period has begun, and students may not leave the room during an exam until they are finished taking the examination, except in the event of an emergency, which will be judged by the faculty or staff monitoring the exam on a case-by-case basis.

If a student turns in an examination without answering all questions, they will NOT be given an opportunity to finish the examination after leaving the room. Only marks made on a Scantron sheet or other form of written exam will be used to compute a grade on all graded examinations. For example, if a student marks the answer correctly on their examination, but does not mark it correctly on the Scantron, only the Scantron answer will be used to compute the grade, not the answer marked on the examination.

Calculators will be provided to students for examinations, thus personal calculators will not be allowed during examinations.

EXAMINATION REVIEW

At the discretion of the course instructor, during review of any examination given within the curriculum, no other papers or books will be allowed on the student's desk. No writing implements of any kind will be allowed. NO note taking or recording of any kind will be permitted. This includes written note taking, and/or any form of mechanical, electronic, audio, or video recording. Violation of this policy will constitute academic dishonesty and will be referred to the Committee on Progress and Promotions for review and possible disciplinary action.

COLLEGE OF HEALTH SCIENCES/ RESPIRATORY CARE PROGRAM: STUDENT ACADEMIC APPEAL AND GRIEVANCE PROCEDURES

The College of Health Sciences/Respiratory Care Program student appeals and grievance procedures provide a review mechanism for students with a complaint of unfair treatment to obtain a review of the issue. The student appeals procedures shall not be used to question a rule, procedure or policy established by an authorized faculty or administrative body. Rather, it shall be used to provide due process for those who believe that a rule, procedure, or policy has been applied in an unfair or inequitable manner or that there has been unfair or improper treatment by a person or persons.

Students who appeal an academic decision that could result in a dismissal from the University may be allowed to continue progressing in the program until the issue is resolved. If the academic decision is upheld and the student is dismissed from the University, they will be withdrawn from their current classes. This withdrawal will be backdated to before the beginning of the term, and the student will receive 100% tuition reimbursement for that term. A student wishing to appeal an academic decision should follow the process summarized below in the sequence indicated:

Step 1. In the academic community, the responsibility for course development, course delivery and the assessment of student achievement rests primarily with each course instructor. Any student who has a complaint of inappropriate treatment related to a course should first seek to resolve it with the course instructor.

a. A student with such a complaint must request reconsideration, in writing, of the application of a rule, procedure or policy, or unfair or improper treatment. The request must be within five working days following the issue that forms the basis for the complaint.

b. The instructor will meet with the student to discuss the issue. The instructor will notify the student in writing of the decision regarding the appeal.

If the course instructor is the department chairperson or if the appeal does not pertain to a specific course, the student should seek resolution with the department chairperson at the outset and begin with Step 2.

Step 2. If resolution is not achieved in Step 1, the student may submit a written appeal describing the application of a rule, procedure or policy, or unfair or improper treatment to the chairperson of the department in which the student's program resides within five working days following notification by the instructor of their decision.

- a. The chairperson will meet with the student following receipt of the student's request for resolution to discuss the issue or refer the appeal to the department's student progress and promotion committee as outline in Step 3.
 - b. The chairperson will notify the student of their decision in writing following the meeting.
- Step 3. If resolution is not achieved in Step 2, the student may submit a written appeal describing the application of a rule, procedure or policy, or unfair or improper treatment to the student progress and promotion committee of the department within five working days following notification by the department chairperson of their decision.
- a. The student may appear before the committee in person, make an oral statement and answer questions from the committee. The student will not be allowed to be present during committee deliberations.
 - b. The committee may request that any university employees pertinent to the appeal appear before the committee to make an oral statement and answer questions.
 - c. Following review of the information provided, the committee will notify the chairperson who will notify the student of its decision.
- Step 4. If the resolution is not achieved in Step 3, the student may submit a written appeal describing the application of a rule, procedure or policy, or unfair or improper treatment seeking a hearing to the dean within five working days of receiving the department progress and promotion committee decision.
- a. The dean will meet with the student for a hearing following receipt of the written request from the student.
 - b. After the meeting with the student, the dean may either render a decision or choose to appoint a panel to investigate the appeal.
 - c. Following review of the information provided and any recommendations from the panel, should one be appointed, the dean will then notify the student of their decision.
- The decision of the dean shall be final.

CONDUCT IN CLINICAL FACILITIES

Students must be appropriately supervised at all times during their clinical practice courses. Students must not be used to substitute for clinical, instructional, or administrative staff and cannot receive any form of remuneration in exchange for clinical work that they perform.

In the event of a student disciplinary problem in a clinical facility, such as unprofessional conduct, the following procedure will be adhered to:

- 1.The student will be dismissed from the clinical facility by the instructor, and the time will be recorded as an unexcused absence.
- 2.The student will be scheduled for a formal counseling session conducted by the instructor and the director of clinical education, at which time his/her clinical status will be reviewed and appropriate action taken. The student must complete this counseling session in order to be readmitted to the clinical rotation.
- 3.The program attendance policy remains applicable.

HIPAA AND PATIENT PRIVACY

As a student at Rush University, you have a legal and ethical responsibility to safeguard the privacy of all patients and protect confidentiality and security of all health information. Protecting the confidentiality of patient information means protecting it from unauthorized use or disclosure in any format - oral, verbal, fax, written or electronic/computer. Patient confidentiality is a central obligation of patient care. Any breaches in patient confidentiality or privacy may result in disciplinary action, up to and including dismissal from the program.

The laboratory component of some courses may use students as simulated patients. This is particularly true for the patient evaluation, medicine and patient education components. Additionally, the sharing of personal experiences can be a rich resource in the development of students understanding, knowledge and appreciation of disease, health care and impact on peoples' lives.

Conducting physical exams and taking medical histories, places students in close contact and leads to the sharing of personal information and physical findings. Similarly students may use personal experiences in patient role-playing exercises.

All shared and personal medical information and physical examination findings are to be treated with utmost confidentiality, the same as for any patient contact. Failure to protect the confidentiality of any information related to the activities of this course may result in disciplinary action, up to and including dismissal from the program.

GUIDE TO PROFESSIONAL CONDUCT

Professionalism relates to the intellectual, ethical, behavioral and attitudinal attributes necessary to perform as a health care provider. The student will be expected to:

Attention

1. Demonstrate awareness of the importance of learning by asking pertinent questions, identifying areas of importance in clinical practice and reporting and recording those areas.
2. Disruptive behavior in class, lab and clinical settings, such as talking or other activity interferes with effective teaching and learning and should be avoided.

Participation

1. Complete assigned work and prepare for class, laboratory, and clinical objectives prior to attending.
2. Participate in formal and informal discussions, answer questions, report on experiences, and volunteer for special tasks and research.
3. Initiate alteration in patient care techniques when appropriate via notification of instructors, nursing staff and physician.

Dependability and Appearance

1. Attend and be punctual and reliable in completing assignments with minimal instructor supervision.
2. Promote a professional demeanor by appropriate hygiene, grooming and attire.

Communication

1. Demonstrate a pleasant and positive attitude when dealing with patients and co-workers by greeting them by name, approaching them in a nonthreatening manner, and setting them at ease.
2. Explain procedures clearly to the patient.
3. Ask patients how they feel and solicit patient comments regarding the patient's overall condition and response to therapy.
4. Communicate clearly to nursing staff and physicians regarding the patient status, utilizing appropriate charting, oral communication and the established chain of command.
5. Demonstrate a pleasant and positive attitude when dealing with co-workers, instructors, faculty, nurses and physicians.

Organization

1. Display recognition of the importance of interpersonal relationships with students, faculty, and other members of the health care team by acting in a cordial and pleasant manner.
2. Work as a team with fellow students, instructors, nursing staff and the physician in providing patient care.
3. Organize work assignments effectively.
4. Collect information from appropriate resources.
5. Correlate respiratory care to overall patient condition.
6. Adapt respiratory care techniques to overcome difficulties.
7. Devise or suggest new techniques welfare or patient or unit efficiency.

Safety

1. Verify identity of patients before initiating therapeutic action.
2. Interpret written information and verbal directions correctly.
3. Observe and report significant changes in patient's condition promptly to appropriate person(s).
4. Act to prevent accidents and injury to patients, personnel and self.
5. Transfer previously learned theory and skills to new/different patient situations.
6. Request help from faculty/staff when unsure.
7. Comply with hospital and university guidelines for performance.

Examples of critical errors in professional conduct and judgment include:

1. Failure to place the patient's welfare as first priority.
2. Failure to maintain physical, mental, and emotional composure in all situations.
3. Consistent ineffective, inefficient use of time in clinical setting.
4. Failure to be honest with patients, faculty, and colleagues.
5. Scholastic dishonesty in any form.

PROCEDURE FOR UNPROFESSIONAL CONDUCT

The procedure to be followed for unprofessional conduct is as follows:

Step 1. The student will have been identified as violating an established standard of professional conduct/judgment or moral/ethical behavior, and the Department Chair/Program Director will have been notified.

Step 2. The Department Chair/Program Director will meet with the individual(s) making the allegation and the student's faculty advisor to review the available information and determine the veracity of the allegations.

Step 3. The Department Chair/Program Director, student, and faculty advisor, whenever possible, will meet as promptly as possible after the alleged incident. The Department Chair/Program Director will report to the student the facts and available information and will seek to authenticate or clarify the allegations where possible. If it is determined that there is no basis for the allegation, no further action will be taken.

Step 4. If it is determined that there is a basis for the allegation and that further investigation is necessary, a preliminary hearing of the Committee on Progress and Promotions for Respiratory Care (CPPRC) will be convened to review the allegations and recommend a course of action. Guidelines for the CPPRC preliminary hearing are provided in the Student Handbook. The Department Chair/Program Director will inform the student and the Dean in writing of the CPPRC preliminary hearing and the following:

- a. Date
- b. Name of student
- c. Nature of the allegations
- d. Date of alleged incident/occurrence
- e. Professional attributes that allegedly violate standards: skill, behavior, judgment, ethical values, etc.

For more information regarding the procedures for handling instances of unprofessional conduct, see current University Catalog and the College of Health Sciences Rules for Governance.

INCIDENTS IN THE CLINICAL AGENCY

An incident occurring which affects patient or staff well-being or the patient's prescribed care will be reported to the clinical instructor immediately. A hospital incident report will then be completed following the policy of that institution. A duplicate of the hospital incident report as well as a memorandum of explanation from the clinical instructor will be placed in the student's clinical file and the department chair/program director or director of clinical education will be

notified immediately. Incidents involving gross errors in judgment or practice on the part of the student will constitute grounds for dismissal from the program.

RUSH UNIVERSITY RESPIRATORY CARE PROGRAM: POLICY AND PROCEDURES FOR PROFESSIONALISM REVIEW

Introduction: Students enrolled in the Respiratory Care Program are expected to uphold the highest standards of professionalism, reflecting personal, moral, and intellectual integrity throughout their academic journey. This policy outlines the procedures for conducting Professionalism Reviews at the end of the 2nd, 4th, and 6th semesters.

Expectations: Respiratory care students must demonstrate professional conduct by treating peers and others with respect, exhibiting reliability in all program activities, communicating effectively in both written and oral forms, taking personal responsibility for their actions, and acknowledging the boundaries of their knowledge and skills.

Assessment Process:

1. Frequency:

- Professionalism Reviews will be conducted at the conclusion of the 2nd, 4th, and 6th semesters.

2. Evaluation Criteria:

- Faculty will assess students based on their adherence to professional and ethical standards, using the Professionalism Assessment Tool.

3. Notification:

- Students will be notified before the Professionalism Review and provided with information on the assessment process.

4. Note: It is essential to emphasize that the Professionalism Reviews are a standard part of the program evaluation process and are conducted for all students, irrespective of whether they exhibit positive or negative behaviors. The purpose of these reviews is to ensure ongoing professional development and to provide constructive feedback. Therefore, initiating a review does not necessarily imply negative behavior but is a holistic assessment of each student's professional growth and conduct in the Respiratory Care Program. The aim is to recognize and reinforce positive behaviors and address any areas for improvement in a proactive and supportive manner.

When Incidents Occur:

1. First Incident:

- Students with professionalism concerns during the review will receive written notification.
- Depending on the nature of the concerns, faculty may initiate a meeting with the student before the scheduled Professionalism Review to discuss a remediation plan.

2. Second Incident:

- A second professionalism violation will require a mandatory meeting with the Program Director.

- A written Professionalism Assessment will be conducted, and the assessment will become a permanent part of the student's program record.

3. Third Incident:

- The student is required to meet with the Program Director and Department Chairperson for further discussion and remediation planning.
- The student will be referred to the Committee on Progress and Promotions for review and possible probation, suspension, or termination from the program.

Escalation: Repeated violations of the professionalism policy outside of scheduled Professionalism Reviews may result in escalation to the Committee on Progress and Promotions. The Committee will assess the severity and recurrence of the issues and may recommend intensified professionalism remediation or dismissal from the program.

Conclusion: This policy aims to ensure that students in the Respiratory Care Program maintain the highest standards of professionalism. The Professionalism Reviews serve as a constructive mechanism for identifying and addressing lapses in professional behavior, facilitating the growth and development of students as they progress through the program.

RESPIRATORY CARE PROGRAM TECHNICAL STANDARDS

Rush University is committed to diversity and to attracting and educating students who will make the population of health care professionals representative of the national population. Our core values — ICARE — Innovation, Collaboration, Accountability, Respect and Excellence translate into our work with all students, including those with disabilities. Rush actively collaborates with students to develop innovative ways to ensure accessibility and creates a respectful accountable culture through our confidential and specialized disability support. Rush is committed to excellence in accessibility; we encourage students with disabilities to disclose and seek accommodations.

The following technical functions are required of all students enrolled in the Respiratory Care program:

Acquire information:

- Acquire information from demonstrations and experiences in courses such as lecture, group, and physical demonstrations.
- Acquire information from written documents and computer systems (e.g., literature searches & data retrieval).
- Identify information presented in accessible images from paper, slides, videos with audio description, and transparencies.
- Recognize and assess patient changes in mood, activity, cognition, verbal, and non-verbal communication.

Use and Interpret:

- Use and interpret information from assessment techniques/maneuvers.

- Use and interpret information related to physiologic phenomena generated from diagnostic tools

Motor:

- Possess psychomotor skills necessary to provide or assist in holistic respiratory therapy care and perform or assist with procedures and treatments.
- Practice in a safe manner and appropriately provide respiratory care and assessment in emergencies and life support procedures and perform universal precautions against contamination.

Communication:

- Communicate effectively and sensitively with patients and families.
- Communicate effectively with faculty, preceptors, and all members of the healthcare team during practicum and other learning experiences.
- Accurately elicit information including a medical history and other information to adequately and effectively evaluate a population's, client's or patient's condition.

Intellectual ability:

- Measure, calculate, reason, analyze, and synthesize data related to diagnosis and treatment of patients and populations.
- Exercise proper judgment and complete responsibilities in a timely and accurate manner according to the respiratory therapist role.
- Synthesize information, problem solve, and think critically to judge the most appropriate theory, assessment, or treatment strategy.

Behavioral:

- Maintain mature, sensitive, effective relationships with clients/patients, families, students, faculty, staff, preceptors and other professionals under all circumstances.
- Exercise skills of diplomacy to advocate for patients in need.
- Possess emotional stability to function under stress and adapt to rapidly changing environments inherent to the classroom and practice settings.

Character:

- Demonstrate concern for others
- Integrity, accountability, interest, and motivation are necessary personal qualities.
- Demonstrate intent and desire to follow the Rush University and Respiratory Care program Code of Ethics.

The technical standards delineated above must be met with or without accommodation.

Students who, after review of the technical standards, determine that they require accommodation to fully engage in the program, should contact the [Office of Student Accessibility Services](#) to confidentially discuss their accommodations needs. Given the clinical nature of our programs time may be needed to implement accommodations. Accommodations are never retroactive; therefore, timely requests are essential and encouraged.

PROCEDURE FOR READMISSION TO THE RESPIRATORY CARE PROGRAM

A student who fails a respiratory care course, drops a respiratory care course during a session, or does not proceed to the next respiratory care course may be eligible for readmission at the first available opportunity and must petition the Committee on Progress and Promotion to reenter the program. The following procedure is required:

1. At the time the student fails drops or decides not to proceed in sequence, the department chair or student's advisor will complete a special student counseling form giving the reasons for the failure or reasons for the student dropping the course. The form will be signed by the student. One copy will be given to the student and one copy will be placed in the student's record.
2. An exit interview with the department chair or program director is encouraged as part of the official procedure for exiting the program.
3. At least two months prior to the beginning of the semester in which the student wishes to reenter, he/she must submit a letter of intent to the Committee on Progress and Promotions for Respiratory Care. Requests for readmission should be submitted to the Office of College Admission Services.
4. If remedial work was requested in guided studies of general courses, results of such classes must be included in the request for readmission. If medical conditions were involved, written verification of good health and ability to function safely in a clinical crisis situation is required.
5. The decision regarding reentry will be subject to the policy on reinstatement to the Respiratory Care sequence and approval of the Committee on Progress and Promotions for Respiratory Care.
6. The student will be informed in writing of the decision.

CHANGE OF ADDRESS RESPONSIBILITY

It is the responsibility of any student enrolled in the Respiratory Care Program to inform both the Office of the Registrar and the department of any change of address or phone number.

CORRESPONDENCE BETWEEN STUDENTS AND FACULTY

1. A schedule of office hours will be noted in each faculty member's course syllabus.
2. Students will be assigned to a faculty advisor in the fall semester of their first year. Times for student conferences will be posted.
3. Each student must meet with his advisor formally at least once per semester during the academic year. One advisement session will be held during each summer session.
4. A student conference record will be completed and signed by both the faculty member and student following a formal conference.

RELEASE OF STUDENT INFORMATION

Students must sign a release form requesting letters of reference for employment, enrollment verification, release of immunization records, etc. Additional forms are available in the Department.

Student grades cannot be given out over the telephone or through email.

UNIFORM POLICY FOR CLINICAL PRACTICE

The following guidelines are used to assist the student in adjustments to various hospitals and other health agencies. The policies vary, but in general the rules established by the program will cover the student's responsibility when entering such health agencies. Rush University wishes to have its students represent the University in a manner that reflects its goal of high standards of professionalism.

Uniform regulations are needed to assure standard, identifying attire and a well-groomed personal appearance. The goal is to protect the patient and self from cross-contamination and to reflect confidence and assurance in patient contact and hospital staff personnel relationships.

1. A white, buttoned (no zipper), long sleeve laboratory coat should be worn when applicable in the clinical agency. A program patch will be permanently affixed to the arm.
2. Name tags and University I.D. cards specified by the program must be visibly worn at all times.
3. Scrubs as specified by the department may be worn in all areas including the intensive care units, surgical areas, delivery, and emergency department. Business attire is allowed in some settings, when applicable.
NO blue jeans, high heels, sandals, or tennis shoes (except with scrubs) are permitted.
4. A watch with a second indicator is required.
5. Stethoscopes are required beginning in the spring semester of the first year. A small pocket notebook should be purchased for clinical. Personal bandage scissors, hemostats, and goggles are optional, but recommended for clinical.

6. Fingernails are to be short and well groomed. When holding your hand in front of you, palms up, the fingernails should not extend beyond the tip of the digits. Infection prevention guidelines regarding artificial nails and nail polish are unit specific and need to be adhered to when in that unit.
7. Odors can be offensive and can trigger reactive airway disease. Perfume, cologne, and scented lotion are prohibited. Proper personal hygiene includes the absence of body odor.

Failure to comply with the above regulations regarding uniform policy will result in the student being dismissed from clinical practicum until such time as the deficiencies are corrected.

ATTENDANCE REGULATIONS

CLINICAL PRACTICE

There are no excused absences from clinical practice. Each clinical practice course has a requisite number of mandatory clinical hours. Any student not completing the required clinical hours during a given session will not receive a passing grade for that clinical practice. Time for any excused absence must be made up at the discretion of the clinical instructor. Clinical instructors are not required to allow a student to make up missed days. If clinical absences are not made up, a letter grade of "F" or "I" may be given at the discretion of the faculty.

Clinical practice, unless otherwise announced, begins at 6:45 A.M. Students are expected to be prompt and prepared to begin clinical practicums at 6:45 A.M. Tardiness delays and hampers all student assignments made for that clinical day. If assignments cannot be arranged because of tardiness the student may be required to make-up that day of tardiness as a full clinical day.

Any student exceeding four (4) tardies or four (4) clinical absences may be subject to dismissal from the program.

For those times when students may be in clinical affiliates outside of regular school or clinical times, a special request form needs to be submitted for approval to the Director of Clinical Education.

PROCEDURE FOR NOTIFICATION OF ILLNESS OR LATENESS

1. First, call the hospital before 6:30 a.m. if possible.
2. Speak with the clinical instructor or shift supervisor.
3. Identify yourself and tell the shift supervisor that you are a Rush University student.
4. Inform the shift supervisor that you will be late or absent.
5. Next, contact the Director of Clinical Education.

6. If the Director of Clinical Education is not available, call the Rush University Division of Respiratory Care and leave a message about your absence.

CLASS

Class attendance regulations allow the student to be absent no more than 10% of the scheduled lectures. Any unexcused absences exceeding the 10% will result in the student's course grade to be lowered one letter grade (i.e., a B becomes a C). If the absences continue the student may be subject to withdrawal from the program. Advance standing students may be shown leniency regarding this policy if approved by the course director.

ILLNESS

In the event of a "lengthy" illness, each case will be reviewed individually in regards to time lost, time available for completion and content of objectives to be covered. Any such absence may require documentation by a physician in writing.

TARDINESS (Class and/or Clinical)

The student should be in the appointed place at the scheduled class start time; disregard for this demonstrates irresponsibility and is unacceptable professional behavior. This cannot be tolerated and action may be taken at the discretion of the instructor. Excess tardiness (*being tardy 20% of the scheduled lectured times*) will result in grade reduction. If the tardiness continues, the student may be subject to withdrawal from the program.

INCOMPLETE ASSIGNMENTS AND MAKE-UP EXAMINATIONS

All assignments are to be turned in as specified on the course syllabus. Assignments not turned in to the instructor when due may result in a "0" for that assignment. In special circumstances, a revised due date for an assignment can be negotiated with the instructor. Requests to revise a due date need to occur a reasonable amount of time in advance of the assignment's original due date.

Students given an incomplete in a course must have the mechanism for resolving the incomplete agreed upon with the course instructor. The agreement must be in writing and must include the signature of the student and the instructor.

As a general policy, make-up exams will not be given for missed exams. A request for a make-up exam should be directed to the individual course instructor. In cases of serious illness or accident, a make-up exam may be considered.

TECHNOLOGY SUPPORT RESOURCES:

University Information Services :(312) 563-2527

HOURS: Monday-Thursday 7:00 am - 7:00 pm CT, Friday 7:00 am - 5:00 pm CT Saturday-Sunday, CLOSED

Email: 3CLAS@rush.edu

Canvas Tech Help for Students

Rush University - Canvas Help Contact:

- Email: University Apps Ticket@rush.edu
- Phone: Rush University IT Support - 312-563-2527 (3-CLAS)

For Help 24 hours a day, 7 days a week contact Canvas:

- Chat: [Canvas Live Help Chat](#)
- [Canvas Hotline](#) Call: 872-225-5015

LEADERSHIP, PROFESSIONAL CONTINUING EDUCATION, AND SERVICE

As a part of each clinical course in the curricula, students will be required to attend at least ten hours per semester of approved professional continuing education and/or service activities to practice leadership, motivation, and communication skills. Seminars, lectures, workshops and related activities may be submitted to meet this requirement. A division form must be completed and signed by either a faculty member or event coordinator to document participation.

ALTERNATIVE CLINICAL ACTIVITIES (CLINICAL PASS)

Students may apply for attendance to additional seminars, workshops and lectures to acquire clinical release time. Approval of application will be dependent upon clinical skills and in-curriculum grade point average (GPA). Each function will be evaluated independently as to its educational value in terms of how much time will be awarded.

The use of this pass is limited. It cannot be used unless appropriate approval is awarded prior to the projected day of use and does NOT include specialty rotations or case studies.

OUTSIDE EMPLOYMENT

The faculty realizes that it may be necessary for some students to work part-time while attending school. This should not be done at the expense of the Respiratory Care Program. It is the student's responsibility to fulfill all school obligations.

If a student appears too fatigued to perform safely in the clinical laboratory, the instructor may dismiss the student from the clinical agency.

It is not advisable for a student to work from 11:00 p.m. to 7:00 a.m. and then come to the university or clinical agency as fatigue frequently is a cause for accidents or poor clinical judgment.

IMMUNIZATIONS AND TUBERCULOSIS TESTING

Due two weeks prior to matriculation. PLEASE NOTE: You are advised to begin this process IMMEDIATELY in case you need to be reinoculated, which in some cases may take up to six months. Proof of Immunity under Public Act 85-1315, Illinois College and University Immunity Requirement, stipulates that all students born after December 31, 1956 must show proof of immunity. While documentation of this information for compliance with state regulations is not mandatory for students who were born before 1/1/57, most colleges and programs at Rush have individual immunization requirements for their students. Program immunization requirements are mandatory for all students in those programs regardless of age.

Measles (Rubeola), Mumps, Rubella – positive titers

Varicella – positive titers

Hepatitis B – immunization record and positive titers

Tetanus/Diphtheria – booster within the last 10 years

Tuberculosis – two-step PPD Mantoux Skin Test or the Quantiferon-TB Gold test with negative results.

Meningococcal – immunization record of one dose of meningococcal conjugate on or after the age of 16.

COVID-19 - Effective October 17, 2023, in alignment with the RUSH System for Health, RUSH University no longer requires the COVID-19 vaccine for students. The COVID-19 vaccine continues to be strongly recommended.

Influenza Vaccination Requirement - RUSH University students are required to submit proof of influenza vaccination or submit a request for a medical or religious exemption during the annual flu season that typically occurs from October 1 – March 31. For more information, please review the RUSH Personnel Influenza Immunization Plan.

Influenza Exemption Request: Please submit your exemption request through the Student Immunization Exemption form. If you are a RUSH University student and a RUSH employee, please reach out to Student_Health@rush.edu for instructions on how to submit your exemption request.

Please follow the instructions that Certified Background (Castle Branch) has provided you on this requirement. A flu vaccination, physical examination and/or drug screening may also be required for your program. Do not send any information by mail, email, or fax.

PROFESSIONAL LIABILITY INSURANCE COVERAGE

All entering students are required to maintain professional liability insurance. Insurance coverage can be purchased through Rush University's Office of Student Financial Affairs.

COLLEGE OF HEALTH SCIENCES CRIMINAL BACKGROUND CHECK AND DRUG TESTING

Programs offered in the College of Health Sciences often require that clinical rotations, practicum, internships or other learning experiences be successfully completed in hospitals and other health care facilities in order to meet program requirements. Because use of these facilities is required, students must be able to successfully complete their assigned rotations in order to fulfill the academic requirements of their program. Hospitals and other health care facilities often have policies requiring criminal background checks for employees, students and volunteers.

These facilities may refuse to accept individuals for clinical, practicum or other experiential rotations based on past criminal convictions. Students should be prepared to comply with the policies and procedures at any facility where they are assigned as part of their educational program and may not request facility assignments in an effort to avoid specific requirements. Students who have certain types of information in their criminal background checks may be ineligible to complete rotations in specific facilities. Students who are not allowed to participate at assigned facilities or who are terminated from rotations based on the results of a criminal background check will be unable to complete the program requirements for graduation and will be subject to dismissal on academic grounds. Students should also be advised that persons with certain types of criminal convictions may not be eligible for state licensure and/or national registry or certification.

In addition, many employers perform criminal background checks and may not hire individuals with certain types of criminal convictions.

DRUG TESTING

Hospitals and other health care facilities often have policies requiring drug testing for employees, students and volunteers. Some facilities provide that students who test positive for drugs are ineligible to complete clinical, practicum or work assignments in that facility. Students should be prepared to comply with the policies and procedures at any assigned facility and may not request facility assignments in an effort to avoid drug screening requirements. Students who fail to report for clinical or practicum assignments or who are terminated from rotations because they violate the drug-testing or drug-use policies of the facilities will be subject to dismissal from the program.

ILLNESS OR INJURY OF STUDENT WHILE ATTENDING CLASSES

Illness or injury while in the classroom or clinical area must be reported to the professor or instructor present. Students who are pregnant should inform the clinical director who will inform the instructor so that no assignment will be made involving exposure to radiation or other hazards.

USE OF HOSPITAL LIBRARIES

Use of hospital libraries varies according to agency policy. Check with current clinical instructor about the procedure needed.

FINANCIAL AID AND SCHOLARSHIPS

Specific respiratory care scholarships are available to students enrolled in the program. For more information contact the departmental office. Other financial aid information and requests should be handled through the Financial Aid Office located in Student Services.

MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS

One key attribute of a professional is participation in associations and societies which influence the direction, education and practice of the members of a profession. In order to develop this aspect of professionalism, the student will be expected to maintain active student membership in an appropriate professional association or society during the clinical phase of the curriculum. **Membership in the American Association for Respiratory Care is mandatory.** Membership in the Illinois Society for Respiratory Care is also encouraged.

STATE AND NATIONAL CREDENTIALING

Certification as an entry level respiratory care practitioner (CRT) by the National Board for Respiratory Care (NBRC) is required of all graduates in order to obtain state credentialing. Registration as an advanced respiratory care practitioner (RRT) is a requisite part of successful integration into the profession. The Therapist Multiple-Choice (TMC) Exam should be taken as soon as the graduate is eligible. A passing score on this exam will provide the Respiratory Care Program graduate with either a CRT credential or serve as the written exam requirement for the RRT credential. The cost of the TMC exam is \$190. The second part of the RRT credential requires passing a clinical simulation exam. The cost of the clinical simulation exam is \$200.

CHANGES IN POLICY

Additional policies and regulations may be established by the university, division or by the instructor for a course or any portion of a course. After due and proper notification, students will be expected to comply fully with all regulations.

POLICY FOR TRANSFER STUDENTS

Students who have completed course work at other approved respiratory care programs may petition to have these courses transfer in lieu of specific course work in the Rush University program. Students must submit an official transcript of their courses from the program and a copy of the course syllabus for each course in which they desire transfer credit. The syllabus must contain the following: course objectives, lecture outlines, course content, evaluation procedures and related information. These courses will be evaluated on an individual basis for content and total contact hours and credit hours.

The division reserves the right to test the proficiency of any student in course work transferred from other respiratory care programs and the right to disallow such transfer credit in such

course work in cases which the student cannot demonstrate acceptable proficiency. All transfer credit is subject to the approval of the Committee on Progress and Promotions for Respiratory Care. The student must also have a minimum grade of "B" (3.0) for each course being transferred. A student cannot receive transfer credit for any respiratory care course work if he/she left the previous program due to academic probation, suspension, or exclusion. All university policies regarding transfer credit must be satisfied.

ADVANCED STANDING IN THE RESPIRATORY CARE PROGRAM

INTRODUCTION

Individuals may have acquired academic credit in respiratory care courses from other schools and universities. Some individuals may acquire knowledge through experience and on-the-job training. When such persons apply for admission into the program, an attempt is made to grant academic credit for equivalent educational courses, equivalent knowledge acquired from experience and/or successful completion of the National Board for Respiratory Care's certification and registry examinations.

All students graduating from the Respiratory Care Program must meet the same standards for graduation; the awarding of advanced standing does not signify a lesser quality education than that offered through regular course work. What it does, however, is attempt to exempt the student from those areas of the formal program where the student already has the knowledge and expertise in those skills that would be offered. The program has identified the minimum competencies that a respiratory therapist must have in order to provide safe, high quality patient care. The identification of these competencies is a complex task and a great deal of care must be taken to ensure a standard of excellence.

The following policies and procedures are designed to ensure that those individuals who receive advanced standing are qualified to do so, and that the screening process adheres to University as well as departmental policies at all times.

To allow individuals who are not qualified, to receive advanced standing, is not in the student's or the program's best interest.

DEFINITION

Advanced standing is defined as a special and individually determined status granted to a student in a formal educational setting, who has already gained professional experience through other sources or through non-academic experiences, knowledge, skills and professionalism taught in the program courses.

PURPOSE OF ADVANCED STANDING PROCEDURES

The purpose of the advanced standing procedures is to recognize and give formal educational credit for knowledge and/or ability gained through previous training or experience.

METHODS OF GRANTING ADVANCED STANDING

1. Advanced standing can be awarded through transfer credit.
2. Advanced standing can be awarded through the passing of an equivalency examination covering a certain area of knowledge. (An "equivalency" examination is an instrument or means by which a student accepted into the Respiratory Care Program can demonstrate mastery of a knowledge area, content area or skill and thus be exempted from a course in the program which teaches that area or skill.)
3. Advanced standing can be awarded as credit for successful completion of national registry examinations (RRT/RPFT).

WHO IS ELIGIBLE FOR ADVANCED STANDING

1. Transfer students (who have been accepted into the Rush University Respiratory Care Program) may receive a transfer credit for equivalent courses within the Respiratory Care Program curriculum.
2. Credentialed students (RRT, RPFT) who have been accepted into the Rush University Respiratory Care Program, may receive transfer credit and will also be eligible to take equivalency examinations in certain courses.

POLICY FOR INDIVIDUALS WHO HOLD THE RRT CREDENTIAL

Advanced standing is available to individuals who have successfully completed the National Board for Respiratory Care's Respiratory Therapy Registry (RRT) who hold a baccalaureate degree from a regionally accredited college or university. Those eligible for advanced standing must submit the following documentation:

1. A notarized copy of the RRT certificate indicating that it is a true and accurate copy.
2. Official transcripts of all previous respiratory care and general education course work attempted and/or completed indicating award of the bachelor's degree from an accredited college or university.
3. A notarized copy of the Certificate of Completion from an approved respiratory care training program as applicable.
4. A completed application for admission to the advanced standing program. This is available through the Allied Health Centralized Application System (AHCAS).
5. A letter directed to the Committee on Progress and Promotions for Respiratory Care requesting advanced standing.

REGISTERED RESPIRATORY THERAPIST (RRT)

ADMISSIONS REQUIREMENTS

Individuals holding the RRT credential and a baccalaureate degree may apply to enter the Respiratory Care Graduate Program prior to any semester. Submission of an application for admission should be made through the Allied Health Centralized Application System (AHCAS) with all official transcripts, NBRC RRT certificate, and a personal interview at least 30 days prior to the first day of the semester which the individual desires to begin classes. Professional prerequisites must be completed prior to graduation. All other program policies and procedures apply.

Professional Prerequisites	Semester Credit Hours
Mathematics (college algebra or above)	3
Human Anatomy and Physiology (or 4 hrs. Anatomy and 4 hrs. Physiology)	8
Chemistry (with Lab)	4
Physics (with Lab)	4
Microbiology (with Lab)	4
Psychology (courses with prefixes PSYC)	3
Statistics	3
TOTAL	29

Credit Based on the RRT Credential

Individuals providing documentation that they hold the RRT credential may receive credit for the following theory courses:

	Semester Hours
RCP 520 Respiratory Care Equipment and Techniques	4
RCP 511 Introduction to Respiratory Care	3
RCP 515 Pharmacology	2
RCP 521 Patient Assessment	4
RCP 534 Clinical Practice 1	3
RCP 569 Clinical Practice 2	7
RCP 575 Clinical Practice 3	7
RCP 577 Clinical Seminar 1	3
RCP 999 Ungraded Credit	20
TOTAL	53

Required Courses

The RRT Student must enroll in and complete the following required courses:

Required Course		Semester Hours
RCP 501	Foundations of Professional Practice – Teamwork, Conflict Resolution, Communication, and Informatics	3
RCP 566	Education	3
RCP 567	Management	3
CHS 610 or RCP 563	Research Methods	3
CHS 601	Biostatistics	2
CHS 605	Healthcare Ethics	2
RCP 585	Clinical Practice 4	8
RCP 589	Disease Management / Home Healthcare	3
RCP 565	Research Project 1	1
RCP 573	Research Project 2	1
RCP 583	Research Project 3	1
TOTAL		30

Elective Courses

The RRT student must select a minimum of 9 semester hours from the following courses.

Elective Course		Semester Hours
RCP 512	Cardiopulmonary Anatomy and Physiology	5
RCP 522	Pulmonary Disease	3
RCP 523	Mechanical Ventilation	4
RCP 530	Cardiac Diseases	2
RCP 531	Critical Care	4
RCP 532	Pulmonary Function Testing	3
RCP 533	Pediatric and Neonatal Respiratory Care	4
RCP 570	Cardiopulmonary Diagnostics	2
CHS 620	Healthcare in America	2
TOTAL		29

<i>Total credit which may be awarded based on the RRT Credential</i>	53
Credit hours that must be completed at Rush	39
<i>Total Respiratory Care Course Hours Required for the Degree</i>	92

Sample Advanced Standing Program Student Schedule:

Fall Semester		Semester Hours
RCP 566	Education	3
RCP 567	Management	3
CHS 610 or RC 563	Research Methods	3
RCP 501	Foundations of Professional Practice – Teamwork, Conflict Resolution, Communication, and Informatics	3
RCP 565	Research Project 1	1
	TOTAL	13

Spring Semester		Semester Hours
RCP 523	Mechanical Ventilation	4
RCP 585	Clinical Practice 4	8
CHS 601	Biostatistics	2
RCP 573	Research Project 2	1
	TOTAL	15

Summer Semester		Semester Hours
CHS 605	Healthcare Ethics	2
RCP 532	Pulmonary Function Testing	3
CHS 620	Healthcare in America	2
RCP 589	Disease Management / Home Healthcare	3
RCP 583	Research Project 3	1
	TOTAL	11

Note regarding RCP 585, Clinical Practice 4: The purpose of this clinical practice will be to allow the student to acquire special clinical skills and/or expertise which is not normally achieved in an associate's degree program or through work experience. The student may also use this course to refine or upgrade clinical skills which may have been used infrequently due to the nature of their work environment or experiences. A course proposal or prospectus for clinical practice will be designed by the student and submitted to the Director of Clinical Education and Program Director. The prospectus or proposal must be reviewed and approved by the program director or Committee on Progress and Promotion for Respiratory Care. The prospectus must include course goals and objectives; methodology to achieve these goals and objectives to include clinical or laboratory facilities to be utilized; time spent in a given clinical or laboratory area; and proposed method of evaluation. Areas of concentration which may be included are:

- Pulmonary Function Laboratory
- Cardiac and/or Pulmonary Stress Testing

- Diagnostic Sleep Laboratory
- Fiberoptic Bronchoscopy
- Physiologic Monitoring to include Hemodynamics
- Adult Critical Care
- Pediatric and/or Neonatal Respiratory Care
- ECMO
- Mechanical Circulatory Assistance
- Respiratory Home Care
- Sub-Acute/Long-Term Care Facilities
- Pulmonary and/or Cardiac Rehabilitation
- Invasive and/or Non-invasive Cardiology
- Hyperbaric Medicine
- Applied Research
- Respiratory Care Education
- Management
- Advanced Generalist (to include two or more subspecialties)

With the program director's permission this 8-hour course (RCP 585) may be divided into two parts RCP 585 A (4 hours) and RCP 585 B (4 hours) accomplishing the same course goals outlined above over two semesters.

Substitutions for the above courses to meet individual student needs may be made from other respiratory care curriculum course work if approved by the program director.

Students who desire additional course work related to supervision and management may request that specific courses taken at the graduate level in another Rush University department be substituted for specific required or elective courses.

Summary of Minimum Requirements for the MS Degree for RRT Students Holding a Bachelor's Degree:

Respiratory Care Required courses	39
Credit Based on RRT	53
TOTAL	92

GRADUATION REQUIREMENTS

Degree requirements that must be met include:

1. Satisfactory completion of all general education course work as listed.
2. Current RRT credentials issued by the National Board for Respiratory Care.

3. Completion of each required respiratory care professional course with a grade of “C” or better.
4. A cumulative grade point average of 3.0 or better.
5. Advanced Life Support (ACLS), Pediatric Life Support (PALS) and Neonatal Resuscitation Provider (NRP) course completion.
6. Successful completion of the Master’s research project.
7. Completion of all University graduation requirements.

American Association for Respiratory Care

Statement of Ethics and Professional Conduct

In the conduct of their professional activities, the Respiratory Care Practitioner shall be bound by the following ethical and professional principles. Respiratory Care Practitioners shall:

- ❖ Demonstrate behavior that reflects integrity, supports objectivity, and fosters trust in the profession and its professionals.
- ❖ Actively maintain and continually improve their professional competence, and represent it accurately.
- ❖ Perform only those procedures or functions in which they are individually competent and which are within the scope of accepted and responsible practice.
- ❖ Respect and protect the legal and personal rights of patients they treat, including the right to informed consent and refusal of treatment.
- ❖ Divulge no confidential information regarding any patient or family unless disclosure is required for responsible performance of duty 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, and refuse to conceal illegal, unethical, 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 creates a conflict of interest, and follow the principles of ethical business behavior.
- ❖ Promote the positive evolution of the profession, and health care in general, through improvement of the access, efficacy, and cost of patient care.
- ❖ Refrain from indiscriminate and unnecessary use of resources, both economic and natural, in their practice.

American Association for Respiratory Care

Role Model Statement for Respiratory Care Practitioners

- ❖ As health care professionals engaged in the performance of cardiopulmonary care, the practitioners of this profession must strive to maintain the highest personal and professional standards. A most important standard in the profession is for that practitioner to serve as a role model in matters concerning health.
- ❖ In addition to upholding the code of ethics of this profession by continually striving to render the highest quality of patient care possible, the respiratory care practitioner shall serve as a leader and advocate of public respiratory health.
- ❖ The respiratory care practitioner shall participate in activities leading to awareness of the causes and prevention of pulmonary disease and the problems associated with the cardiopulmonary system.
- ❖ The respiratory care practitioner shall support the development and promotion of pulmonary disease awareness programs, to include smoking cessation programs, pulmonary function screenings, air pollution monitoring, allergy warnings, and other public education programs.
- ❖ The respiratory care practitioner shall support research in all areas where efforts could promote improved health and could prevent disease.
- ❖ The respiratory care practitioner shall provide leadership in determining health promotion and disease prevention activities for students, faculty, practitioners, patients, and the general public.
- ❖ The respiratory care practitioner shall serve as a physical example of cardiopulmonary health by abstaining from tobacco use and shall make a special personal effort to eliminate smoking and the use of other tobacco products from the home and work environment.
- ❖ The respiratory care practitioner shall strive to be a model for all members of the health care team by demonstrating responsibility and cooperating with other health care professionals to meet the health needs of the public.