

RESPIRATORY THERAPY PROGRAM
STUDENT HANDBOOK



Welcome to the MU Respiratory Therapy Program! The purpose of this handbook is to provide up-to-date and easy to reference information that will assist you throughout the program. Please read it in its entirety to familiarize yourself with all aspects of the program and keep it in a safe place to reference as needed.

The body of this document contains information that is relevant to the RT Programs offered at the University of Missouri-Columbia campus, the University of Missouri at Mercy Hospital, and the MU Degree Advancement Program. It includes information related to program policies and procedures as well as important details about clinical practice coursework for those students with clinical requirements. Additional resources are available on Canvas under specific courses, and in the campus-wide policies and procedures that can be found in the academic catalog. You are responsible for these policies and procedures as well.

If you have questions regarding the content of the handbook or any other MU document, please contact the RT program faculty.

The University of Missouri Respiratory Therapy Program was opened in 1967 under the leadership of James Whitacre, who was also the first editor of the respiratory therapy profession's primary professional journal, *Respiratory Care*. As a student in this program, you are now part of our long, distinguished history. We are excited that you are a part of Mizzou RT!

Best wishes for your future,

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** The policies and procedures in this handbook are subject to change by amendment or addition. The university and/or the respiratory therapy program reserve the right to modify any statement in accordance with changing conditions or circumstances. This is NOT intended to be a legal document but does essentially constitute a “contract” for students. **

PROGRAM INFORMATION

Respiratory Care Profession

Respiratory Care is an allied health profession dedicated to the diagnostic evaluation, treatment, and management of patients with cardiopulmonary disorders. A respiratory therapist is proficient in the therapeutic administration of medical gases and aerosols, intermittent and continuous mechanical ventilation, bronchopulmonary hygiene, basic and advanced cardiac life support techniques, non-invasive patient monitoring, pulmonary function evaluation, arterial blood gas analysis, airway management procedures, and pulmonary rehabilitation techniques. Additionally, a respiratory therapist must be knowledgeable with regard to various assessment techniques and patient education models. Therapists utilize these skills with neonatal, pediatric, and adult patients in acute, sub-acute, long term and home care settings.

To function effectively as a member of the multidisciplinary health care team, the respiratory therapist must have a sound understanding of the physiological and psychological needs of the patient, the role of the various therapeutic interventions in the patient care plan, and the development of broad-based skills to contribute to the overall care of the patient.

All students enrolled in the Respiratory Therapy Program are required to be a student member of the [American Association for Respiratory Care](#) (AARC); the national organization for the profession. Prior to graduation, the AARC offers a significant two-year practitioner membership. Faculty will provide application and renewal information to students at the appropriate time.

Accreditation*

The North Central Association of the Higher Learning Commission, approved by the U.S. Department of Education, accredits the University of Missouri. Accreditation is a voluntary process and not required to operate in the State of Missouri.

Additional information regarding the accreditation of the institution is available by contacting:

North Central Association of the Higher Learning Commission
230 South LaSalle Street, Suite 7-500
Chicago, IL 60604
(800) 621-7440
<http://www.ncahlc.org>

The Columbia and Mercy Hospital campus entry to BHS respiratory therapy programs are accredited by the Commission on Accreditation for Respiratory Care (CoARC), and follow the standards set forth by this accrediting body.

*The degree advancement program is currently undergoing the provisional accreditation process with the CoARC with an expected completion by Summer 2022.

Additional information regarding the accreditation of the program is available by contacting:

[Commission on Accreditation for Respiratory Care](#)
264 Precision Blvd.
Telford, TN 37690
817-283-2835

[Program outcomes](#) are available as well.

Program Goal and Expected Outcomes

Entry to BHS Program Goal

The goal of the entry to BHS Respiratory Therapy Program is 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) and to prepare leaders for the field of respiratory care by including curricular content with objectives related to the acquisition of skills in one or more of the following: management, education, research, and advanced clinical practice (which may include an area of clinical specialization).

Entry to BHS Expected Student Learning Outcomes

1. Demonstrate the ability to evaluate, comprehend and apply clinical information in order to match patient needs with therapeutic interventions.
2. Exhibit technical proficiency in all of the skills necessary to fulfill the role as an advanced level respiratory therapist.
3. Display professional behavior consistent with employer expectations for a registered respiratory therapist.

Degree Advancement Program Goal

The goal of the degree advancement program is to provide graduates of entry into respiratory care professional practice degree programs with additional knowledge, skills, and attributes in leadership, management, education, research, or advanced clinical practice both to meet their current professional goals and to prepare them for practice as advanced degree respiratory therapists.

Degree Advancement Expected Student Learning Outcomes

1. Utilize management and leadership principles to solve problems and improve performance.
2. Demonstrate strategies and techniques to enhance patient education and rehabilitation.
3. Employ research methodology to analyze relevant medical literature.
4. Integrate pertinent clinical data into recommendations for appropriate critical care interventions.
5. Understand ethical theories and principles as they apply to patient scenarios.
6. Analyze multiple perspectives on current issues in healthcare

Credentials and Licensure

The National Board for Respiratory Care (NBRC) is a credentialing agency, which evaluates professional competency through the utilization of national board exams. Graduates can apply on-line to take the board exams through the [NBRC](#) or call (913) 599-4200 for more information. The first exam taken by graduates is the Therapist Multiple Choice exam (TMC) which has two pass points. Achieving the lower pass point entitles the candidate to Certified Respiratory Therapist (CRT) credential. Achievement of the second pass point entitles the candidate to sit for the Clinical Simulation Exam. Passing the clinical simulation exam entitles the candidate to the credential of Registered Respiratory Therapist (RRT). Awarded credentials are valid in all 50 states and US Territories. Credentials are valid for five years, and then require renewal. The NBRC website details the requirements of the Continuing Competency Program.

All states except Alaska require a license to practice respiratory care. Each state sets its own rules and regulations to apply for a state license to practice. Contact the state licensing agency to obtain all necessary information. The NBRC website provides direct links to each state licensure board. When a graduate passes the NBRC credentialing exam, they are NOT automatically granted a state license to practice. Graduates must apply to the state in which they are requesting licensure and complete that state's requirements. In addition to completing paperwork, most states require successful achievement of either the CRT or RRT credential, a criminal background check, and payment of the licensure fee. The associated fees are not included in the program costs. For information on obtaining a Missouri license, refer to the [Missouri Board for Respiratory Care](#).

Professional Code of Ethics

AARC Statement of Ethics and Professional Conduct

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

- Demonstrate behavior that reflects integrity, supports objectivity, and fosters trust in the profession and its professionals.
- Promote and practice evidence-based medicine.
- Seek continuing education opportunities to improve and maintain their professional competence and document their participation accurately.
- Perform only those procedures or functions in which they are individually competent and which are within their scope of accepted and responsible practice.
- Respect and protect the legal and personal rights of patients, including the right to privacy, informed consent and refusal of treatment.
- Divulge no protected information regarding any patient or family member unless disclosure is required for the responsible performance of duty authorized by the patient and/or family, or required by law.
- Provide care without discrimination on any basis, with respect for the rights and dignity of all individuals.
- Promote disease prevention and wellness.
- Refuse to participate in illegal or unethical acts.

- Refuse to conceal, and will report, the illegal, unethical, fraudulent, or incompetent acts of others.
- Follow sound scientific procedures and ethical principles in research.
- Comply with state or federal laws, which govern and relate to their practice.
- Avoid any form of conduct that is fraudulent or creates a conflict of interest, and shall follow the principles of ethical business behavior.
- Promote health care delivery through improvement of the access, efficacy, and cost of patient care.
- Encourage and promote appropriate stewardship of resources.
- Work to achieve and maintain respectful, functional, beneficial relationships and communication with all health professionals. It is the position of the American Association for Respiratory care that there is no place in a professional practice environment for lateral violence and bullying among respiratory therapists or between healthcare professionals.

Program Technical Standards

Successful completion of the Bachelor of Health Science degree in Respiratory Therapy is associated with graduates who have the knowledge and skills necessary to work safely and competently with patients of all ages, in acute and chronic settings, provide life support, patient education and rehabilitative services, and pass the Registry (Advanced Level Practitioner) Examinations. Therefore, all students admitted to the program must meet the following abilities and expectations.

- Gross motor skills: Move within confined spaces, sit and maintain balance, stand and maintain balance, reach above shoulders, reach below waist.
- Fine motor skills: Pick up objects with hands, grasp small objects with hands, and write clearly and neatly with pen or pencil, type on a keyboard, pinch/squeeze or pick up objects with fingers, twist knobs with hands, has adequate manual dexterity to be capable of maintaining sterility.
- Physical Endurance: Stand at the client's side during procedures, sustain repetitive movement, maintain physical tolerance for 12-hour shift, stand for extended periods of time, work and complete tasks at an efficient pace.
- Physical Strength: Lift up to 40 pounds, move light objects (up to 10 pounds), be able to push/roll 60 pounds, assist patients with moving, restrain combative patients, carry equipment/supplies, squeeze with hands, use upper body strength.
- Mobility: Twist/ bend/ stoop/ squat, move quickly by walking and running, climb ladder/stools/multiple flights of stairs.
- Hearing: Hear normal speaking level sounds, faint voices, faint body sounds, auditory alarms, telephones, sounds with a stethoscope.
- Visual: Visually assess patients, see objects at close range and distant range, use peripheral vision, distinguish color and color intensity, see emergency lights/lamps, and objects at low levels of light.
- Tactile: Feel vibrations, detect temperature variations on body, environment and equipment, difference in surface characteristics, differences in sizes and shapes.

- Smell: Detect odors from patient, detect smoke, and detect gas or noxious smells.
- Reading: Read and interpret physicians' orders, very fine or small print and understand written documents.
- Arithmetic: Read and understand columns of writing, digital displays, graphic printouts, calibrate equipment, convert numbers to metric, interpret graphs, tell and measure time, count rates, use measuring tools, read measuring marks, perform basic arithmetic functions: add, subtract, multiply, divide, use a calculator, record numbers.
- Emotional Stability: Establish therapeutic boundaries, provide patient with appropriate emotional support, adapt to changing environment and stress, deal with an unexpected crisis, focus attention on task despite distractions, monitor own emotions, perform multiple responsibilities concurrently, handle strong emotions, show appropriate compassion through communications.
- Analytical Thinking: Transfer/extrapolate knowledge from one situation to another, process information, evaluate outcomes, problem solve, prioritize tasks, use long and short-term memory.
- Critical Thinking Skills: Identify cause-effect relationships, plan/control activities for others, synthesize knowledge and skills, sequence information, and think clearly and efficiently in a crisis.
- Interpersonal Skills: Manage interpersonal conflict appropriately, respect difference in patients, establish rapport with patients, establish rapport with co-workers, and work effectively with physicians, staff, patients, and patient's families.
- Communication Skills: Effectively teach, explain procedures, give oral reports, and interact with others, speak on the telephone, direct activities of others, convey information through writing, speak clearly and distinctly.
- Professional Skills: Demonstrate honesty and integrity, maintain patient confidentiality, be punctual, maintain a professional appearance, and demonstrate appropriate language with staff, patients, and families.

It is the student's responsibility to notify the Program Director in writing, if there is any reason they cannot meet the expectations described above. The program faculty and the campus [Disability Center](#) will review individual situations. Applicants are entitled to a review of their status to determine what reasonable accommodations might be possible to facilitate completion of the program.

Entry to BHS Program Curriculum

<u>CODE</u>	<u>CLASS</u>	<u>CREDITS</u>
SUMMER JR YR		1
RT 3000	Fundamentals of Respiratory Therapy	1
FALL JR YR		16
RT 3220	Equipment and Therapeutics	3
RT 3240	Assessment and Therapeutics Lab	3
RT 3290	Cardiopulmonary Pharmacology	3
RT 4040	Respiratory Pathophysiology	5
RT 3941	Clinical Practice I	2
SPRING JR YR		16
RT 3420	Principles of Mechanical Ventilation (WI)	3
RT 3440	Mechanical Ventilation Lab	3
RT 4020	Perinatal-Neonatal RT	3
CPD 3460	Cardiopulmonary and Diagnostic Applications I	3
RT 3942	Clinical Practice II	4
SUMMER SR YR		9
RT 4220	Community & Patient Education I	1
RT 4240	Pulmonary Rehabilitation	3
CPD 4460	Cardiopulmonary and Diagnostic Applications II	3
RT 3943	Clinical Practice III	2
FALL SR YR		14
RT 4420	Pediatric Respiratory Care	3
RT 4620	Pulmonary Function Technologies	2
CPD 4440	Organization & Administration	3
CPD 4500	Emergency & Disaster Management in Healthcare	1
RT 4940	Clinical Practice IV	5
SPRING SR YR		16
RT 4930	Current Issues in RC (CAP)	3
RT 4973	Clinical Practice V	4
RT 4983	Clinical VI	4
RT 4993	Clinical Practice VII	5

Degree Advancement Program Curriculum*

Required RT courses

CDS 4480W	Clinical Ethics WI (fall, spring)	3
CDS 4500	Emergency and Disaster Management in Health Care (all)	1
HS 3900W	Introduction to Research (fall, spring)	3
RT 4220	Community and Patient Education I (summer)	1
RT 4240	Pulmonary Rehabilitation (summer)	3
RT 4420	Pediatric Respiratory Care (fall)	3
RT 4660	Advanced Mechanical Ventilation Theory (fall)	3
RT 4440	Organization and Administration (fall)	3
RT 4930	Current Concepts in Respiratory Care (spring)	3
RT 4820	Adult Critical Care (spring) OR RT 4860	3
RT 4860	Neonatal/Pediatric Critical Care (fall) OR RT 4820	3

MU RT Electives

RT 4720	Advanced Pulmonary Function Testing (all)	2
CDS 4840	Asthma Education (summer)	2
HS 4400	Culture & Health Literacy Healthcare Practices (summer)	3
HS 4420	Health Literacy, Decision-Making and Behavior Changes	3
HS 2400	Contemporary Health Issues	3
HS 4300	Healthcare in the US	3
Psych 2110	Learning, Memory, & Cognition	3
Psych 3870	Sleep Disorders (self-paced)	3
Psych 4830	Psychology of Women (self-paced)	3

*** DA students must also complete MU General Education Requirements as outlined in the University Course Catalog which can be found [here](#).**

Program Faculty

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Advisory Committee

The MU Respiratory Therapy Program maintains a current and active group of individuals who serve in the capacity of a Program Advisory Committee. The group consists of faculty, clinical site personnel, employers, graduates, and current students. The purpose of the committee is to exchange ideas, seek technical assistance and to make certain that the equipment, study materials and techniques taught in the program provide the skills necessary to meet employer expectations upon graduation. The committee meets twice each year and a thorough review of the facilities, curriculum and faculty takes place.

Academic Recognition

Any graduate who has obtained a grade point average of 3.50 or higher will be qualified as an Honors Graduate and will have such status appropriately noted on the graduation ceremony program and on the student's official degree. The honors breakdown is as follows:

- 3.5-3.699 Cum Laude
- 3.7-3.899 Magna Cum Laude
- 3.9-4.0 Summa Cum Laude

Additionally, the top two students from each class of graduates are nominated for membership in the [Lambda Beta Society](#); the national honor society for the profession of Respiratory Care. The program recognizes additional awards with varying criteria and application requirements. Students not in good standing with the program may not be eligible for certain awards.

POLICIES AND PROCEDURES RELATED TO CURRICULUM

Grading Policy

A final grade will be determined by compiling a weighted average of grades awarded for the course and may include laboratory projects, written tests/quizzes, class participation, professionalism, attendance, homework, midterm and final examinations. Weighted averages are available in each course syllabus. All theory, laboratory, and clinical courses receive a letter grade.

Any late assignments are penalized as follows:

1st late assignment: up to 5% deduction at the discretion of the instructor within 7 calendar days of original due date.

2nd late assignment: up to 10% deduction at the discretion of the instructor within 7 calendar days of original due date.

Three or more late assignments or any assignment submitted after seven (7) calendar days will receive a zero grade.

A no call no show on a quiz or exam day will receive a zero grade.

Time extensions will not be granted for those who are tardy on a quiz or exam day.

A student, who arrives after someone has completed the quiz or exam, will not take the quiz or exam and will receive a zero.

****Exceptions to this late policy will be at the discretion of the Program Director****

At the discretion of the faculty, a grade of "I" indicating an "Incomplete" may be issued if a student is still missing required coursework by the end of the term. At the end of each term, students receive notification via written advisory of any missing work and/or assignments. The written advisory will specify and detail missing work as well as the time period within which the student will be required to submit the work in question. All missing work is due within two (2) weeks after the end of the term. The student will retain a grade of "Incomplete" for that course until the missing work is submitted as specified in the written advisory. Once the missing work is submitted, the student's grades will be entered and the final grade will be calculated accordingly. If

the student fails to complete the required coursework, the student will receive a grade of “0” for assignments missed and the student’s final grade will be calculated and recorded accordingly.

A “W” grade is issued for courses if the student withdraws from the course prior to the withdrawal deadline set forth by the registrar’s office.

Instructors will issue grades at the end of each term. Students may request a copy of their grades from their instructor or from the registrar. Students' grades are available on Canvas for viewing.

Failing of more than one course in the same term or failure of a second course in the program may result in dismissal from the program at the discretion of the Program Director, Director of Clinical Education, and the CDS Department Chair. This includes theory, laboratory and clinical courses.

It is the policy of the respiratory therapy program to evaluate each student in terms of knowledge, clinical skills, and professionalism. Each student will be required to demonstrate a minimum of 75% proficiency on all didactic and clinical evaluations. Failure to do so in a didactic coursework will result in a written action plan for improvement. In the clinical portion, scoring less than a 75% on any individual evaluation may result in probation. A grade of C (75%) or better is required to pass each respiratory care program course.

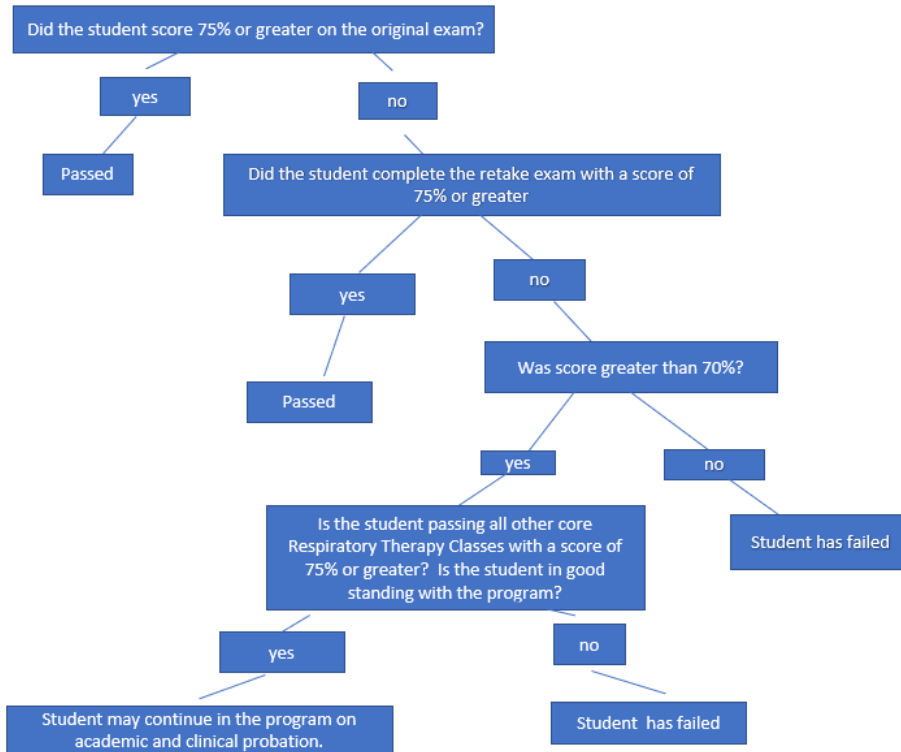
The grading scale for the respiratory therapy program is as follows:

A+	99-100	C	75-76
A	93-98	C-	70-74
A-	90-92	D+	67-69
B+	87-89	D	63-66
B	83-86	D-	60-62
B-	80-82	F	≤ 59
C+	77-79		

Students have the opportunity each semester to evaluate the various courses, instructors and clinical affiliates. Sample evaluations are available in the clinical tracking system.

Program status will be reviewed if a student earns a grade lower than 75% (C) in any respiratory care program course. If it is in the students or programs best interest (as determined by the program director, director of clinical education and/or CDS Department Chair) for the student to withdraw, the student’s dismissal from and/or readmission to the program is evaluated.

Outcome Algorithm for Clinical Exams (Entry to BHS students only)



Remediation

The respiratory therapy program faculty are available to assist students. Supplemental instruction is available to students at their request. Times for didactic or laboratory remediation must be mutually agreed on by the teacher and student. The student is expected to come to the sessions prepared to ask and answer questions, as well as being able to demonstrate and practice skills during these sessions. Sessions can be held in groups or individually.

Faculty members are available by phone and e-mail for specific needs. Please do not hesitate to ask for assistance with problems that arise with didactic, laboratory, or clinical requirements or schedules. If a student is unable to, with these means of extra assistance, meet the course outcomes, the faculty will counsel the student and may direct them to additional resources they need to succeed in the program.

Course Repetition (All students)

If a student receives a grade less than 75% for courses in any term, that course must be repeated in its entirety. A student must receive permission from the Program Director to repeat an individual course while, simultaneously continuing coursework in a future term if the student is not repeating an entire term. Students cannot repeat a course more than once. A second failure or not completing the same course will result in automatic dismissal from the program. Once a student has failed and successfully repeated a course in one term, any failures in further courses may result

in dismissal from the program.

Long-Term Illness

Except in unusual circumstances, the pace of professional training is such that any illness causing an absence greater than two weeks prohibits the student from successfully completing the coursework. Therefore, in such cases, the student may be given a leave of absence with the option to return one or two semesters later (with the understanding that space in the clinical schedule will be reserved for him/her at that time). Alternatively, if the student's health or finances are too unpredictable for such a future commitment to seem advisable, he/she may withdraw from the program in good standing, providing his/her work is satisfactory at the time of withdrawal.

Re-entry

Students wishing to re-enter a program should submit an Application for Admission and a letter requesting re-admission. An interview with program faculty will be scheduled in order to review the student's past record. The decision regarding readmission will be based upon factors such as grades, attendance, conduct, and the student's commitment to complete the program. The decision to allow re-entry will be made by the Program Director, Director of Clinical Education, and the CDS Department Chair. Typically, students are allowed no more than two interruptions in their program. To re-enter a second time, a student must show circumstances where a verifiable emergency existed.

Because of the technical nature of the program, students who apply to reenter may be required to audit previously credited courses to ensure ongoing competency. Many of the courses are building blocks for future courses, and it is therefore essential that this knowledge be retained in order to progress satisfactorily. Application, utilization, and review are essential elements in healthcare education to assure retention of the information and proper preparation for new material. Therefore, it is in the student's best interest to be assessed before they continue in the program.

Advance Standing/Competency Waiver

In accordance with policies established by the CoARC, a student entering the program with advanced qualifications may be exempt from some units of the curriculum. Those having prior work experience or training which would put them at a competency level above that of the average student entering the program, will be examined to determine the point in the curriculum at which they should enter. This is a highly individual matter, and assessment may consist of both written and oral tests in both didactic and clinical areas. The faculty, in consultation with the student, will decide what the student's competencies are and for which courses he/she may be credited. Advanced standing may/may not be awarded and will depend upon the prior experience or course work a student has obtained.

Criteria for Implementing the Advanced Standing Policy

1. Challenge Exams:

- A. To be eligible for advanced standing, applicants must have completed at least one-year of experience in critical care respiratory therapy. Documentation will include two letters of reference, a completed checklist of procedures performed, submitted by the applicant's employer, and a clinical assessment by the Director of Clinical Education verifying the quality of critical care experience.
 - B. Challenge examinations may be written and/or performance based.
 - C. Appropriate course outline(s) from previous completed respiratory care courses must be supplied for each course the applicant wishes to challenge.
 - D. The awarding of advanced standing credit by challenge examinations (written and/or performance) will be based upon the successful completion (>75%) on each examination for all didactic and/or clinical courses.
 - E. Completion of all RT challenge examinations is required prior to formal notification of acceptance to the program.
2. All applicants will complete the application/interview process, regardless of the credential they currently hold. Verification of the NBRC credential is required as part of the application.

Applicants admitted to the MU RT program who have previously graduated from a CoARC accredited advanced level program will not receive a certificate of completion upon graduation. They will receive a BHS degree upon completion of all general education and professional degree requirements.

3. The last 30 of 36 credit hours prior to graduation must be completed at MU in order for a student to be eligible for a BHS degree from the University of Missouri.
4. Exceptions to the Advanced Standing Policy will be at the discretion of the RT Program Director and the CDS Department Chair.

Classroom Attendance Policy (Entry to BHS only)

There are times when accidents, illness, family emergencies or other unforeseen and unavoidable events interfere with regular attendance from class. (Unavoidable does not include time off for vacations)

An excused absence is defined as one in which the instructor has been properly notified in advance and the absence meets the guidelines for an excused absence. If a student is unable to speak with the instructor in advance, they should send an email as soon as possible providing the instructor with the reason for the absence.

Excused absences can be granted by the faculty for:

1. Illness: student must bring a physician's note when returning to class.
2. Death: in the immediate family to include spouses, children, siblings, parents, grandparents, and in-laws.
3. Other: family emergencies, military service, weddings, graduations, court appearances.

Additional circumstances will be at the discretion of the PD & DCE.

Absences communicated to the instructor prior to the class period for reasons other than those described above is considered an **unexcused absence**.

Failure to contact the instructor regarding an absence is considered a **no call/no show**.

Tardy Policy: It is imperative that students be on time for class. There is a 5-minute grace period before the student is given a tardy. If the student's tardiness results in their missing more than 25% of the scheduled class time, the tardy may be upgraded to an unexcused absence at the discretion of the instructor if this is not the student's first tardy.

Classroom Attendance Violation Points System

Tardy: ½ point
Excused Absence: 1 point
Unexcused Absence: 3 points
No Call / No show: 4 points

Accumulation of points throughout the **entire course**:

2 points: Written warning
3 points: Probation
5 points: Dismissal from course

The student is responsible for all materials and information distributed on the date missed.

Terms for Program Status

"Good standing" in the MU respiratory therapy program is defined as:

- a. being, and remaining, free of illegal drugs, controlled substances abuse, and alcohol while in the classroom, in clinicals, and participating in a school related function (random drug testing may be performed);
- b. refraining from patient or colleague sexual harassment, assault and/or abuse;
- c. refraining from stealing and/or willful damage of property;
- d. providing safe patient care at all times;
- e. maintaining an affective evaluation score at program standard ($\geq 75\%$);
- f. refrain from probationary status.

Violation of any one of the aforementioned is grounds for immediate dismissal from the respiratory therapy program.

Student Advisement

The faculty and staff at the School of Health Professions are available for advising and consultation. Those students who may need specialized counseling in a particular area will receive a referral to qualified professionals at the Counseling Center. It is the goal of faculty and staff at SHP to assist all students in making their educational experience as enriching and successful as possible.

Academic Support Services

The University of Missouri provides services to all students on both the base and satellite campuses. Some services are on the University of Missouri campus in Columbia while others are available virtually through internet access and telephone consultation. The following services are available to all enrolled students:

- [Counseling Center](#)
Counseling services and testing services
119 Parker Hall 573-882-6601
- [Disability Center](#)
S5 Memorial Union 573-882-4696
- [Learning Center](#)
100 Student Success Center 573-882-2493
- [Writing Center](#)
100 Student Success Center 573-882-2493
- [Net Tutor](#)
- [Student Health Center](#)
1020 Hitt St., 4th Fl. 573-882-7481
- [Wellness Resource Center](#)
2202 MU Student Center 573-882-0157

POLICY AND PROCEDURES RELATED TO CLINICAL PRACTICE

*Applies to Entry to BHS students only. Degree Advancement students may skip to
POLICY AND PROCEDURES RELATED TO STUDENT RESPONSIBILITY*

Patient Bill of Rights

The American Hospital Association (AHA) presents a Patient's Bill of Rights with the expectation that observance of these rights will contribute to more effective patient care and greater satisfaction for the patient, his physician and the hospital organization. Further, the AHA presents these rights in expectation that they will be supported by the hospital on behalf of its patients as an integral part of the healing process. It is recognized that a personal relationship between the physician and the patient is essential for the provision of proper medical care. The traditional physician-patient relationship takes on a new dimension when care is rendered within an organizational structure. Legal precedent has established that the institution itself also has a responsibility to the patient. It is in recognition of these factors that their rights are affirmed.

1. The patient has the right to considerate and respectful care.
2. The patient has the right to obtain from his physician complete current information concerning his diagnosis, treatment and prognosis in terms the patient can be reasonably expected to understand. When it is not medically advisable to give such information to the patient, the information should be made available to an appropriate person in his behalf. He has the right to know by name, the physician responsible for coordinating his care.
3. The patient has the right to receive from his physician information necessary to give informed consent prior to the start of any procedure and/or treatment. Except in emergencies, such information for informed consent should include but not necessarily be limited to the specific procedure and/or treatment, the medically significant risks and the probable duration of incapacitation. Where medically significant alternatives for care or treatment exist or when the patient requests information concerning medical alternatives, the patient has the right to such information. The patient also has the right to know the name of the person responsible for the procedures and/or treatment.
4. The patient has the right to refuse treatment to the extent permitted by law and to be informed of the medical consequences of his action.

5. The patient has the right to every consideration of his privacy concerning his own medical care program. Case discussion, consultation, examination and treatment are confidential and should be conducted discretely. Those not directly involved in his care must have the permission of the patient to be present.
6. The patient has the right to expect that all communications and records pertaining to his care should be treated as confidential.
7. The patient has the right to expect that within its capacity, a hospital must make reasonable response to the request of a patient for services. The hospital must provide evaluation, service and/or referral as indicated by the urgency of the case. When medically permissible, a patient may be transferred to another facility only after he has received complete information and explanation concerning the needs for an alternative to such a transfer. The institution to which the patient is to be transferred must first have accepted the patient for transfer.
8. The patient has the right to obtain information as to any relationship of hospital to other health care and educational institutions insofar as his care is concerned. The patient has the right to obtain information as to the existence of any professional relationships among individuals, by name, which is treating him.
9. The patient has the right to be advised if the hospital proposes to engage in or perform human experimentation affecting his care or treatment. The patient has the right to refuse to participate in such research projects.
10. The patient has the right to expect reasonable continuity of care. He has the right to know in advance what appointment times and physicians are available and where. The patient has the right to expect that the hospital will provide a mechanism whereby his physician or a delegate of the physician of the patient's continuing health care requirements following discharge informs him.
11. The patient has a right to examine and receive an explanation of his bill regardless of source of payment.
12. The patient has the right to know what hospital rules and regulations apply to his conduct as a patient.

No catalog of rights can guarantee the patient the kind of treatment he has a right to expect. A hospital has many functions to perform, including the prevention and treatment of disease, the education of other health professionals and patients, and the conduct of clinical research. All these activities must be conducted with an overriding concern for the patient and, above all, the recognition of his dignity as a human being. Success in achieving this recognition assures success in the defense of the rights of the patient.

Medical Requirements

There are specific inoculations and tests required before students can enter the clinical portion of the professional program. Students may have immunizations and screenings completed by their family physician, health department, or students may make an appointment with MU Student Health. MU Student Health will provide immunizations and drug screening the summer prior to Fall Semester admission.

Students will not be allowed to attend the first day of clinicals if inoculations, health and drug screenings are not complete. This will result in unexcused absences from clinical.

1. Senior students will obtain a PPD (and chest x-ray if indicated), drug test, and complete Hepatitis B immunizations prior to the senior fall semester. The students will be responsible for obtaining any additional immunizations or tests required by a specific clinical affiliation site.
2. Students will pay for all immunizations, tests, and x-rays required by the Respiratory Therapy Program, as well as any required by the assigned clinical facility.
3. The MU Student Health Center requires documentation of pertinent results. Physical exams are available through the MU Student Health Center for a fee, or through a hospital's Employee Health if currently working in a hospital.
4. Students are encouraged to keep a personal copy of all immunization documentation.
5. Documented proof of health insurance is required by the Director of Clinical Education prior to the first day of clinical.

COVID Vaccination

As a student providing healthcare services at the University of Missouri Hospital and Clinics (UMHC) and/or Mercy Hospital, all respiratory therapy students will be required to either; 1. Provide proof of COVID-19 vaccination, 2. Provide proof that a religious exemption has been approved by the MU Student Health Center, or 3. Provide proof that a medical exemption has been approved by the MU Student Health Center or Mercy Hospital. Students who are granted a religious accommodation or a medical exemption must follow any requirements specified in the approval documentation and follow UMHC or Mercy guidelines or policies applicable to unvaccinated individuals when training at those facilities.

Students who are granted a religious accommodation or a medical exemption from their base hospital (UMHC or Mercy) and are training at other clinical affiliates must comply with the requirements and policies related to unvaccinated individuals at those clinical affiliates. This may include requesting and receiving approval for a medical or religious exemption from that clinical affiliate.

Any student receiving a COVID-19 vaccination exemption may be prohibited from participating in training at other clinical affiliates which do not recognize those exemptions. In the event that the number of non-UMHC clinical affiliates recognizing the UMHC exemption is small enough that it prohibits student's ability to complete the program's clinical requirements, students with exemptions will either be dropped from the program, or they may seek a Leave of Absence so that they can join a later student cohort.

Immunization	Description
Polio - IPV	Completion of primary series with booster between ages 4 to 6.
Tetanus/diphtheria (Td) or Tetanus / diphtheria / pertussis (Tdap)	Completion of primary series with booster given within the past 10 years. (See TD or Tdap handout)

Measles/Mumps/Rubella	Two doses MMR vaccine, minimum 28 days apart with first dose given on or after first birthday.
Hepatitis B primary series	Completion of three dose primary series
Hepatitis B Surface Antibody Blood Test * (Quantitative)	Obtain ONLY if recommended by Student Health or private physician.
Varicella (chicken pox)	Positive immune titer <u>or</u> two dose vaccine series.
Tuberculosis (TB screening)	Documentation of two Mantoux TB skin tests (measured in mm of induration) performed in the U.S. within the past 12 calendar months. Repeat annual testing will be performed. Students with past history of positive TB skin tests must provide documentation of the positive skin test, a copy of the chest x-ray report, and documentation of any medication taken. Those students will also undergo annual symptoms reviews and/or Quantiferon Gold blood tests instead of skin testing.
Influenza	An influenza vaccination dose is encouraged annually.
14 Panel Drug & Alcohol Screen	This test is completed at Mid Missouri Drug Testing. Student will need to sign an "agreement to submit to a pre-participation clinical urine drug test" form at the student health center.
Covid-19	See explanation above this table.

**** COST OF IMMUNIZATION WILL DEPEND ON YOUR INSURANCE****

Immunization Procedure

1. The Respiratory Therapy Program will notify each junior student of the documentation needed to verify all required immunizations and tests.
2. Students will be responsible for obtaining these procedures and returning a completed verification form by the deadline specified by the Program to the MU Student Health Center.
3. Documentation of immunizations, etc. obtained off-campus are required by the MU Student Health Center.
4. The MU Student Health Center will notify the Director of Clinical Education which students have not completed the immunization requirements. The start of their clinical rotations may be delayed until those records are complete.

Please send completed copies of all immunizations, screenings, and release documents to:

*Attn: Nono Jost
Student Health Center
University of Missouri
1101 Hospital Drive
Columbia, MO 65212*

Phone: (573) 882-2542

Fax: (573) 884-4083

E-mail: jostg@health.missouri.edu

Criminal Background Check

Clinical affiliates utilized by the University of Missouri require all students to complete a criminal background check prior to the fall semester in both the junior and senior years. Passing a criminal background check is required to attend clinical practice and to obtain a license to practice respiratory therapy in the state of Missouri. A positive background check may prohibit a student from participating in a clinical course from our affiliates, and therefore jeopardize a student's status in the RT program.

Drug Screening

Clinical affiliates utilized by the University of Missouri require all students to have completed a drug screening prior to the fall semester in both the junior and senior years. Passing the initial, and if necessary, random drug screenings is required to attend clinical practice. If a student does not successfully complete a drug screening, they will be subject to dismissal per program policy. Clinical Practice coursework is required to complete the BHS in Respiratory Therapy. The student may continue in the didactic course work if this will enable them to meet requirements for another college degree, as long as the course does not have the prerequisite of successful completion of the corresponding clinical course.

CPR

Students are required to have successfully completed the American Heart Association BLS (Basic Life Support) for Healthcare Providers training before starting the professional phase of the Respiratory Therapy program. It is recommended that the student complete this certification during the summer orientation class to assure the two-year certification spans the entire RT program. Present the certification card to the Director of Clinical Education prior to the first day of clinicals. Students cannot begin clinical practice in the fall semester without a valid CPR card.

HIPAA / OSHA Training

Prior to entering the respiratory therapy program, students will be required to take a web-based presentation on the Health Information Portability and Accountability Act (HIPAA). Students will be required to pass a test covering patient confidentiality before entering the clinical affiliates. The highlights of this presentation include:

1. All patient records (the chart and any other information, verbal or written, electronic, and those notes taken from the record) are confidential.
2. Students must be protective of patient information (i.e., notes not left on desks, in classrooms, in cafeterias, or out for any public viewing, data sheets filed, each chart must be positioned where patients and others cannot view it, close charts, turn clip boards over, and sign-off computers when not in use).
3. Students must not identify patients, nursing staff, doctors, or other persons by name in care plans, notes or other exercises for learning purposes. In such instances, the use of the credential is appropriate.
4. Students will not discuss patients, staff or care issues in public (i.e., with friends or family, or in public places such as cafeterias elevators, lounges, bars, restaurants, etc.)
5. Students will not discuss patient problems with other patients.

6. While in the clinical setting discussing patient care, prevent others from overhearing the conversation. Use private areas.
7. Students must display professional decorum, that is, conduct and appearance that exemplify cleanliness, politeness and maturity.

All students will be required to complete the program's training defining OSHA standards for health and safety in the workplace. If a student sustains a needle stick or other injury during a clinical experience, an incident report is completed and a copy placed in the student's file at the school. Students must adhere to hospital policies that stipulate what treatment and immunizations may be required.

If a student is seriously injured during the clinical rotation, he/she will be taken to the emergency room. Students are responsible for their own medical expenses resulting from treatment of illness or accidents, including injuries at school or in the clinical setting.

Personal Protective Equipment

The student will adhere to the current standards for Personal Protective Equipment (PPE) by the Occupational Safety and Health Administration (OSHA) and Center for Disease Control (CDC) guidelines for care of infectious patients in accordance with the clinical affiliate's policy.

Housing and Transportation

The MU Respiratory Therapy Program is a two-year curriculum integrating didactic and clinical training and experiences. The first four clinical courses are held at hospitals in Columbia for the main campus program, or in St. Louis for the satellite program.

At times during the program, the students will exchange locations to provide adequate training and exposure to the reciprocal hospital. Additionally, during the last semester, clinical experiences ranging in duration from several days to several weeks may be arranged at facilities other than the Columbia or St. Louis primary clinical affiliates. In these cases, the cost of transportation and housing will be borne by the students, just as they are for coming to and living in Columbia or St. Louis. When possible, the program faculty will assist in suggesting convenient and economically feasible accommodations for students at these remote facilities.

Liability Coverage

The University's medical malpractice plan covers students if the care given is part of a regular clinical assignment. Students enrolled in the appropriate clinical course are eligible for coverage by the University's malpractice insurance; students not enrolled cannot participate in any clinical activity.

Disaster Management

Emergency Action Plans require the respiratory therapist on duty to maintain and deliver cardiopulmonary care to inpatients in emergencies as needed. The student will observe and participate in the affiliate's Emergency Action Plans as guided by the instructor/preceptor.

- a.) Code Red - fire:

1. Note the location of fire alarms, fire exits and oxygen zone valves (shut off oxygen zone valves only as directed by instructor/preceptor)
2. **Rescue** (*all persons*)
Alarm
Contain (*close doors and windows*)
Extinguish
3. Operation of an extinguisher:
Pull
Aim
Squeeze
Sweep

b.) Code Yellow - severe weather:

1. close all windows, blinds, draperies, and curtains
2. cover patients with blankets to protect from flying debris and glass when indicated
3. evacuation of patients on mechanical ventilation and supplemental oxygen to interior corridors as directed

c.) All other Codes - the student will follow the instructor/preceptors instructions

Clinical Attendance Policy

There are times when accidents, illness, family emergencies or other unforeseen and unavoidable events interfere with regular attendance from clinical rotations. (Unavoidable does not include time off for vacations)

An excused absence is defined as one in which the instructor or preceptor for that clinical day has been properly notified in advance and the absence meets the guidelines for an excused absence. If a student is unable to reach the instructor/preceptor in advance, they should contact the Director of Clinical Education (faculty contact numbers are always available on the Canvas website for each clinical course). Do not call the hospital respiratory therapy department and leave a message. This behavior will usually result in an unexcused absence.

The faculty can grant excused absences for:

1. Illness: student must bring a physician's note when returning to class.
2. Death: in the immediate family to include spouses, children, siblings, parents, grandparents, and in-laws.
3. Other: family emergencies, military service, weddings, graduations, court appearances.

Additional circumstances will be at the discretion of the PD & DCE.

Absences communicated to the instructor prior to the class period for reasons other than those described above are an **unexcused absence**.

Failure to contact the Instructor/preceptor and the DCE regarding an absence is a **NO Call/No Show**.

There will be times that students may need to reschedule clinical rotation days. There is a form to be completed with the site preceptor before the change will be approved by the DCE. The DCE will then note the change on the clinical schedule. Changes in the clinical schedule should be a rare occurrence. If a student knows ahead of time that they will need time away from the clinical rotation, they can turn in the request to the DCE prior to finalizing the schedule or let him/her know as soon as possible of an impending conflict.

Tardy Policy: It is imperative that students be on time for clinical rotations (there is a 5-minute grace period before the student is given a tardy). If a student will be greater than 5 minutes tardy, they must contact the DCE in addition to the instructor/preceptor. If the student's tardiness results in their missing more than 25% of the scheduled clinical time, the tardy may be upgraded to an unexcused absence at the discretion of the preceptor or Director of Clinical Education if this is not the student's first tardy. Additionally, failure to clock in or out greater than 30 minutes after the start/end time will result in a tardy. If workload or procedures require extended clinical hours, an email must be sent to the DCE that day noting the extended hours and the reason.

Attendance Violation Points System

Tardy: ½ point

Excused Absence: 1 point

Unexcused Absence: 3 points

No Call / No show: 4 points

Accumulation of points throughout **entire clinical program:**

2 points: Written warning

4 points: Probation*

8 points: Dismissal from program

Clinical Probation

Once a student is on clinical probation, violating that probation can result in dismissal from the clinical portion of the respiratory therapy program. Students who do not complete the required clinical class for a specific semester cannot progress to the next semester of the program. Actions that can violate clinical probation include, but are not limited to:

- Tardy
- Unexcused absence
- Earning a score of less than 3 on any evaluation
- Any violation of the Professional Code of Ethics outlined in the Clinical Program Handbook
- Any of the terms that prohibit the status of "good standing" in the program
- Any clinical dress code violation

The student is responsible for carrying out all the guidelines for clinical behavior listed in the program handbook.

Dress Code

Professional appearance/behavior is required at all times in the clinical affiliates as well as when participating in activities on or off campus, which represent the MU RT program or RT profession. If a student is sent home from clinical to change clothing, the time missed from the clinical site will be considered an unexcused absence.

There is such a variety of uniforms worn by staff of individual affiliates that it would be impractical for students to try to match those at each hospital. All clinical rotations (except management) and hospital based laboratory courses require:

1. Facility Name tag (if provided by affiliates)
2. MU Student Photo ID
3. Black scrubs with MU RT program patch on the left breast pocket. For warmth, an additional t-shirt/turtle neck may be worn under the scrub top. (solid white, black, or gold preferred)
4. A short white lab coat may be required at certain facilities. This coat can be obtained at that time.
5. Comfortable, practical and quiet shoes: athletic shoes are acceptable as long as they are clean. All shoes must be closed toe and closed heel for safety.
6. Good personal hygiene is required. Body odor is unacceptable as well as the use of heavy perfumes or colognes due to the nature of the patient population.
7. Beards and long hair must be neat and clean. Long hair must be pulled back and secured for a professional appearance and safety concerns.
8. Extraneous jewelry is discouraged for safety. One pair of earrings is acceptable but limited to dime size or smaller and is not to hang below the ear lobes. Hand jewelry is limited to a wedding ring only. A watch with a second hand is required at all times. Additional visible body piercings will be monitored by clinical instructors.
9. Overlay/false fingernails, and nail art are prohibited. (All promote bacterial growth on the nail bed) Natural fingernails must not be longer than 1/4 inch from the fingertip.
10. Tattoos deemed offensive must not be visible while in the clinical affiliates. PD & DCE will advise students if necessary.
11. Use of cellular phones, except to receive a security code, is unacceptable in clinical areas and must be turned off. Response is allowed in emergencies only and at the discretion of the clinical instructor/preceptor.
12. Chewing gum is unacceptable while at the clinical affiliate.

**Two patches are provided; additional patches can be purchased from the DCE for \$3 each.

**Clothing must be clean, neat, and professional in appearance.

Students must have the following equipment/resources during clinical rotations:

- stethoscope
- ink pens
- note pad
- watch with second hand
- pocket calculator
- goggles
- Clinical Practitioner's Guide to Respiratory Care by Dana Oakes
- Current week's clinical objectives

Professional Conferences, Meetings and Management Rotation (Attire must be conservative):

1. Dress pants/skirts/dresses (no jeans, denim, worn corduroy, yoga pants, leggings).

2. Skirts/dresses should not be shorter than two inches above the knee. Long skirts with slits higher than knee are inappropriate.
3. Blouses must amply cover the chest and waist at all times.
4. No t-shirts.
5. Ties for men are required for externship management rotations only.

Expectations During the Clinical Experience

Upon arriving at the clinical affiliate, students are to report to the instructor/preceptor in charge of that rotation. Students must also report to this individual after completing their assignments, but prior to leaving the site. Students should not leave the hospital during clinical hours without permission from the instructor /preceptor or the DCE. Leaving the hospital is abandonment of patient care and is an unexcused absence. In the event of a low patient census, the student is NOT to ask to be excused early from clinicals. If the offer to leave is made to the student by the preceptor, they may accept with the understanding that the hours will need to be rescheduled.

If there is a just reason for a complaint, students should first discuss it with the instructor/preceptor and if necessary, the DCE as soon as possible.

Clinical training is to be instructional in nature providing students with hands-on experience. Clinical training is a cooperative effort between the school, student and the clinical affiliate. As a simulated work environment, the clinical practicum site expects the student to obey all rules and regulations regarding the site and clinical assignment. This includes punctuality and reliability of attendance. The clinical affiliate has the right to remove any student who demonstrates disregard for program and/or clinical site policies and procedures. The following guidelines will aid in achieving a successful clinical experience.

1. Carry out duties assigned by the instructor/preceptor.
2. Be alert at all times to the needs and the safety of patients. Report unusual conditions to the instructor/preceptor and to the nurse in charge.
3. Report all accidents and errors immediately to the instructor/preceptor and the nurse in charge.
4. Follow all directions and procedures as instructed.
5. Check with the instructor/preceptor if there is any doubt regarding the requisite knowledge, information, or skill necessary for an assignment.
6. All procedures performed for the first time or those without a prior completed objective require the direct supervision of the instructor.
7. Verify there is a written order in the patient's chart before administering any treatment or procedure.
8. Plan for the rotation prior to commencing the clinical day. Be aware of procedures and assignments required during each clinical day.
9. Work with the instructor/preceptor to track which procedures require completion. Use initiative to seek out learning opportunities. It is the student's responsibility to have at least 75% of clinical objectives signed off before moving to the next rotation.
10. Confine eating and drinking beverages, to designated break time and area. Students cannot leave the hospital property for meals or breaks.
11. Maintain a friendly and dignified relationship with patients, co-workers, hospital supervisors, and school faculty.
12. Be respectful of the clinical facility and property.

13. Students must make their whereabouts known to the clinical instructor/preceptor at all times, including breaks.
14. Follow rules and regulations of the participating affiliate.
15. Arrive at the clinical site in sufficient time to begin the daily assignment.

With regard to practical matters such as parking, library and cafeteria privileges, locker space etc., the University in its affiliation agreements has sought to provide the best possible accommodations for students. However, most hospitals have challenges in one or more of these areas. Communicate instances to the DCE that cause an undue hardship for the student so that temporary rescheduling can be attempted while the underlying problem is being addressed.

Maintaining Student Status

1. Students are provided a photo University of Missouri Health Care (UMHC) badge, which identifies them as a Respiratory Therapy Student. ID badges are to be visible at all times during clinical hours. Any student without their UMHC badge will be sent home, and be required to make up the clinical hours. The clinical facility may require a student to wear an additional badge, but it is not to replace the UMHC badge. At no time should the badge be worn during paid work hours.
2. The student's role is to participate in the clinical experience through observation and participation with either direct or indirect supervision.
3. At NO TIME is the student to replace the respiratory therapy staff and work without supervision during assigned clinical training hours.
4. The student MAY NOT receive any compensation for clinical training hours as they might at any other job for which they have been hired. This includes positions as respiratory therapy student assistants.

Clinical Course Descriptions

RT 3941 Clinical Practice I (2 Credit Hours)

- Involves one day of clinical experience per week in the local affiliate hospitals. These experiences expose students to a variety of patient care settings. Students have the opportunity to practice specific skills as they are presented in the program.
- Clinical logs (1-2 page) are designed to be a learning tool for the student; a forum for the student to display correct application and evaluation of current knowledge as well as synthesis and communication of new knowledge in an organized fashion.
- This course includes a one-hour conference each week after clinicals. During this hour, the class will present and discuss special topics pertinent to clinical experiences. This class will incorporate many guest lecturers. Attendance is mandatory. Absenteeism is clinical hours missed. (Same attendance policy applies as stated in this handbook.)

RT 3942 Clinical Practice II (4 Credit Hours)

- This course is a continuation of supervised clinical experience from Clinical Practice I.
- Involves 1-3 days per week of clinical. Clinical Practice II will develop the respiratory therapy student's application of knowledge gained from didactic and laboratory course work and encourage analysis and evaluation of assessments and therapeutics.

- Clinical logs (1-2 page) are designed to be a learning tool for the student; a forum for the student to display correct application and evaluation of current knowledge as well as synthesis and communication of new knowledge in an organized fashion.

RT 3943 Clinical Practice III (2 Credit Hours)

- This course is a continuation of supervised clinical experience from Clinical Practice II.
- This rotation, which occurs in the Summer Intersession, is approximately 90 hours with emphasis is on adult critical care exposure. Students will have written presentations and reading assignments for discussion as part of this clinical rotation.
- A comprehensive assessment exam is required at the completion of this clinical rotation. Meeting the cut score is required before continuing into the fall semester. Students will be required to retake this exam at their own expense.

RT 4940 Clinical Practice IV (5 Credit Hours)

- A grade of C (75%) or better in RT 4020 Perinatal-Neonatal RT is required to enroll in this clinical course.
- Meets 1-5 days per week during the Summer & Fall Semester of the senior year. These are supervised specialty rotations outside the Respiratory Therapy Department. These include PFT lab, ABG lab, Intubation, EKG/Stress Testing, NICU, Hyperbaric Oxygen Therapy, Sleep Diagnostics, General Pediatrics/PICU, Child Health, Research, and Adult Critical Care.
- A comprehensive assessment exam is required at the completion of this clinical rotation. Meeting the cut score is required before continuing into the spring semester. Students will be required to retake this exam at their own expense.

Clinical Externships

The clinical externships are offered during the winter semester of the senior year and consist of three five-week blocks which receive a total of 13 credit hours. At this point in the program, most didactic coursework is complete. Only students in good standing can participate in externships (RT 4973, RT 4983 and RT 4993). Students with less than a 75% (C) in any program course will require special consent from the PD or DCE to enroll in externships. A separate handbook for the externship experience is available for students.

For these externships, several hospitals that have affiliation agreements with the University of Missouri are available. Rotations are available outside Missouri. Students are able and encouraged to integrate all didactic, laboratory, and previous clinical experiences through practice in patient care settings. This will enable students to take an active role in the profession of Respiratory Care upon graduation.

During these clinical externship experiences, students not only cultivate and refine their evaluation, decision-making, and treatment skills but also develop the peripheral skills required to become a professional. Emphasis is on communication skills, interpersonal relationships, personal and professional behaviors, ethical and professional responsibilities, and administrative skills. Problem solving abilities are focused upon and emphasized in all areas. The Clinical Simulation Assessment Exam will be required prior to completion of this semester. Meeting the cut score on both sections of the examination is required for graduation. Students will be required to retake this exam at their own expense.

RT 4973 Clinical Practice V (4 Credit Hours)

- Adult Critical Care - Five-week rotation through the various adult ICU's under the direction of the designated team leader. During these five weeks, the student should be ready to function with minimal supervision of the team leader. During these five weeks, emphasis is on refinement of the skills developed during the summer/fall semesters including participation of specialty procedures and decision-making skills. Bedside rounds and interactive reporting with physicians and staff are expected.
- Students will complete a daily log.
- Assignments allow exposure to a variety of patient disease processes, adult ventilators, and specialty procedures.

RT 4983 Clinical Practice VI (4 Credit Hours)

- NICU/PICU- A two-week/three week rotation through the neonatal and pediatric intensive care units, under the direction of a designated preceptor. During these rotations, students will continue to refine skills developed in Clinical Practice IV and continue development of decision-making skills as well as ventilator care, airway management, and infant/pediatric therapeutic procedures.
- Students will complete a daily log.

RT 4993 Clinical Practice VII (5 credit Hours)

- Management Rotation - Two weeks. Students will work closely with a manager/supervisor to observe their role in a variety of situations. Students will gain an appreciation for the necessary people skills and communication skills required of this type of position. Students will assist the manager/supervisor in all daily activities and function independently at the direction of the manager/supervisor. This rotation is split between two different affiliates.
- Home Care - One week. Students will learn Respiratory Care in the patient's home and outpatient settings. Areas emphasized during this block include: 1) home equipment used 2) assessment of patients in outpatient clinics/home settings; 3) patient education; 4) patient and family communication skills; and 5) Medicare/Medicaid requirements and funding issues.
- Sub-Acute Care - One week. Emphasis on long-term ventilatory dependent patients. Unique problems associated with this patient population will be addressed. This rotation will occur in a hospital/rehab center/nursing home environment. One in-depth case workup is required.
- Rehabilitation - One week. This rotation will focus on rehabilitation of patients with cardiopulmonary disease. Emphasis will be on patient exercise and education.
- Service Learning Requirement- This project integrates community service activities into the respiratory therapy externship experience. The goals of the Service Learning Project are to place students in safe and structured community service projects and promote a lifelong commitment to social responsibility and public service.

- The Director of Clinical Education will inform students of opportunities as they arise. Students must accumulate a minimum of 45 documented hours to pass RT 4993 Clinical Practice VII. Hours may be completed during the junior and/or senior year.
- Obtain prior approval of the activity from the DCE. Failure to do so may result in disqualification of the hours. Required paperwork is available on Canvas.
- Students who commit to an event and cancel within 24 hours of the beginning of the event will incur a point penalty equal to that events expected hours.
- The RT 4993 class receives designation on the University of Missouri transcript as a Service Learning (S) course. This transcript designation recognizes the special nature of courses that include community service.

Clinical Evaluation of Students

Over the years, the responsibility of Respiratory Care Practitioners has grown in complexity with the development of more sophisticated procedures and equipment. It is essential that the University of Missouri and the clinical affiliate work together to provide the best educational experiences to all students. During the clinical experience, students must have the opportunity to perform all types of routine respiratory procedures. Only in this manner will they be prepared for entry into the profession. Each student is responsible for his or her own performance. However, there must be a competency-based curriculum, both academic and clinical. A clinical evaluation system is utilized whereby students may progress through clinical education with their strengths and deficiencies identified. The faculty and student will address deficiencies as they are identified. **An evaluation score less than “3” in any category of a rotation evaluation, results in clinical probation.**

Competency based evaluation is a means of checking the progression rate of students during their education by determining whether or not they are able to meet specified objectives thus demonstrating proficiency. Students’ knowledge and skills are directly evaluated in the classroom and indirectly evaluated throughout their educational experience. Evaluation of the application of skills occurs in the school laboratory and during their clinical experience at each of the clinical affiliates. In order to evaluate student application skills, it is essential to determine the level of performance ability. Through the use of a competency based evaluation system we can objectively determine the proficiency level a student has achieved. **If a student does not successfully complete the competency evaluation for a particular week, that student will be ineligible to attend clinicals until said competency is successfully completed. This may result in an unexcused absence from clinicals. Exception may be applied in CP II and beyond at the discretion of the PD or DCE.**

It is very important that knowledge and skills are reinforced and evaluated in the clinical setting to maximize the student’s clinical effectiveness. In addition, the student has the responsibility of keeping a daily log of clinical experiences in order to provide a means of ongoing documentation. It is the role of the clinical affiliates to provide clinical experiences designed to bridge the gap between theory and application. Quality supervision of clinical experiences in each medical facility accomplishes this goal.

The clinical portion of the respiratory therapy program is an integral part of the total curriculum. All persons involved with the program must thoroughly understand the structure and function of the clinical evaluation system for the total educational experience of a student to be effective.

POLICY AND PROCEDURES RELATED TO STUDENT RESPONSIBILITY

Student Rights and Responsibilities

For student rights and responsibilities, please visit the [Office of Student Accountability & Support](#). Students with concerns regarding clinical coursework or evaluations should first approach the clinical faculty and the Director of Clinical Education. Students with concerns regarding the overall functionality of the program should first approach the Program Director.

Use of Cell Phones and Other Electronic Devices

To provide an undistracted educational environment the use of cellular phones, personal pagers, etc. is unacceptable in the classroom, laboratory, clinical area, or professional meetings/conferences. At the discretion of the instructor, a student may answer an emergency call.

Computer and Internet Access

Students are required to have proficient computer skills and have access to the internet in order to complete curriculum requirements. The University of Missouri has a preferred method of communication via MU e-mail accounts. MU respiratory therapy students are expected to check e-mail routinely and respond to faculty and peers in a timely manner. This does not preclude meeting with the faculty regarding various course issues. Please refer to the individual course syllabus for faculty contact information. Clinical affiliate computer and internet access are for patient care related activities as assigned by the clinical instructor. Personal computer activity (i.e. email, homework, etc.) is unacceptable during the clinical rotation.

Smoking

The University of Missouri System is a smoke-free campus. This includes the hospital affiliates. Students caught smoking will be in violation of the policy and subject to disciplinary action.

Children on Campus

Due to liability reasons and disruption of classes, children are not permitted in the classroom, laboratory, or clinical areas unless they are participating as a mock pediatric patient.

Alcohol, Drugs, and Firearms

The school prohibits the possession, use or distribution of illegal drugs and/or alcohol on school premises or at any school event. Additional details of the health risks, legal penalties, sanctions and information on counseling and treatment is available from the [Counseling Center](#).

With the exception of law enforcement officers duly authorized to carry a firearm and/or weapon, the possession of a firearm and/or other weapon on the university campus or clinical affiliate is strictly prohibited.

Copyright and Plagiarism

Much of the materials provided during the course of the program are copyrighted by the original authors or are a compilation of materials that are copyrighted by multiple authors. Sometimes that author is the textbook publisher. At other times, that author is a faculty member. Our faculty is bound by our university intellectual property and copyright policy, which is designed to protect the invested efforts of the university while at the same time encouraging and acknowledging the creative efforts of our faculty.

In an effort to provide students, with as many resources as possible to assist with the learning process, permission is given to use those copyrighted materials for personal use only, and only as it pertains to the educational process here at the University of Missouri. Students may print out the materials and use them for study purposes. Students may NOT share them with those who are not enrolled in the courses or with other faculty or institutions.

It is equally important that no individual uses someone else's words as his/her own when submitting any assignments at the University of Missouri. Remember that everything read online, in a textbook or in a discussion forum is someone else's words and cannot be used verbatim. Although we realize that students will be researching online and in textbooks, please be sure to use one's own words and expressions when completing assignments.

Academic Integrity

Academic honesty is fundamental to the activities and principles of a university. All members of the academic community must be confident that each person's work is responsibly and honorably acquired, developed, and presented. Any effort to gain an advantage not given to all students is dishonest whether or not the effort is successful. The academic community regards academic dishonesty as an extremely serious matter, with serious consequences that range from probation to expulsion. When in doubt about plagiarism, paraphrasing, quoting, or collaboration, consult the course instructor.

Academic Dishonesty includes but is not necessarily limited to the following:

- A. Cheating or knowingly assisting another student in committing an act of cheating or other academic dishonesty.
- B. Plagiarism which includes but is not necessarily limited to submitting examinations, themes, reports, drawings, laboratory notes, or other material as one's own work when such work has been prepared by another person or copied from another person.
- C. Unauthorized possession of examinations or reserve library materials, or laboratory materials or experiments, or any other similar actions.
- D. Unauthorized changing of grades or markings on an examination or in an instructor's grade book or such change of any grade report.

Academic Integrity Pledge: *"I strive to uphold the University values of respect, responsibility, discovery, and excellence. On my honor, I pledge that I have neither given nor received unauthorized assistance on this work."* Students must adhere to this pledge on all graded work whether or not they are asked in advance to do so.

The University has specific academic dishonesty administrative [procedures](#). Although policy states that cases of academic dishonesty must be reported to the Office of the Provost for possible action, the instructor may assign a failing grade for the assignment or a failing grade for the course, or may adjust the grade as deemed appropriate. The instructor also may require the student to repeat the assignment or to perform additional assignments. In instances where academic integrity is in question, faculty, staff and students should refer to [Article VI of the Faculty Handbook](#). Article VI provides further information regarding the process by which violations are handled and sets forth a standard of excellence in our community.

Code of Conduct

All students must respect the rights of others and are held responsible for conforming to the laws of the national, state and local governments and for conducting themselves in a manner consistent with the best interests of the university and the student body. The University reserves the right to dismiss any student for any reason including but not limited to:

- Failure to maintain satisfactory academic progress
- Failure to pay school fees or tuition in a timely manner
- Disruptive behavior
- Posing a danger to the health or welfare of students, faculty or staff
- Failure to comply with any published school rules or regulations
- Use of profanity
- Threatening behavior of any type
- Violation of the school's drug and alcohol policy
- Theft of property

The [Office of Student Accountability & Support](#) manages serious violations. The philosophy of the University is primarily one of education. The office of Student Accountability & Support treats student conduct incidents as learning opportunities. The office will make responsible decisions with the goal of educating the student not to repeat the behavior, and apply sanctions accordingly. In matters of student safety and/or when traditional education methods have proved to be ineffective, options such as suspension and removal from the university may be appropriate.

Appeal and Grievance Procedure

The School of Health Professions puts forth its best effort to formulate and enforce school policies that support the mission of the University. At times, a student may be unable to meet the school's policy as described due to extenuating circumstances. It is the hope of the faculty and staff that all students will have an enriching experience while completing their chosen program of study. However, if a student has a concern or grievance; they are encouraged to resolve the grievance, whenever possible, in the following manner:

1. A complaint or grievance, involving an individual, fellow student, faculty member, or other staff member, should begin with that individual first in an attempt at resolution of the issue.
2. Should the complaint not be resolved after attempting to address the concern, the student

should write a letter outlining the points of concern within three (3) business days of the offending occurrence and make an appointment with the Program Director. The student should receive a response to the letter within three (3) business days of the appointment.

3. If the complaint is still unresolved after working with the Program Director, the student should provide a written grievance petition indicating the concern to the CDS Department Chair within three (3) business days of the Program Director's response. The petition needs to describe the problem and indicate the perceived deficiency of the school, or school personnel, and request a specific remedy to the unresolved situation. The CDS Department Chair should respond to the letter within three (3) business days of receipt.
4. If the complaint is still unresolved after working with the CDS Department Chair, the student should provide a written grievance petition indicating the concern to the Student Services office within three (3) business days of the CDS Department Chair's response. The petition needs to describe the problem and indicate the perceived deficiency of the school, or school personnel, and request a specific remedy to the unresolved situation. The Student Services Office will forward the documents to the appeals committee for review at their next scheduled meeting. Students will receive a response following the scheduled meeting.

ADA Policy - Students with Disabilities:

The respiratory therapy program does not discriminate against individuals with physical or mental disability, and is fully committed to providing reasonable accommodations to qualified individuals with a disability, unless providing such accommodations would result in an undue burden or fundamentally alter the nature of the program requirements and/or goals and objectives.

If disability related accommodations are necessary (for example, a note taker, extended time on exams, captioning), please register with the [Disability Center](#), S5 Memorial Union, 882-4696, and then notify the Program Director of eligibility for reasonable accommodations.

Emotional Well Being

Students may experience a range of issues that can cause barriers to learning, such as strained relationships, increased anxiety, alcohol/drug problems, and feeling down, difficulty concentrating and/or lack of motivation. These emotional health concerns or stressful events may lead to diminished academic performance and may reduce the ability to participate in daily activities. University resources are available to assist any student. To learn more about the broad range of confidential emotional health services available on campus visit the [Counseling Center](#) at 119 Parker Hall, or call 573-882-6601.

Intellectual Pluralism

The University community welcomes intellectual diversity and respects student rights. Students who have questions or concerns regarding the atmosphere in a class (including respect for diverse opinions) may contact the Departmental Chair or Divisional Director; the Director of the [Office of](#)

[Student Accountability & Support](#); or the [Division of Inclusion, Diversity & Equity](#). All students have the opportunity to submit an anonymous evaluation of the instructor(s) at the end of each course.

Communicable Disease Policy

It is the policy of the Respiratory Therapy program to be proactive in the prevention, identification, and management of communicable disease. To that end, the following policies have been established to decrease the health risks of clinical and classroom learning experiences for the student, hospital staff, and the patients they serve.

1. Students are required to report any illness, communicable disease or other condition that might affect the health of the student, patients, or staff to the Student Health Center (573-882-7481) as soon as they become aware of such condition. Student Health will provide the necessary information to the program faculty will maintaining PHI.

a. Students with suspected illness should notify all course instructors and/or clinical preceptors of their necessary absence prior to the start of the class or clinical day.

2. Clinical placement decisions will be made using current, available public health department guidelines concerning the particular disease in question.

3. Students who suspect they may have a communicable illness, whether from general malaise or through a self-screening tool, should NOT attend clinicals or class until medically cleared by a physician or other primary healthcare provider.

a. Call the MU Student Health Center (573-882-7481) or your health care provider before you seek in-person medical care for guidance regarding testing.

b. If you are advised to get COVID-19 testing, self-quarantine until your results are known.

4. Students testing positive for a communicable disease will not return to clinicals or class until such time as the risk of transmission of the disease is negligible. Students will follow MU, public health, and contact tracing guidelines.

5. Students are expected to participate in class remotely whenever possible until the risk of transmission of the disease is negligible. Laboratory activities and testing must be made up once the transmission risk is negligible in order to successfully complete the course. The student should contact the instructors for classes that require face-to-face labs to schedule make-up sessions.

6. Students will not engage in clinicals placements unless appropriate PPE is available to them.

7. In situations where PPE supplies are limited, students may be restricted from participating in exams and patient procedures requiring use of substantial amounts of PPE, including OR procedures, trauma exams and other procedures of an invasive nature.

8. Students will abide by facility Safety Guidelines, Policies and Procedures at all times. For example, participating in disinfection of surfaces before and after every patient, adhering to disinfection

protocols for reusable PPE, changing linens between patients, disposing of contaminated items in a safe manner, and draping and disinfecting equipment. This may also include requirements to wear a surgical mask at all times within the hospital setting.

9. Students will review the risks of clinical placements with the Director of Clinical Education and agree to adhere to safe infection control practices prior to any clinical placement. This will be documented on the Clinical Infection Control Compliance Statement and reported to clinical affiliates as requested.

POLICIES AND PROCEDURES RELATED TO SAFETY AND SECURITY

MU Alert

In the event of a campus emergency that could affect the health and safety of students and employees, the university will immediately activate an emergency mass notification system. So that students can be warned of any pending danger, please update cell phones and/or text messaging contact information.

1. Go to [myZou](#)
2. Log in with MU PawPrint and password.
3. Click Self Service in the left hand menu
4. Click Campus Personal Information
5. Click Phone Numbers
6. Add contact information (phone numbers and/or e-mail addresses).
7. Click Save.

Classroom/Lab Medical Emergency/Evacuation

In the event of a medical emergency, the faculty member conducting the laboratory or didactic course will take control of the situation. The instructor will stay with the individual in need of emergency medical care and designate a student to call 911 from the nearest phone. The student communicating with the 911 operator will briefly describe the emergency and inform the dispatcher of the exact location within the building. If cardiopulmonary resuscitation is required, the faculty member will designate a student to retrieve the AED, while CPR is in process according to American Heart Association Standards (AHA). Should the medical emergency occur when a faculty member is not present, inform the nearest faculty member or staff personnel immediately after activation of the 911 system.

Students, faculty and guests will leave the classroom or laboratory as part of a building evacuation by the activation of audible and visual fire alarm, notification by the city/county emergency notification network, or verbal indication by faculty, staff, or emergency personnel. Upon notification to evacuate the premises students, faculty and guests will follow the evacuation route posted by each exit. MU has produced a [video](#) that specifically addresses an active shooter scenario.

Inclement Weather

Information regarding school cancellations/late openings for the **Columbia campus** is available on the local Columbia television and radio stations as well as [MU Alert](#). If UMC is closed, Columbia

students are excused from scheduled clinical rotations without penalty.

Information regarding school cancellations/late openings for the **Mercy campus** is available through UMSL on the local St. Louis television and radio stations as well as the [UMSL](#) website. If UMSL is closed, Mercy students are excused from scheduled clinical rotations without penalty.

Privacy and Confidentiality of Records Policy/FERPA

The Family Educational Rights and Privacy Act (FERPA) affords students certain rights with respect to their educational records.

1. Each student enrolled at the University of Missouri shall have the right to inspect and review the contents of his/her educational records, including grades, records for attendance and other information. Parents are not entitled to inspect and review financial records of their children. Parental access to a student's records may be allowed without prior consent if the student is a dependent as defined in Section 152 of the Internal Revenue Code of 1986.
2. A student's educational records are defined as files, materials, or documents, including those in electronic format, that contain information directly related to the student and are maintained by the institution, except as provided by law. Access to a student's education records is afforded to school officials who have a legitimate educational interest in the records. A school official is defined as a person employed or engaged by the school in an administrative, supervisory, academic or support staff position (including law enforcement unit and health staff); a person or company (including its employees) with whom the school has contracted (such as an attorney, auditor, consultant or collection agent); a trustee serving on a governing board; or a person assisting another school official in performing his or her task. A school official has a legitimate educational interest if the official needs to review an education record to fulfill his or her professional responsibility or commitment to the school.
3. Students may request a review of their educational records by submitting a written request to the Campus Director. The review will be allowed during regular school hours under appropriate supervision.
4. Students may request that the institution emend any of their educational records, if they believe the record contains information that is inaccurate, misleading or in violation of their privacy rights. The request must be made in writing and delivered to the Campus Director or Academic Dean, with the reason for the request. Grades and course evaluations can be challenged only on the grounds that they are improperly recorded. The instructor or the administrator involved will review the request, if necessary, meet with the student, and then determine whether to retain, change, or delete the disputed data. If the student requests a further review, the Campus Director or Academic Dean will conduct a hearing, giving the student an opportunity to present evidence relevant to the disputed issues. The student will be notified of the final decision. Copies of student challenges and any written documentation regarding the contents of the student's records will be retained as part of the student's permanent record.
5. Directory information is information on a student that the school may release to third parties without the consent of the student. The University of Missouri has defined directory information as the student's name, address(es), telephone number(s), e-mail address(es), birth date and place, program of study, dates of enrollment, attendance, and graduation, grades, honors and awards as well as credential awarded. If student does not want his or her directory information to be release to third parties without the student's consent, the

student must present such a request in writing to the Registrar.

6. The written consent of the student is required before personally identifiable information from educational records of that student may be released to the third party, except for those disclosures referenced above, disclosures to accrediting commissions and government agencies, and other disclosures permitted by law.
7. A student who believes that the University of Missouri has violated his or her rights concerning the release of or access to his or her records may file a complaint with the U.S. Department of Education.

Additional information is available from the [Office of the University Registrar](#).

Storage of Confidential Student Information

Current and archived student records related to academics, medical/mental health, immunization records, FBI/BCI checks and academic records related to clinical instruction and/or competency will be stored in accordance with the University Privacy and Confidentiality Policy.

Any and all student program records related to academics, current medical health and immunization records, background checks, drug screenings, clinical instruction and/or competencies are to be kept locked in the Program or Clinical Director's office. All relevant records are archived for a minimum of five years. The permanent academic file of each student will be kept locked in the Office of the University Registrar.

Learning Management System

Access the [Canvas Community](#) for assistance on a variety of topics.

You may also email: coursehelp@missouri.edu or call CD&T at 573-882-3303.