



The Ohio State University
School of Health and Rehabilitation Sciences

RESPIRATORY THERAPY DIVISION
MRT STUDENT HANDBOOK

2021

Revised 08/23/21

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I. INTRODUCTION

Purpose & Audience

This handbook outlines the requirements for MRT students in the professional Respiratory Therapy Education Program at The Ohio State University. It is a companion volume to the School of Health and Rehabilitation Sciences' MS Student Handbook, The OSU Graduate School Handbook and the University's Code of Student Conduct. It is intended for Ohio State University graduate MRT students pursuing a Master of Respiratory Therapy (MRT). The program academic policies apply to all students and faculty regardless of location of instruction. This handbook is revised annually and the most recent edition replaces all previous editions. The RT Education Program reserves the right to implement revised or newly created policies at any time it determines them to be necessary.

The Respiratory Therapy Division was established in 1971 to prepare hospital department managers, community college faculty, clinical specialists, and future professional leaders for the developing allied health field called "inhalation therapy." More than 620 alumni have led the development of the profession now known as respiratory care. As respiratory care has continued to evolve, the mission of the division has evolved also. As the responsibilities of therapists and the scope of licensing and registration examinations have expanded, the undergraduate curriculum has expanded, transferring the preparation of managers and educators to the Masters degree level. The Master of Respiratory Therapy program was approved by the Ohio Chancellor's Council on Graduate Studies on November 17, 2017. The CoARC approved the letter of intent for accreditation in July of 2019. The first cohort of seven APRT students graduated on May 9, 2021.

The **MISSION** of the Respiratory Therapy Division is to impact the advancement of the profession through leadership in teaching, research, and service. Specifically.....

- Provide a model undergraduate and graduate respiratory care educational program.
- Engage all faculty and students in research and scholarly activity.
- Provide state and national leadership for the respiratory care profession and professionally-related community outreach activities.

It should be a goal of every OSU student and alumnus to assist in the evolution of the profession. The Respiratory Therapy Division, curriculum, and this MRT Student Handbook have been developed with this ideal in mind.

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III. FACULTY EXPECTATIONS

Commitment.

Students are expected to dedicate the time and energy necessary to successfully complete all academic assignments and projects, to learn what is required to become a competent advanced respiratory therapist, and to achieve the goals of the program.

Attendance.

Students are expected to attend all MRT classes, laboratories, and clinical sessions. Penalties apply to unexcused absences.

Professional Demeanor.

Students are expected to project a professional image as outlined in the SHRS Student Handbook, including: appearance, confidence, respect and courtesy, self-control, initiative, dependability and reliability, honesty, punctuality, and responsibility.

Ethical Concern.

Students are expected to consider foremost the well-being and safety of their patients, to obey all pertinent laws and regulations, and to abide by the HRS and University Student Codes.

Academic Integrity & Competency.

Students are expected to master each major subject in the curriculum.

Laboratory Competency.

Students are expected to rehearse and satisfactorily demonstrate the skills necessary for competent and safe clinical practice in pre-clinical laboratory simulations.

Clinical Competence.

Students are expected to demonstrate the knowledge, skills, and attributes of the advanced respiratory care professional.

Course Grades.

Students are expected to [earn grades required per the Graduate School Guidelines](#) in all courses required for graduation.

IV. ESSENTIAL FUNCTIONS & PROFESSIONAL EXPECTATIONS

Any student who cannot meet each of the Essential Functions with or without accommodation cannot be enrolled in the Respiratory Therapy education program.

- If a student believes they may require accommodation(s) in order to meet these requirements, they must have their need for accommodation validated through the OSU [Office for Disability Services](#) (150 Pomerene Hall, 614-292-3307). ODS works jointly with students and the Respiratory Therapy Division to explore accommodation options.
- Accommodation(s) may not be possible in some cases, and it may not be possible to provide some accommodations on short notice.
- Students are responsible for informing their instructors about needs for accommodation for courses or clinical rotations. Accommodation requests must be made in a timely fashion in order to permit adequate time to arrange the accommodation.

The Essential Functions for the Respiratory Therapy Division are the skills and competencies required of a respiratory therapist student who is expected to:

- Assess patients' need for respiratory therapy by interviewing patients, performing limited physical examinations, reviewing existing clinical data and recommending the collection of additional pertinent data;
- Perform cardiopulmonary diagnostic procedures, calculate test results, determine reliability, perform quality control, and evaluate implications of test results;
- Evaluate all clinical data to determine the appropriateness of the prescribed respiratory care, to participate in the development of the respiratory care plan, and to provide care using clinical patient care protocols;
- Select, assemble, and check for proper function, operation, and cleanliness of all equipment used in providing respiratory care;
- Be responsible for the transportation, set-up, calibration, maintenance, and quality assurance of respiratory care and pulmonary function testing equipment;
- Initiate and conduct therapeutic procedures, evaluate treatment efficacy, and modify prescribed therapeutic procedures to achieve one or more specific objectives in acute care, intensive care & life support, continuing care, and rehabilitation settings.

Some of the activities required of students in respiratory therapy include: performing chest compressions during cardiopulmonary resuscitation, deflating a bag while securing a face mask, identifying labels on medication vials, recognizing monitor alarms, obtaining arterial blood using a syringe and needle, using computer keyboards, communicating by telephone, travel between patients' rooms, and in emergency situations, therapists must respond and react quickly under stress. See "Technical Standards Self Evaluation" at https://ckm.osu.edu/sitetool/sites/hrsrespiratorytherapypublic/documents/RT_Essentials.pdf for a self test.

- Act as an assistant to the physician with special procedures such as bronchoscopy, invasive cardiovascular monitoring, insertion of chest tubes, etc.
- Demonstrate professional attributes of a member of the health care team including appropriate levels of confidence, cooperation, empathy, independence, initiative, judgment, maturity, organizational skills, ethics, and dependability;
- Respect and obey all pertinent laws and regulations and abide by the Code of Ethics;
- Maintain confidentiality and accuracy of patient records and communicate relevant information to other members of the health care team;
- Project a professional and healthful image, including: appearance, courtesy, respect, self-control, honesty, punctuality, and responsibility.

V. GOALS & OUTCOMES OF THE MRT GRADUATE CURRICULUM

The Ohio State University Master of Respiratory Therapy (MRT) is the first advanced practice clinical master's degree for respiratory care in the nation. The MRT is designed to prepare advanced respiratory care practitioners as clinical specialists in a variety of settings.

Graduates of the MRT program will be prepared to successfully obtain advanced practice credentials to position themselves for independent supervised practice positions with more responsibility. The MRT will allow for an expanded scope of practice and additional professional growth opportunities that are currently not available in respiratory therapy.

About the MRT program:

- First advanced practice clinical master's program in the nation – this is not an entry-to-practice program.
- Established in 2020

Goal of MRT Program

Prepare registered respiratory therapists for practice as advanced practice respiratory therapists (APRTs) with demonstrated competence in the cognitive (knowledge), psychomotor (skills) and affective (behavior) domains.

The expected **OUTCOMES** of the graduate major in Respiratory Therapy (MRT) include at least 90% of graduates:

- Earn specialty credentials in designated MRT track.
- Provide positive responses on New Graduate Satisfaction Surveys,
- Obtain a post-graduate APRT related position,
- Receive positive responses on Employer Satisfaction Surveys,
- Declare leadership activities on alumni surveys, including job titles, professional service activities, continuing education, research, and community service.

VI. ACADEMIC AND PROGRAM INFORMATION

Academic and Other Policies

Academic Policies and Building Information can be found in the Graduate School Handbook (<https://gradsch.osu.edu/handbook>), the School of Health and Rehabilitation Sciences Handbook (<https://hrs.osu.edu/academics/academic-resources/student-handbooks>), and the Division of Respiratory Therapy Student Handbook (<https://hrs.osu.edu/academics/academic-resources/student-handbooks>). Other policies (e.g. building safety) can be found in the RT Office, 431 Atwell Hall above faculty mailboxes. Students are responsible for reviewing and adhering to policies and procedures detailed in these documents.

Faculty Advising

During the first autumn term in the MRT program, each student is assigned an academic advisor, who is one of the Respiratory Therapy faculty members. The advisor is available for any academic matters about which the student may desire guidance. Advisors also meet with students to review professional behavior. Advising assistance is also available in the SHRS Graduate Studies Office. The student is responsible for planning for the completion of all required course work.

In Autumn of Year Two, students are assigned to a faculty academic advisor who also serves as that student's Capstone Mentor. This may be a different advisor from the initial advisor assignment, which is an intentional decision to match students with faculty most experienced in their area of interest. This advisor will provide guidance regarding academic coursework, capstone ideas, and professional mentorship.

The School of Health and Rehabilitation Sciences Student Handbook is designed to serve as a guide for students enrolled in the professional programs of the School. The contents of this handbook represent an official communication of the policies and procedures of the School from the faculty to students enrolled in their professional programs. These policies and

procedures are meant to be helpful, not restrictive. Students are expected to be familiar with policies relating to the School and the division or program in which they are enrolled. The School of Health and Rehabilitation Sciences Student Handbook can be accessed on the school's website.

Each student is encouraged to review policies and procedures pertaining to such matters as admission, scheduling, graduation and grading, which are found in the University catalogs, handbooks, and other similar published matter. Students should become familiar with the rules and regulations that govern the University community (including the School) and campus as a whole. This handbook and the School of Health and Rehabilitation Science Student Handbook supplements, but does not replace, other University publications. <https://hrs.osu.edu/~/media/Files/HRS/Academics/Academic-Resources/Student-Handbooks/HRS-Student-Handbook.pdf?la=en>

For access to the complete Graduate School Handbook, please use this link: <https://gradsch.osu.edu/handbook>

Registration and Scheduling

Students will register for courses through Buckeyelink at <https://buckeyelink.osu.edu>. The M R T therapy program is a set curriculum, therefore students all students have a seat and there is no waitlist. The University faculty and staff communicate with enrolled students exclusively through email, using name.#@buckeyemail.osu.edu email addresses.

The BuckeyeLink webpage also provides convenient links to several campus resources including Tuition & Fees, Financial Aid, Class Schedules and Grade Records.

Please contact Georgianna Sergakis (Sergakis.3@osu.edu) if you experience any difficulty receiving email from the OSU Registrar's Office or have any difficulty with on-line scheduling.

For policies regarding registration and scheduling, please see the Graduate School Handbook, section 3. <https://gradsch.osu.edu/handbook>

Tuition

Program tuition is available on the OSU Registrar's Website:

<https://registrar.osu.edu/FeeTables/MainFeeTable.asp>

Related costs beyond stated and required University fees for instruction and tuition and individual housing arrangements include:

- Required textbooks and supplies (approximately \$300/semester).
- Clinical clothing is required for both men and women. Costs vary.
- All costs associated with clinical experiences, including University fees, travel, food, lodging, liability insurance, health insurance, uniforms, postage and the like, are the responsibility of each student.
- Professional dues: Students are expected to join the AARC.
- Students are responsible for their own transportation, parking, meals, etc while on clinical assignments.

- In addition, students are required to have health insurance as a condition of enrollment at OSU and are strongly encouraged to subscribe to the University's Student Health Insurance Plan, if not already covered by other health insurance.

MRT Program Requirements

Grading Policies are per the Graduate School Handbook. The following marks and grades are used at this university: "A," "A-," "B+," "B," "B-," "C+," "C," "C-," "D+," "D," "E," "EM," "EN," "I," "K," "P," "R," "S/U," and "W." All marks and grades are described in University Rules 3335-8-21.

The MRT program is a Graduate Program as described by the Graduate School at The Ohio State University. Please refer to the Graduate School Handbook for clarification on any of the below. <https://gradsch.osu.edu/handbook/all#6-7>

The MRT does not grant advanced placement.

Admissions Criteria for the Graduate School can be found in section 6.6, and the specifics for the MRT program can be found online at <http://gpadmissions.osu.edu/programs/program.aspx?prog=0269>

Program of Study. Students follow a course of study established by the masters degree program. Masters degree programs include a graduate examination, final document, and exit requirement.

The professional curriculum courses are described in the University Course Offerings web site (<https://studentlife.osu.edu/>). Course schedule changes must be approved by the MRT faculty. The student must petition by submitting in writing:

- Identification of the exception being requested
- Justification for this exception
- A plan for the future

In response to this, the faculty may:

- Approve the exception with modifications
- Approve the exception as presented
- Not approve the request.

PROGRAM OVERVIEW

The Master of Respiratory Therapy, Advanced Practice Respiratory Therapist program is designed to prepare advanced respiratory care practitioners as a clinical specialist in: adult critical/emergent care, pediatric critical care, neonatal critical care, pediatrics, primary respiratory care, neuromuscular respiratory care, or sleep disorders, who are able to manage and facilitate patient care using clinical protocols and to direct and coordinate respiratory care, including such functions as:

- Provide consultation in decision making/planning for clinical respiratory care services;
- Order diagnostic tests and respiratory care services under prescribed clinical protocols;
- Initiate consults/referrals to other health care providers;
- Authorize and supervise licensed respiratory care professionals (RCP) to provide respiratory care under clinical protocols;
- Assume a leadership role in applying evidence-based practice and identifying evidence-based opportunities for improvement in patient care

Schedule of Courses

The MRT Curriculum includes core and cognate courses. Graduation requirements include successful completion of 47 graduate credit hours of prescribed courses. Students acquire knowledge, values and skills necessary for advanced practice respiratory care through coursework and clinical experience.

At the core of the master's program are active, collaborative relationships between faculty, The Ohio State University Medical Center's teaching hospitals and community-based clinical sites.

The scheduling plan found on the next page demonstrates how students may complete The Master of Respiratory Therapy (MRT) Program in five semesters. At this time, there is no provision for part-time or evening-only enrollment.

The program includes a minimum of 1000 hours of supervised practice by a licensed physician (or Registered Respiratory Care Practitioner) in a clinical specialty such as adult critical / emergent care, pediatric critical care, neonatal critical care, pediatrics, primary respiratory care, neuromuscular respiratory care, or sleep disorders.

Suggested Scheduling Plan

AUTUMN YR 1	SPRING YR 1	SUMMER YR 1
<p>HTHRHSC 7900: Evidence Based Practice I: Critical Analysis of Measurement and Diagnostic Tests (1)</p> <p>NURSING 7450: Pathophysiology of Altered Health States (5)</p>	<p>HTHRHSC 7910: Evidence Based Practice II: Critical Analysis of Intervention Research & Systematic Review (1)</p> <p>NURSING 7410: Advanced Health Assessment (3)</p> <p>NURSING 7470: Advanced Pharmacology in Nursing Practice (4)</p> <p>RESPTHR 7700: Ethical Issues in Advanced Practice (2)</p>	<p>RESPTHR 7800: Advanced Practice in Respiratory Care (3)</p> <p>RESPTHR 8189: Advanced Clinical Practice I (4)</p> <p>RESPTHR 7895: Seminar: Evidence for Respiratory Care (3)</p>
6 credits	10 credits	10 credits
AUTUMN YR 2	SPRING YR 2	
<p>RESPTHR 7800: Advanced Practice in Respiratory Care (3)</p> <p>RESPTHR 7895: Seminar: Updates and Current Developments II (1)</p> <p>RESPTHR 8289: Advanced Clinical Practice II (7)</p>	<p>RESPTHR 7895: Seminar: Professional Practice Issues (2)</p> <p>RESPTHR 8389: Advanced Clinical Practice III (7)</p>	
11 credits	9 credits	TOTAL CREDITS: 47

Minimal Competence. To assure competency, it is imperative that each respiratory therapy student demonstrate a satisfactory level of performance (>70%) on each examination and on each major project, paper or other method of evaluation that is administered by the faculty. Failure to achieve a minimum passing score on a major assignment will necessitate repeating an equivalent evaluation covering the identical content area and objectives. The original grade remains in the gradebook.

Remediation for Respiratory Therapy Courses. Consistent with the expectation that students master each major subject, and in the event of an unsatisfactory score, the method of make-up testing shall be an equivalent evaluation at the discretion of the instructor of the course, and shall be administered within two weeks following the initial unsatisfactory evaluation.

In Respiratory Therapy courses that have four or more major evaluations, a maximum of two make-up evaluations will be permitted. Examples of major evaluations are exams, lab practicals, simulations and cases. In courses that have

less than four major evaluations, a maximum of one make-up evaluation will be permitted. The initial failing grade shall be utilized to compute the student's final course grade.

In the event that a student utilizes all make-up opportunities and fails another major evaluation in a course:

- the maximum grade that can be achieved for the course is a D+;
- the course must be repeated before further progression in RT courses.

Late Assignments. Unless prior arrangements have been approved by the course professor, the value of late assignments will be reduced 10% per day.

Laboratory/Simulation Performance. Students will be required to perform procedures in a laboratory or simulation environment that simulates the clinical environment. Satisfactory laboratory evaluations are essential prerequisites to performing procedures on patients. These procedures are components of most courses and are graded. All lab procedures must be performed satisfactorily in order to successfully complete the course. Laboratory evaluations are scheduled in advance, and they are always preceded by instruction, demonstration and supervised practice. Students should consider their laboratory evaluations as seriously as a midterm examination; study and practice are strongly encouraged. Policies on make-up testing apply.

Incomplete Course Grades. Incomplete (I) final course grades shall be reported to the Registrar's Office in the event that satisfactory performances have not been demonstrated by the time that the Office of Records requires that grades be submitted. Since some academic courses are prerequisite to clinical courses, an Incomplete may affect a student's clinical assignments and progress. If satisfactory performance levels have not been demonstrated by the sixth week of the subsequent academic semester, the incomplete (I) shall be changed automatically to failure (E), and the student will be subject to academic disciplinary action.

General Academic Standards & Graduation Requirements. In order to be eligible for graduation, students must complete the curriculum requirements in effect at the time of their enrollment at OSU and complete each specified course, or its approved equivalent, listed on the curricular academic program. Minimum grades as listed below must be earned. Although the minimum number of credit hours required for graduation from SHRS is 30 semester hours, the Respiratory Therapy MRT major requires 47 credit hours.

The School's policies on Academic Standards, Warnings, Probation and Dismissal are in the School section of this handbook.

Graduation Requirements

The master's examination is a test of the student's knowledge of the field. It is the final validation of performance for that degree. The master's examination is taken after submitting the Application to Graduate on GRADFORMS spring in which the student plans to graduate. A student must be registered for at least three graduate credit hours during the spring semester this examination is taken.

<https://gradsch.osu.edu/completing-your-degree/examinations/masters-examinations>

Masters Examination Requirements

The Master's examination is a part of Respiratory Therapy 7895 seminar and 8389 Advance Clinical Practice III. The course consists of a culminating clinical practice experience, clinical competency evaluations, presentation of a capstone experience and clinical simulations as well as those examinations developed by the National Board for Respiratory Care, the American Association for Respiratory Care, the National Asthma Educator Certification. Competency evaluations will be conducted during the final clinical practice experience and graded using performance evaluations developed from evidence-based Clinical Practice Guidelines and institutional policy and procedure manuals.

In the MRT program, each student will complete a capstone project as the "Final Document" required by the University Graduate School. For the MRT, the capstone project will be completed as part of the Capstone Experience.

Several pathways for the capstone are possible. Students can complete 1) development and evaluation of a program, 2) development and evaluation of evidence-based practice (EBP) guidelines, 3) development and evaluation of guidelines, evidence summaries can include individual case studies testing an outcome, implementation analyses assessing the potential for knowledge translation, a grant application addressing a knowledge gap, or similar evaluation of evidence and the transferability to clinical practice.

For all capstone options, students will complete a systematic review of a topic of interest. From the systematic reviews the students will develop a clinical guideline, program, best evidence statement, or similar (e.g. white paper). These will be implemented on their Capstone Experience with the individualized case study, implementation analysis, grant application or other implementation/outcome evaluation as approved by the student's advisor as the required documentation of guideline or program outcomes. In some cases, the student and advisor may request implementation in a site other than the Capstone Experience given site limitations or requirements. The faculty, advisor, and director of clinical and experiential education will approve these requests on a case-by-case basis.

A detailed rubric for assessment of passing or non-passing grade will be utilized to standardize the evaluation process and address interrater reliability. A Graduate Exam Committee, consisting of at least two faculty members with M status will administer the oral examination. The Committee will be formed according to the specialty clinical track of the student and faculty expertise. One retest will be permitted if the student's oral examination is deemed to be non-passing by the Graduate Exam Committee.

Students will also be required to pass a written, multiple choice advanced practice or specialty examination dependent on their clinical track selected. The advanced practice or specialty examination and the advanced practice case study oral examination will be required toward the end of the semester in accordance with examination guidelines required by the Graduate School to qualify for graduation.

The advanced practice or specialty examination is administered by an outside testing agency; retesting will be permitted in accordance with the testing policies of the agency administering the advanced practice or specialty examination. Proof of a passing score

will be presented to the program administrator by the Graduate School examination deadline for graduation.

Students have the opportunity to select an area of specialization listed below in consultation with their program advisor. Specialization occurs through the selection and completion of various clinical rotations in the Respiratory Therapy 8189, 8289 and 8389 courses.

Requirements can be found on the Graduate School website:

<https://gradsch.osu.edu/completing-your-degree/examinations/masters-examinations>)

Oral examination. Students must coordinate with their advisor and examination committee to determine a mutually acceptable date and time for the oral exam. Exams must take place during announced university business hours, Monday through Friday, and must be on the Ohio State University campus.

Master's Examination Committee. The master's examination is administered under the auspices of the Graduate Studies Committee. The responsibility for the examination rests with the student's master's examination committee. The master's examination committee is composed of at least two graduate faculty members including the student's advisor. Other graduate faculty members may participate in generating, administering, or scoring parts of the examination, but the master's examination committee is finally responsible for the conduct and evaluation of the entire examination. The advisor of a master's student must hold membership at the category M level or higher in the student's graduate program. Non-Graduate Faculty members may be appointed as additional external members to the master's examination committee by approval of the Graduate Studies Committee in the student's home program and by petition to the Graduate School.

Attendance. If the master's examination includes an oral portion, the advisor serves as chair. The student can be allowed to deliver a public presentation as part of the exam. The public presentation should be no longer than half an hour and the entire exam should be limited to less than 2 hours. Except when video conferencing is involved, all members of the master's examination committee must be present during the entire examination and are expected to participate fully in questioning during the course of the examination and in the discussion and decision on the result. Others may attend the public presentation part of the examination, subject to the rules of the Graduate Studies Committee.

Video Conferencing. All master's examinations involving video conferencing must adhere to the Graduate School's guidelines for video conferencing ([Appendix B](#)).

Halting an Oral Examination in Progress. If for reasons of illness, fire, or other emergency, the committee members agree that it is necessary to halt the oral portion of the master's examination, then the examination shall be rescheduled without prejudice to the student. If, however, the committee members unanimously decide that the examination has been sufficient to reach a decision to pass the student, then they shall consider the examination concluded and report the result to the Graduate School.

Failure A student who fails the MRT examination twice is not allowed an additional examination. After two unsatisfactory attempts at the MRT examination, a student is not permitted to be an MRT candidate in the same or any other graduate program at this university.

Students who fail the MRT exam will receive remediation by faculty members to the satisfaction of the MRT faculty members and will be permitted to retake the exam. Each student must pass the MRT exam to progress.

Final Document Students in The MRT program submit an original final document demonstrating original thinking and the ability to evaluate research in the field analytically. Students in MRT programs are expected to follow the document formatting standards of their disciplines.

Each committee member indicates approval of the student's final document by posting their decision on the Report on Final Document form that must be submitted to the Graduate School. The final version of the student's final document is retained permanently by the student's program. Final documents must not contain material restricted from publication.

Exit Requirement Students are required to complete an exit requirement designed by the MRT program to demonstrate candidates' preparation for advanced practice in the profession. The exit requirement is structured around the final document.

In the MRT program, students will orally present their projects to their MRT examination committee in spring semester, Year II. All students, clinical mentors, and MRT faculty will be invited to presentations of capstone projects.

The oral presentation will use the format of a national presentation (research platform) at the profession's annual conference (AARC), will follow a required structure approved by the MRT faculty, and will include a question/answer period.

Following the presentations, the MRT committee, who will have previously reviewed the written project, will meet privately to discuss both the written document and oral presentation and will vote on whether or not the student met the oral and written requirements of the MRT degree. The site mentor will be invited to review the final document and participate in the oral defense (without a vote). The document and presentation will be judged on application of theory, analysis of research, synthesis or data, relevance and significance, and overall rigor, completeness and accuracy.

Time to Degree Masters degree requirements must be completed within five years after a student passes the professional doctoral examination.

To allow for continuity of academic and clinical learning, the students shall complete the program, including fieldwork and Capstone Experience, within 14 semesters of the start of classes unless they have written permission, which may include a plan for remediation, from the program director to extend the timeline. However, per graduate school guidelines, the maximum time for completion is five years from master's examination so the program and program director cannot provide permission for completion beyond that.

Additional information regarding **minimum credit hours** and **graduation** requirements are detailed in the Graduate School handbook.

Student Permanent Record 3.5.1. (Graduate School Handbook, Section 3.5). The student's official permanent record contains a list of all courses taken, grades earned, degrees earned, and dates of graduation while enrolled at this university. This record is located in the University Registrar's Office. Unofficial records for all graduate students are maintained in the Graduate School. Students may examine their unofficial records by accessing their advising report in Buckeye Link.

Graduation Requirements:

Successful Completion of:

1. **All required Courses in the MRT, totaling a minimum of 47 credits.**
2. **MRT Examination.** The student must submit an Application to Graduate on [GRADFORMS](#) at least two weeks prior to the scheduled date of the exam.
3. **Final Document.** Students in the MRT program submit an original final document demonstrating original thinking and the ability to evaluate research in the field analytically. *This is known as the MRT Capstone Project.* Students in the program are expected to follow the document formatting standards of their disciplines. Each committee member indicates approval of the student's final document by posting their decision on the Report on Final Document in [GRADFORMS](#). The final version of the student's final document is retained permanently by the student's program. Final documents must not contain material restricted from public disclosure. Final documents are due to your committee in Spring, Year 2 at least 2 weeks prior to your defense date (typically in early April).
4. **Exit Requirement.** Students are required to complete an exit requirement designed by the MRT program to demonstrate candidates' preparation for advanced application and/or practice in the profession. The exit requirement is structured around the final document. *This is an oral defense of your Capstone Project.*

Your committee will let you know if you have passed the exit requirement immediately following the defense. Any revisions to the Final Document will also be returned to you at this time. All revisions must be completed and approved by your advisor, and then a final copy of the Final Document turned in to the Division Director no later than three weeks prior to graduation.

5. **Adherence to the Graduation Calendar and requirements for Tuition and Fees.** The graduate school provides the specific dates on their Graduation calendar, and students **MUST** adhere to the dates:
<https://gradsch.osu.edu/calendar/graduation>

VII. THE CLINICAL PROGRAM.

All SHRS Policies outlined in the Student Handbook apply to clinical education. Clinical experiences provide the opportunity for students to apply what they have learned, to perform the skills they have acquired, to practice their profession under supervision, and to develop as advanced respiratory care professionals. The clinical program consists of over 1000 clock hours of patient contact in acute care hospitals, long term acute and extended care facilities, laboratories, clinics, and patient's homes. Clinical rotations are designed for students to observe and practice methods of treatment and use equipment in real clinical settings.

Some of the physical competencies that are required by the curriculum include: moving adult patients and equipment, performing chest compressions during cardiopulmonary resuscitation, deflating a bag while securing a face mask, reading labels on medication vials, hearing alarms, using computer keyboards, and communicating by telephone. These competencies require mobility, manual dexterity, strength, vision, hearing, and speaking. Students who may require special accommodations should consult with the Office of Disability Services on campus to determine appropriate and reasonable accommodations.

Clinical Affiliates

The Respiratory Therapy Division affiliates with a variety of healthcare organizations for clinical education. Most clinical experiences are concentrated among only a few local sites, however, there may be limited opportunities for clinical experiences at our affiliates throughout Ohio. Students must not complete clinical coursework while in an employee status at a clinical affiliate.

Academic & Clinical Prerequisites

Each clinical course has specific academic and clinical prerequisites that must be completed prior to receiving clinical assignments. Students must be in good academic standing and compliant with other clinical requirements to progress to clinical experiences. If students receive an Incomplete in an academic course, they should make every effort to complete the course requirements as soon as possible so that clinical experiences can proceed as scheduled.

Professional Liability Insurance

The affiliation agreements with the hospitals require medical liability and malpractice insurance coverage for participation in the clinic rotations. Medical liability and malpractice insurance is being provided by The Ohio State University for all students at no additional cost to students.

Student Health Requirements

A satisfactory health evaluation by the University's Student Health Center or a private physician is required of all new students. An annual drug test and background check are also required (specifics provided by the program at the time testing is required). Some clinical sites require verification of student's health and immunization records. Students must be fully compliant with all immunizations and tests prior to the start of clinical experiences and maintain ongoing compliance throughout the clinical program. Some clinical facilities offering elective experiences may have student health requirements that are in addition to those required of all students.

Clinical Costs and Transportation

Students are responsible to pay for their own housing, meals and parking while in an assigned clinical facility. Each student is responsible for his or her own transportation to clinicals and is accountable individually for tardiness or absence when car pools are utilized.

Treating Patients in the Clinical Setting

Due to the inherent risks associated with providing care for some hospitalized patients with infectious diseases, respiratory therapy students must follow Universal Precautions (gloves, masks, gowns, eye shields) when there is any potential for contact with body fluids.

Students should not attempt to provide a treatment or to use equipment they have not been trained to apply on a patient in the clinical setting. Students who feel uncomfortable about attempting an assigned task should always consult a clinical instructor/preceptor or course instructor for assistance and/or supervision. Students who manipulate equipment or attempt treatment using methods and skills for which they have not received training or certification by Division faculty will be held personally liable should an accident or injury occur. Students shall not receive any form of remuneration in exchange for work they perform during programmatic clinical coursework.

Student Responsibilities in Clinical Affiliates (From Affiliation Agreements)

1. Students shall perform services for patients only when under the supervision of a registered, licensed or certified therapist.
2. Students shall purchase professional liability insurance from a private firm and provide proof of insurance coverage to the **SCHOOL**.
3. Students shall provide evidence of a health status report and/or a negative 2-step tuberculin test (PPD) or negative chest x-ray taken within twelve (12) months prior to the clinical practice period.
4. Students shall possess health insurance either through the **SCHOOL** or an individual policy and provide proof of insurance coverage to the **SCHOOL**.
5. Students shall provide their own transportation to and from the **FACILITY** as well as any maintenance, meals or lodging during the field practice.
6. Students agree to abide by the existing rules, regulations, policies and procedures of the **FACILITY** as provided to the student.

Attendance

Attendance is required for all clinical assignments. Students are expected to be present in the clinical facility, dressed appropriately and ready to participate in the clinical activities at the time, and for the duration, specified by the Director of Clinical Education and the clinical faculty.

Hours of Attendance

Most clinical rotations are scheduled within a 7:00 AM to 3:30 PM time frame. However, so that students' opportunities are well matched with appropriate patients and procedures in the rotations, other schedules may be required. Some clinical days may start earlier than 7:00 AM or extend later than 3:30 PM. A few evening or night rotations may also be required.

Absences

The faculty recognizes that a student may infrequently find it necessary to be absent from a clinical activity, due to unforeseen problems or illness. Provided that all clinical objectives are completed, absences may be excused for **legitimate reasons** up to 10% of the scheduled time for each clinical rotation.

If a student must be absent from a clinical assignment, he/she must notify the clinical instructor at the clinical facility and the Division office **at least 15 minutes before** the scheduled

time in order to give the clinical facility time to reassign patient care to other students or staff. Failure to follow this procedure will result in an **UNEXCUSED ABSENCE**; the day missed will be rescheduled at the convenience of the clinical preceptor, and "Unsatisfactory" ratings for "Dependability" and "Communication" may result. Students must report the reason for any absence to the faculty member responsible for the clinical course as soon as they return to classes. Failure to make-up rescheduled clinical time before the last regularly scheduled clinical assignment for the semester will result in an "Unsatisfactory" rating for attendance.

Tardiness

Students who are more than 15 minutes late for a scheduled clinical activity must notify the clinical instructor at the clinical facility that they will be delayed. Failure to follow this procedure may result in the student being sent home; the day will be recorded as an unexcused absence; the day missed will be rescheduled at the convenience of the clinical preceptor; and "Unsatisfactory" ratings for "Dependability" and "Communication" may result.

Professional Apparel and Appearance

Students are expected to maintain a neat and clean professional appearance while in any clinical setting. Whenever in a clinical area, including those occasional instances in which classes or laboratory sessions are scheduled at a clinical facility, students may be required to wear a white lab jacket with an identification badge and the School patch affixed on the breast pocket. Some clinical rotations will require business casual dress. Blue jeans, short skirts, open-toed or open-backed shoes and crop shirts are always considered inappropriate in every clinical facility. Appropriate apparel for many clinical rotations includes ceil blue surgical scrubs, purchased by the student. Students will need to wash hands and arms up to the elbow which prohibits wearing long sleeves.

For safety reasons, long hair must be restrained. Cultural or religious head coverings should may not be loose or flowing, and allow for proper use of stethoscope. For infection control, finger nails must be clean and short; artificial nails are specifically prohibited. Students should not wear an excessive amount of jewelry or rings which may cause transmission of bacteria between patients or ineffective hand washing. For the student's protection, pierced earrings should be limited to non-dangling post styles, and loose fitting necklaces should be kept under clothing. Other forms of visible body piercings and visible tattoos are discouraged in the clinical environment, and may be prohibited at individual clinical facilities. Excessive use of cologne, perfume or make-up is discouraged; many patients with hyperactive airways are allergic to colognes and perfumes.

When assigned to patient care areas, a stethoscope is required. Other items including scissors, a ball point pen, a small pocket notebook, a small penlight flashlight, and a pocket calculator are sometimes valuable, but these are not required. Students who do not follow these guidelines are considered not prepared for their clinical experience and may have to leave the clinical facility for the day. This would be considered an unexcused absence, subject to the policies described above.

Cell phones are strictly prohibited in clinical rotations. Permission to carry a cell phone during clinical rotations will only be in cases of emergency and is at the discretion of the clinical coordinator.

Clinical Confidentiality

Records and personal information regarding patients is **STRICTLY CONFIDENTIAL**. No student should ever privately or publicly disclose any information about individual patients to anyone including the patient himself. Students must always be on guard as to when and where it is appropriate to discuss questions about individual patients. Health Information Privacy and

Portability Act (HIPPA) guidelines must be followed in every clinical rotation. HIPPA training must be completed prior to clinical rotations in Respiratory Therapy 4400 and 4430 (Jr).

Students who are questioned by a patient or relative about the treatment or condition of a patient should never attempt to answer but direct the person requesting the information to the patient's physician or appropriate hospital personnel. Discussion of patient status, pre and post-clinical care, etc. should be limited to conferences, reports, and case presentations as assigned.

Clinical Evaluation and Grading

To satisfactorily complete clinical courses, students are required to:

1. Attend clinical sessions as scheduled.
2. Demonstrate a minimum of a "Satisfactory" rating of clinical competence.
3. Complete the clinical activities designated for the course.
4. Pass written examinations.
5. Complete course assignments.
6. Achieve a satisfactory or better in each area on the Clinical Evaluation.

Students are responsible for maintaining their clinical records and completing evaluations of their clinical rotations. Students are also responsible for completing required forms and returning them to the faculty liaison for the clinical course. **Intentional falsification of clinical experience records will result in academic and professional disciplinary action.**

Chain of Command

In all situations students are governed by University, School, Division and particularly hospital policy. In all cases, students are responsible to their designated clinical instructor/preceptor. All questions and comments regarding the clinical activities, policies or personnel should be directed first to the clinical instructor/preceptor. The next highest authority is the course instructor/coordinator, the Director of Clinical Education, followed by the Program Director.

The Clinical Evaluation

To receive a passing score in a clinical rotation, students must receive a minimal rating of “Satisfactory” in all areas of the Evaluation of APRT Clinical Performance Milestones. All students will achieve at least 1 rating of competent or better in every area to pass each clinical course. An “Unsatisfactory” rating in any attribute on the final evaluation will result in a maximum grade of “D+” for the course.

VIII. DIVISION / SHRS FACILITIES.

Lockers. Lockers are available in the hallway across from room 431 Atwell Hall and will be assigned to each student upon request. Students should contact the division locker coordinator for a locker assignment. Only combination locks allowed.

Mailboxes. A small message box with each student's name on it will be provided in room 440 Atwell Hall. Please check it regularly for course materials, evaluation forms, messages, etc. This should not be used as an address to receive mail via the U.S. Post Office.

Laboratories. The Respiratory Therapy Division maintains three teaching laboratories, rooms 428, 436 and 440 Atwell Hall. Room 440 includes a refrigerator, coffee maker, and microwave oven for student use as long as students who use it clean it. The laboratories are available to students at any time when laboratory classes are not in session. Students are encouraged to study and practice in the laboratory!

Computer Lab. SHRS maintains a 26 station student computer lab on the 4th floor and a 6 station lab on the second floor. Students are encouraged to use these facilities whenever available. These labs provide students with access to their e-mail, the University's web page and information systems, and the internet.

Telephones. Students are not allowed personal use of the telephones in the Division, except for educational business such as communicating with clinical faculty, preceptors, and affiliates.

Academic Records. Official University records are maintained in the SHRS Student Affairs Office and the University Registrar. Student files in the Division office contain all of the exams and evaluation forms which remain the property of The Ohio State University. In an effort to assure confidentiality, students may only access these materials with permission of the faculty.

IX. THE RESPIRATORY CARE PROGRAM AND PROFESSION

Accreditation

The Ohio State University is accredited by the Higher Learning Commission.

<https://www.hlcommission.org/component/directory/?Action=ShowBasic&Itemid=&instid=1584&lang=en>

The Respiratory Therapy MRT program at The Ohio State University, Columbus, Ohio will be seeking provisional accreditation from the Commission on Accreditation for Respiratory Care (CoARC). Our program number is 620001

Commission on Accreditation for Respiratory Care

264 Precision Blvd.

Telford, TN 37690 USA

Telephone: (817) 283-2835

Fax to Plain Paper: (817) 354-8419

Fax to Email: (817) 510-1063

www.coarc.com

Respiratory therapists are licensed health professionals governed by 3 organizations: The Ohio Respiratory Care Board (ORCB) for state licensing, the National Board for Respiratory Care (NBRC) for voluntary credentialing and the American Association for Respiratory Care (AARC) for professional standards and advocacy.

Ohio Medical Board. To be employed to provide respiratory care services in Ohio, a License or Limited Permit from the State Medical Board of Ohio is required. Information on the State Medical Board of Ohio is available on-line <http://www.med.ohio.gov>

The legal scope of practice is defined by Section 4761 of the Ohio Revised Code.

A) "Respiratory care" as employed in Chapter 4761. of the Revised Code, means engaging in respiratory care, as defined in division (A) of section 4761.01 of the Revised Code, as a clinician, an educator, a manager, and/or a consultant, excluding activities related to equipment maintenance, cleaning, and delivery.

(B) "Instructing in the use of medical gases" as it is used in division (A)(2) of section 4761.01 of the Revised Code, means the direct or indirect use of educational material, communicated in writing or otherwise, that explains the clinical indications or contraindications concerning a patient's prescription for a medical gas.

(C) "Administering of medical gases" as it is used in division (A)(2) of section 4761.01 of the Revised Code, means the direct application and quantitative adjustment of a medical gas to a patient regardless of the device used to administer the gas.

(D) "Monitoring and recording the results of medical gases" as it is used in division (A)(2) of section 4761.01 of the Revised Code, means assessing, evaluating and documenting the use of a medical gas, including measurements of fractional inspired concentrations, flow and volume; and a patient's physiologic or clinical response to a medical gas, including invasive or noninvasive sampling of blood or gas samples.

(E) "Any service" as it is used in division (A) of section 4761.01 of the Revised Code, means any practice performed by a competently trained licensed respiratory care professional or permit holder involving the evaluation of cardiopulmonary function, the treatment of cardiopulmonary impairment, the assessment of treatment effectiveness and the care of patients with deficiencies and abnormalities associated with the cardiopulmonary system.

(F) "Aspiration" as it is used in division (B)(1) of section 4761.10 of the Revised Code, means to remove bodily fluids or mucous from the pulmonary airway by means of a suction device. Included suctioning procedures are naso-pharyngeal, oral-pharyngeal, tracheal, and bronchial. Oral suctioning and suctioning of secretions external to the airway will not be considered aspiration as this term is defined in this rule.

National Board for Respiratory Care. The NBRC administers credentialing examinations, including the state licensing exam. Information on the NBRC is available at <http://www.nbrc.org/>

American Association for Respiratory Care. When 100% of RT faculty are members, students receive free 'electronic' student membership in the AARC which includes membership in the Ohio Society for Respiratory Care. The AARC is on line at <http://www.aarc.org/>



THE OHIO STATE UNIVERSITY

School of Health and Rehabilitation Sciences
Respiratory Therapy Division

Initial the appropriate boxes and sign below.

I have read the RESPIRATORY THERAPY DIVISION MRT STUDENT HANDBOOK and the GRADUATE STUDENT HANDBOOK. I understand the policies described, and I accept the responsibilities as conditions of enrollment.

I have read and understand the Respiratory Therapy Essential Functions and Expectations.

I will be able to meet each of the Respiratory Therapy Essential Functions & Expectations **without accommodation**. I also understand that if I am unable or become unable to meet these standards with or without accommodation, I cannot enroll or remain enrolled in the Respiratory Therapy Division education program.

I will be able to meet each of these standards **with accommodations**. I will contact the Office for Disability Services (150 Pomerene Hall, 1760 Neil Ave., 614-292-3307) to have my need for accommodation validated. I will work with both ODS and the Respiratory Therapy Division to examine accommodation options. I understand that in some cases accommodation may not be possible. I also understand that if I am unable or become unable to meet these standards with or without accommodation, I will not be able to major in Respiratory Therapy.

I will NOT be able to meet each of the Respiratory Therapy Essential Functions & Expectations with or without accommodation.

Signature of Student

Date

Printed Name

PRINT THIS PAGE AND RETURN TO:

Respiratory Therapy Division
431 Atwell Hall, 453 W. Tenth Ave
Columbus, OH 43210-1234

8/23/2021

^MStudents Name:

Student's Graduate Program: MRT

Rubric for Evaluating MRT Graduate Examination and Defense (Final Oral Exam)

Committee Members and Students are responsible for being aware of the evaluation rubric in advance of the defense.

(This page will be completed by MRT Graduate Committee and a copy of the rubric will be distributed to the committee and student just prior to the defense)

MRT Advisor Name:

Date of Defense:

Title:

MRT Committee Members

At the conclusion of the defense, **each committee member must complete the attached response sheets.**

For each attribute that a committee member feels is somewhat or very deficient, a short explanation should be provided. **Confidential Comment** sections at the bottom of the rubric are provided for explanations of the reasoning behind the overall evaluation of the examinee's performance if desired.

Completed forms are to be treated as **confidential** and are to be **turned in to the program director**, not to the student.

All examination documents (rubrics and written comments) must be completed regardless of the outcome of the Defense.

A summary of written comments and overall evaluation from the committee members **will be provided** to the student, MRT Advisor, and Graduate Studies Chair.

PATIENT CARE: Perform a problem-focused or complete history and physical examination as indicated, and obtain necessary diagnostic studies, including imaging, laboratory and procedural tests; Interpret clinical information and formulate a prioritized differential diagnosis that reflects the use of medical knowledge in a probability reasoning process; Use clinical judgment safe and commensurate with level of training.							
	UNSATISFACTORY	NOVICE	ADVANCED BEGINNER	COMPETENT	PROFICIENT	EXPERT	N/A N/O
Organization and Thoroughness of History	Disruptive when asking questions or entering the conversation. Not engaged. Not focused on patient interaction.	Captures fragmented information without an intentional approach. Actively observes history taking by another provider; engaged in learning during the encounter. May ask some questions of patient.	Performs part of a history or a basic history. Disorganized approach, or heavily relies upon a template, but student eventually captures pertinent information. Important information be lacking, or may be overly inclusive.	Performs a reasonably complete history. Some organization, with some reliance on template or notes. Misses some helpful information or broadly inclusive without focus. Gathers necessary elements to arrive at a correct diagnosis or short differential diagnosis. May be overly inclusive.	Organized, linear approach to history taking; able to independently obtain sufficient data with minimal reliance on template or checklist. Performs a complete history. No major information is missed; perhaps a few small details forgotten; may be overly inclusive.	Organized, linear, hypothesis-driven approach. Able to elicit all important aspects of HPI, medical history, current medications, family and social history. Targeted and appropriate history, including pertinent positives and negatives. Thoroughly and efficiently elicits patient's history.	
Organization, Thoroughness, Accuracy of PE	Inappropriate performance of PE skill could lead to patient harm. Not focused on patient interaction; performing unrelated activities such as texting.	Rudimentary knowledge of basic anatomy. Actively observes physical exam obtained by another provider. With coaching, able to use some physical exam equipment and/or perform vital signs. Engaged in learning during the encounter. May be hesitant or afraid to engage in PE.	Rudimentary physical exam. Needs guidance to complete or to perform correctly. Sequentially executes routine physical exam maneuvers, but may perform incorrectly. (e.g., auscultate through clothing, insufficient pressure). Recognizes normal PE findings.	Requires minimal guidance to perform a reasonably complete examination; captures major physical findings pertinent to the case. Performs standard PE maneuvers accurately. Recognizes major abnormal PE findings. May perform advanced or subtle maneuvers incorrectly.	Performs exam independently with organized approach and inclusion of indicated maneuvers. Correctly performs standard PE and specific maneuvers as indicated by presentation and findings.	Targeted, efficient, and accurate execution of physical exam. Appropriate exam based on clinical history. Able to identify subtle or unusual PE findings. Organized, linear hypothesis-driven approach. Able to adapt physical exam skills to adverse situations (e.g., Emergency Room, crying infant, significant pain).	
Thought Process	Does not engage with preceptor or team in discussions; or may be overly deferential or avoidant.	Student's questions or comments are focused on factual clarifications and do not demonstrate recognition of key issues or priorities.	Student's questions or comments reflect awareness of some key issues; unable to prioritize.	Student's questions or comments reflect awareness of key issues and priorities, but this may be inconsistent or context-specific.	Student's questions or comments reflect a systematic identification of key issues and priorities in multiple situations.	Student's questions or comments reflect an ability to navigate complex situations or safely manage patients across settings and circumstances.	
Differential Diagnosis	Does not engage with preceptor or team in clinical discussion, or is overly deferential and avoidant. Not focused on needs of the patient.	Actively engages in discussion of case; follows the clinical reasoning thought process of others.	Identifies some key problems in the case. Differential is too limited (single diagnosis) or too broad (generic differential that is not sorted into the top 2-3 possibilities).	Identifies all major problems in the case. Differential is focused on the top 2-3 relevant possibilities, and includes acute threats (even if not most likely dx).	Exhibits a logical approach to identifying major and minor problems. Recognizes appropriate priorities.	Efficiently identifies major and minor problems. Tailors prioritization in light of patient-specific considerations.	
Diagnostic Work-up	Does not engage with preceptor or team in clinical discussion, or is overly deferential and avoidant. Not focused on needs of the patient.	Actively engages in discussion of case; follows the clinical reasoning thought process of others.	Able to list some possible diagnostic tests, but uncertain which apply in a given case.	Articulates generic list of possible next steps; "shot-gun" diagnostic work-up.	Articulates appropriate next steps of diagnostic work-up in optimal order.	Clearly outlines appropriate next steps in light of patient-specific issues and consideration of costs.	
Assessment and Plan	Does not engage with preceptor or team in discussions; or may be overly deferential or avoidant.	Actively engages in discussion of case; follows the clinical reasoning thought process of others.	Requires guidance to articulate key problems and formulate assessment.	Able to identify key problems; offers tentative assessment and general treatment options.	Commits to an assessment in discussion with supervisor, and provides a basic outline of treatment plan.	Provides accurate assessment and appropriate, patient-specific treatment plan. Explains potential next steps to the patient/family during encounter.	
Self-knowledge	Does not seek to acknowledge his/her limitations. Overly confident.	Fundamental gaps in knowledge and skill preclude self-knowledge; student may be overwhelmed or may not engage.	May be aware of limitations in knowledge and skill, but does not verbalize to supervisors; or overstates limitations and defers appropriate responsibility.	Acknowledges limitations and asks for assistance. Assumes appropriate responsibility.	Strong sense of ownership and forthright acknowledgment of limitations engenders trust.	Anticipates potential limitations and proactively seeks guidance and/or learning opportunities.	
PROFESSIONALISM: Demonstrate a commitment to the duties and obligations of the medical profession, its healthcare institutions and its individual practitioners to patients, communities and society. Demonstrate honesty and transparency in all dealings with patients, learners, and colleagues. Demonstrate compassion and respect for all persons regardless of differences in values, beliefs, and experiences.							
	UNSATISFACTORY	NOVICE	ADVANCED BEGINNER	COMPETENT	PROFICIENT	EXPERT	N/A N/O
Professional Demeanor	Disrespects boundaries: touches or speaks to patient or colleague in an inappropriate manner. Violates policy regarding drug and alcohol use. Openly judgmental or hostile toward certain individuals or groups.	May display lapses in professional demeanor when not in the presence of patients and families.	Demonstrates professional demeanor during routine activities (clinical and educational settings). Respectful of others, including teammates and/or other care providers.	Maintains professional demeanor, even when under stress.	Openly discusses challenges to professional demeanor, such as acknowledging stressors or biases.	Effectively encourages others to maintain professional demeanor; which may include appropriate reporting of professionalism lapses in others.	
Honesty	Misrepresents relevant experience (e.g., student presents him or herself to patient as a doctor). Dishonest regarding any academic work, one's whereabouts, or whether assigned duties are completed.	General integrity regarding coursework and assignments. May attempt to circumvent rules for tasks perceived to be of minor importance, or may have intermittent lapses in accountability for whereabouts.	Integrity regarding patient care duties and/or coursework, scholarly activity, research, and assignments (e.g., strict adherence to the honor code).	Forthright if unable to complete assigned tasks. Behaviors inspire confidence among teammates and supervisors.	Fully transparent about conflicts of obligation and/or any "near-misses" or errors made. Acknowledges contributions of others.	Actively contributes to group processes that encourage honesty and accountability among members; which may include appropriate reporting of lapses in others.	
Respect for all	Openly judgmental or hostile toward certain individuals or groups.	Acknowledges that differences in values, beliefs, and experiences with fellow students, faculty and patients exist.	Listens respectfully to personal views and opinions of classmates, faculty and/or patients with differing views; may not express willingness to consider altering one's personal stance.	Empathetically listens in a non-judgmental manner. Acknowledges the perspectives of others; demonstrates willingness to critically analyze one's personal views.	Models non-judgmental interactions across settings or situations. Actively encourages others to share opposing views.	Strives to create a group or work environment that supports non-judgmental interactions among all members.	

PRACTICE-BASED LEARNING & IMPROVEMENT: Compare data about current performance at the individual, team, and/or systems level with expected outcomes, and identify and implement the learning strategies needed to improve performance.

	UNSATISFACTORY	NOVICE	ADVANCED BEGINNER	COMPETENT	PROFICIENT	EXPERT	N/A N/O
Receptivity to feedback	Frankly resistant to, or passive in, direct observation or feedback processes.	Difficulty receiving constructive criticism. May be avoidant, defensive or dismissive.	Is receptive to the concept of feedback, but focuses on elements that reinforce personal view of performance.	Demonstrates understanding of areas for improvement by acknowledging key aspects of feedback and/or seeking further clarification	Actively seeks feedback from supervisors.	Actively and publicly seeks feedback from multiple sources, including those who are not supervisors.	
Interpretation of feedback	Openly resistant to, or passive in, direct observation or feedback processes.	Rationalizes performance or provides excuses rather than seeking to understand.	Minimally acknowledges feedback.	Proactive in seeking clarifying information from supervisor or colleague to refine interpretation of feedback	Personal insight into past performance facilitates understanding of external feedback.	Able to organize and articulate feedback for better personal or group understanding; "translates" feedback	
Self-assessment	Does not demonstrate value for self-assessment. Resists prompts to self-assess, or superficially cites adequate performance.	Relies exclusively upon externally-initiated feedback. Absent or grossly inaccurate self-assessment.	If probed for self-assessment, response is superficial or token. States "I do not know" or shares uncertainties to solicit teaching.	If probed, self-assessment indicates prior independent consideration of performance. Self-assessment may be limited in scope, task-orientated.	Spontaneously evaluates what went well and what did not go well in a given situation. Self-assessment is accurate and broad; addresses integration of skills and knowledge.	Applies insight from current and multiple prior activities to assess overall developmental progress.	

SYSTEMS-BASED PRACTICE: Discuss the elements of effective team building and utilize appropriate techniques to create, participate in and lead effective teams.

	UNSATISFACTORY	NOVICE	ADVANCED BEGINNER	COMPETENT	PROFICIENT	EXPERT	N/A N/O
Initiative and contribution	Team members express frustration with this individual's inefficiency, errors, or poor attitude.	Requires reminders from team or supervisor to complete responsibilities or to participate.	Actively engages in core individual and/or team activities.	Actively seeks opportunities to contribute. Reliably follows through on assigned tasks. Thorough.	Spontaneously identifies needs of the patient/team and addresses these independently, as appropriate.	Effectively collaborates with team members and coordinates efforts to optimize care or learning outcomes.	
Prioritization	Does not recognize need to, or unwilling to accept guidance in, setting priorities between multiple projects or patients.	Able to manage basic personal tasks and priorities. Struggles to identify key issues when presented with complex or multiple tasks.	Manages individual tasks well. Able to identify key issues when faced with multiple projects or patients, but requires supervision to determine priorities	Able to prioritize among multiple projects or patient care activities. May be derailed by interruptions or distractions.	Able to independently prioritize work to address multiple projects or patient care activities. Able to maintain focus despite distractions and interruptions	Collaborates effectively with others to maintain team focus and address priorities.	
Influence on group dynamics	Blocks communication; promotes unhealthy group norms; consistently distracts group from tasks; refuses to participate in improvement.	Does not contribute to or reinforce unhealthy group norms; sometimes distracts group from tasks.	Tries to promote healthy group norms; supports group focus on tasks.	Promotes healthy group norms; consistently directs focus of the group on tasks. Participates in group improvement efforts.	Demonstrates positive group leadership and promotes healthy group norms. Consistently directs focus of the group on tasks. Leads in group improvement efforts	Actively promotes group effectiveness and improvement processes. Viewed by others as a leader or mentor.	

Contact Sarah Varekojis with questions or concerns: varekojis.16@osu.edu

based on UCSF & Vanderbilt SoM, ACGME

M
Students Name:

Student's Graduate Program: MRT

Final Project Presentation and ORAL DEFENSE Rubric – Completed by:

Date:

(To be completed by each committee member. Please check each evaluation criteria that you feel are appropriate within each attribute category)

Attribute for ORAL	Does Not Meet Expectations <i>Provide a short explanation for each attribute that you select in this category.</i>	Meets Expectations	Exceeds Expectations
Overall quality of presentation	<input type="checkbox"/> Poorly organized <input type="checkbox"/> Poor presentation <input type="checkbox"/> Poor communication skills <input type="checkbox"/> Slides difficult to read	<input type="checkbox"/> Clearly organized <input type="checkbox"/> Clear presentation <input type="checkbox"/> Good communication skills <input type="checkbox"/> Slides clear	<input type="checkbox"/> Well organized Professional presentation <input type="checkbox"/> Excellent communication skills <input type="checkbox"/> Slides outstanding
Overall breadth of knowledge	<input type="checkbox"/> Presentation unacceptable <input type="checkbox"/> Presentation reveals critical weaknesses in depth of knowledge in subject matter <input type="checkbox"/> Presentation does not reflect well developed critical thinking skills <input type="checkbox"/> Presentation is narrow in scope	<input type="checkbox"/> Presentation acceptable <input type="checkbox"/> Presentation reveals some depth of knowledge in subject matter <input type="checkbox"/> Presentation reveals above average critical thinking skills <input type="checkbox"/> Presentation reveals the ability to draw from knowledge in several disciplines	<input type="checkbox"/> Presentation superior <input type="checkbox"/> Presentation reveals exceptional depth of subject knowledge <input type="checkbox"/> Presentation reveals well developed critical thinking skills <input type="checkbox"/> Presentation reveals the ability to interconnect and extend knowledge from multiple disciplines
Quality of response to questions	<input type="checkbox"/> Responses are incomplete or require prompting <input type="checkbox"/> Arguments are poorly presented <input type="checkbox"/> Respondent exhibits lack of knowledge in subject area <input type="checkbox"/> Responses do not meet level expected of degree program of graduate (MRT)	<input type="checkbox"/> Responses are complete <input type="checkbox"/> Arguments are well organized <input type="checkbox"/> Respondent exhibits adequate knowledge in subject area <input type="checkbox"/> Responses meet level expected of degree program of graduate (MRT)	<input type="checkbox"/> Responses are eloquent <input type="checkbox"/> Arguments are skillfully presented <input type="checkbox"/> Respondent exhibits superior knowledge in subject area <input type="checkbox"/> Responses exceed level expected of degree program of graduate (MRT)
Overall Assessment	<input type="checkbox"/> Does not meet expectations	<input type="checkbox"/> Meets Expectations	<input type="checkbox"/> Exceeds Expectations

Confidential Comments:

Students Name:

Student's Graduate Program:

WRITTEN Final Paper Rubric – Completed by:

Date:

(To be completed by each committee member. Please check each evaluation criteria that you feel are appropriate within each attribute category)

Attribute for WRITTEN	Does Not Meet Expectations <i>Provide a short explanation for each attribute that you select in this category.</i>	Meets Expectations	Exceeds Expectations
Overall quality of science and applied EBP	<input type="checkbox"/> Arguments are incorrect, incoherent, or flawed <input type="checkbox"/> PICO exploration poorly defined <input type="checkbox"/> Demonstrates rudimentary critical thinking skills <input type="checkbox"/> Does not reflect understanding of subject matter and associated literature <input type="checkbox"/> Demonstrates poor understanding of evidence-based concepts <input type="checkbox"/> Demonstrates limited originality <input type="checkbox"/> Displays limited creativity and insight	<input type="checkbox"/> Arguments are coherent and clear <input type="checkbox"/> PICO exploration clear <input type="checkbox"/> Demonstrates average critical thinking skills <input type="checkbox"/> Reflects understanding of subject matter and associated literature <input type="checkbox"/> Demonstrates understanding of evidence-based concepts <input type="checkbox"/> Demonstrates originality <input type="checkbox"/> Displays creativity and insight	<input type="checkbox"/> Arguments are superior <input type="checkbox"/> PICO well explored <input type="checkbox"/> Exhibits mature, critical thinking skills <input type="checkbox"/> Exhibits mastery of subject matter and associated literature. <input type="checkbox"/> Demonstrates mastery of evidence-based concepts <input type="checkbox"/> Demonstrates exceptional originality <input type="checkbox"/> Displays exceptional creativity and insight
Contribution to discipline	<input type="checkbox"/> Limited evidence of contribution <input type="checkbox"/> Limited expansion upon previous research <input type="checkbox"/> Limited applied significance	<input type="checkbox"/> Some evidence of contribution <input type="checkbox"/> Builds upon previous research <input type="checkbox"/> Reasonable applied significance	<input type="checkbox"/> Exceptional evidence contribution <input type="checkbox"/> Greatly extends previous research <input type="checkbox"/> Exceptional applied significance
Quality of writing	<input type="checkbox"/> Writing is weak <input type="checkbox"/> Numerous grammatical and spelling errors apparent <input type="checkbox"/> Organization is poor <input type="checkbox"/> Documentation is poor	<input type="checkbox"/> Writing is adequate <input type="checkbox"/> Some grammatical and spelling errors apparent <input type="checkbox"/> Organization is logical <input type="checkbox"/> Documentation is adequate	<input type="checkbox"/> Writing is publication quality <input type="checkbox"/> No grammatical or spelling errors apparent <input type="checkbox"/> Organization is excellent <input type="checkbox"/> Documentation is excellent
Overall Assessment	<input type="checkbox"/> Does not meet expectations	<input type="checkbox"/> Meets Expectations	<input type="checkbox"/> Exceeds Expectations

Confidential Comments: