

# **Jackson State Community College**

## **Respiratory Care Program**

### **Student Program Handbook**

The Respiratory Care Program, CoARC #200626, AAS Degree in Respiratory Care, and Jackson State Community College main campus holds Accreditation from the Commission on Accreditation for Respiratory Care ([www.coarc.com](http://www.coarc.com)). This status signifies that a program has demonstrated sufficient compliance with the Standards (through submission of an acceptable Self Study Report (PSSR) and any other documentation required by the CoARC, as well as satisfactory completion of an on-site visit), to be allowed to admit students. It is recognized as an accredited program by the National Board for Respiratory Care (NBRC), which provides enrolled students who complete the program with eligibility for the Respiratory Care Credentialing Examination(s).

This Student Handbook presents the program policies and guidelines, and academic requirements, in effect at the time of publication but provides no guarantee that policies and guidelines will not be changed or rescinded. The course offerings and requirements of Jackson State Community College are continually under examination and review. The College reserves the right to make changes in course offerings, curricula, academic policies and other rules and regulations affecting students and which will become effective whenever determined proper by the Institution. Reasonable notice will be given to students regarding any changes in the Student Handbook. All updates and/or corrections will be posted in the Student Handbook, as an addendum, which will supersede previous written copies. Changes will govern current and prospective students. This Student Handbook is not intended to state contractual terms and does not constitute a contract between the student, the Respiratory Care program, and the Institution.

Jackson State Community College does not discriminate against students, employees, or applicants for admissions or employment on the basis of race, color, religion, creed, national origin, sex, veteran, genetic information, or any other legally protected class with respect to all employment programs and activities sponsored by JSCC.

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## **Respiratory Care Program Pandemic/Disaster Information Disclosure**

The program recognizes changes and alternatives to normal protocols and offerings may be necessary. While the following list is not exhaustive, these are items of importance that students accepted into the Respiratory Care Program must consider and be able to meet in order to successfully complete the program:

- Adhere to the policies, guidelines, and regulations of both the college and clinical sites as related to communicable diseases. This may include wearing personal protective equipment, being tested for communicable diseases and reporting results, along with potential exposures, to proper authorities, having temperatures taken and monitored, completing educational modules, etc.
- Sign waivers to recognize possible and potential exposure to communicable diseases which may occur at either the college campus or the clinical setting while pursuing your education in Respiratory Care.
- Altered college and clinical schedules may result due to communicable diseases or natural disasters, especially those which include complete closure of clinical facilities or the college campus to students. These changes may necessitate students being able to participate in virtual class meetings (at scheduled times as in normal class periods), participating in make-up days other than what is regularly published in the college catalog, travelling to various clinical sites based upon types and numbers of respiratory procedures needed, or delaying program completion from the five semesters as outlined in published materials.
- Recognize that class schedules, clinical rotations and locations, guidelines and protocols may change frequently and with little notice due to the status of the pandemic/natural disaster and based upon guidelines issued by multiple agencies such as CDC, Tennessee Department of Health, Tennessee Board of Regents, etc.
- In light of any future natural disaster or threat to national security, the Respiratory Care program will adhere to any changes in policies, guidelines, and regulations of both the TBR, the college, or multiple agencies. These may include changes to college and clinical schedules as outlined above.

## Introduction

This Program Student Handbook is a compilation of the policies and procedures that govern all aspects of the Respiratory Care Program, and will serve as a reference and guide throughout the professional education. In order to assure our students of the best possible educational opportunity in the respiratory care sciences, the JSCC Respiratory Care program has established its curriculum based on the competencies identified by the American Association for Respiratory Care (AARC), the NBRC Examination Detailed Content Outlines, and in accordance with the standards approved by the Commission on Accreditation for Respiratory Care (CoARC). Respiratory Care students are required to read the content outlines and be familiar with this material. Current copies of the NBRC exam detailed content outlines will always be available in the respiratory care classroom, and linked on the JSCC program website. Students should also be familiar with accessing directly on the nbrc website (nbrc.org).

The Respiratory Care Program is a combination of general education courses and respiratory care didactic and clinical courses. The general education courses may be completed on the main JSCC campus, any of the satellite campuses, or online. Students may transfer general education coursework from any regionally accredited institution recognized by the Tennessee Board of Regents (TBR). The Respiratory Care major courses are only available on the main JSCC campus in Jackson. Clinical education will be completed through rotations at clinical affiliates under the guidance of registered respiratory therapists designated as clinical preceptors. **(CoARC Standard 1.06 – Program academic policies must apply to all students and faculty regardless of location of instruction.)**

Upon completion of all program requirements (please refer to the *JSCC College Catalog/Student Handbook* for complete graduation requirements), the student is awarded an Associate of Applied Science degree from JSCC and is eligible to apply for licensure as a respiratory therapist in TN.\*\* (see TCA notes) The graduate is also eligible to sit for the Therapist Multiple-Choice Examination (TMC) administered by the National Board for Respiratory Care. The TMC is designed to objectively measure essential knowledge, skills, and abilities required of entry-level respiratory therapists. The CRT and/or RRT credentials are used as the basis for licensure in all of the 49 states that regulate the practice of respiratory care.

## **Accrediting, Credentialing, and Professional Organizations**

### Accrediting Organizations

#### **The Commission on Accreditation for Respiratory Care (CoARC)**

The mission of the Commission on Accreditation for Respiratory Care (CoARC) is to ensure that high quality educational programs prepare competent respiratory therapists for practice, education, research, and service. The CoARC accredits entry into professional practice programs in respiratory care at the Associate, Baccalaureate, and Master's Degree level in the United States. CoARC may be contacted at 264 Precision Blvd., Telford, TN 37690; (817) 283-2835; [www.coarc.com](http://www.coarc.com)

#### **Southern Association of Colleges and Schools (SACS)**

Jackson State Community College is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award degrees at the associate level. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097; 404-679-4500; [www.sacscoc.org](http://www.sacscoc.org)

### Credentialing Organization

#### **The National Board for Respiratory Care (NBRC)**

The National Board for Respiratory Care, Inc. (NBRC) is a voluntary health certifying board created in 1960 to evaluate the professional competence of respiratory therapists and pulmonary function technologists. The primary purposes of the NBRC are to prepare and conduct examinations to test the qualifications of candidates for certification and registration in defined areas of respiratory care. The NBRC also cooperates with respiratory care educational programs, evaluates the qualifications of candidates for certification and registration, and maintains a directory of those credentialed.

There are two established cut scores for the Therapist Multiple-Choice Examination. The passing point associated with RRT eligibility is higher than the passing point associated with the CRT credential. Individuals who attempt and pass the Therapist Multiple-Choice Examination at the higher cut score will be awarded the Registered Respiratory Therapist (RRT) credential. The NBRC is located at 10801 Mastin Street, Suite 300, Overland Park, Kansas, 66210; 888-341-4811; [www.nbrc.org](http://www.nbrc.org).

### Licensure

#### **Board of Respiratory Care**

The mission of the Board of Respiratory Care is to safeguard the health, safety, and welfare of Tennesseans by requiring that all that practice respiratory care within this state are qualified. The Board interprets the laws, rules, and regulations to determine the appropriate standards of practice in an effort to ensure the highest degree of professional conduct. The Board is authorized to issue licenses and certificates to qualified candidates who have completed appropriate education and successfully completed required examinations. The Board is also responsible for the investigation of alleged violations of the Practice Act and rules, and is responsible for the discipline of licensees who are found guilty of such violation. The Respiratory Care Board may be contacted at: (615) 532-5090, [Unit3HRB.Health@tn.gov](mailto:Unit3HRB.Health@tn.gov), or

<https://www.tn.gov/health/health-program-areas/health-professional-boards/rc-board.html>

## Professional Organizations

### **The American Association for Respiratory Care (AARC)**

The American Association for Respiratory Care (AARC) is the national professional organization of respiratory therapists. Founded in 1947, the AARC is a not-for-profit professional association with more than 52,000 members worldwide. The primary membership consists of respiratory therapists, allied health practitioners who are trained at the 2- and 4-year college level to assist physicians in the care of patients with lung disorders and other conditions. A network of 50 state societies involves members in local and state activities, and ten Specialty Sections meet the needs of practitioners involved in specific care areas or settings.

When you become a member of the AARC you are automatically registered as a member of the Tennessee Society for Respiratory Care. The AARC, in conjunction with the state societies, works diligently towards the advancement of our profession. The AARC interacts with local, state, and federal government on public policies that affect patients and members.

The AARC also provides opportunities for lifelong learning through meetings, educational courses, and symposia throughout the year to provide members with opportunities to earn Continuing Respiratory Care Education (CRCE) credits. The AARC publishes a peer-reviewed journal and a news and feature magazine available through membership. Both of these journals are available in the JSCC library. The AARC is located at 9425 N. MacArthur Blvd. Suite 100, Irving, Texas 75063-4706; (972) 243-2272; [www.aarc.org](http://www.aarc.org).

Students are required to join the AARC as student members by the end of May of the first Spring semester of the program.

### **Advisory Committee:**

The Respiratory Care Program advisory committee is a group of persons who are chosen from the communities of interest to advise program faculty regarding the education program. The advisory committee meets with program faculty at least annually to assist in reviewing and evaluating program outcomes, instructional effectiveness, and program response to changes and advancements of the profession. This committee consists of faculty, college administration, employers, physicians, students, graduates, and the public.

## **Program Design**

### **Program Goal:**

The program goal 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).

In order to achieve the program goals the program has adopted the following outcomes:

1. Students will pass a comprehensive examination similar to the national credentialing examination prior to graduation.
2. Graduates will pass the credentialing examinations at or above the national rate.
3. Graduates will receive satisfactory performance evaluations from their employers within the first year after graduation.

### **Mission Statement:**

The Respiratory Care Program supports the mission of Jackson State Community College. The program is dedicated to providing the resources necessary for individuals to develop the skills to be competent, professional advanced respiratory therapists.

The program encourages relationships with other healthcare providers through the development of communication and leadership skills in our students. The program faculty serves as role models by being members of the professional organization and participating in professional enrichment activities.

We continually seek to improve the program's quality to meet or exceed accreditation standards, and to maintain a positive relationship with clinical education affiliates and the advisory committee.

### **Program Faculty:**

Medical Director

Nathan Wilds, MD

Co-Medical Director

Jonathan Davis, MD

Program Director

Christie Ward, MRC, RRT, RRT-NPS

Director of Clinical Education

Katrina Walker, BS, RRT, RRT-NPS

Clinical Faculty

Clinical Preceptors to be selected & approved at each site

Jackson-Madison County General Hospital, Jackson

Scott Laster, RRT, Clinical Instructor, adjunct

West Tennessee Healthcare – Dyersburg

Pam Sumrow, RRT, RRT-NPS



Henry County Medical Center – Paris

Erin Fry, RRT

Baptist Memorial Hospital – Union City

Jim Robertson, RRT

Baptist Memorial Hospital – Huntingdon

Jason Bynum, RRT

Baptist Memorial Hospital-Tipton

Terri Wilson, RRT

Methodist-Le Bonheur Healthcare, Germantown

Marla Kirk, MBA, RRT

## Ethics and Technical Standards

### Respiratory Care Students' Code of Ethics:

Being fully cognizant of my responsibilities in the practice of respiratory care, I affirm my willingness to discharge my studies with accuracy, thoughtfulness, and care. Realizing that the knowledge obtained concerning patients in the course of my study must be treated as confidential, I hold inviolate the confidence placed in me by patients and physicians. Recognizing that my integrity and that of my profession must be pledged to the absolute reliability of my studies, I will conduct myself at all times in a manner appropriate to the dignity of my chosen profession.

### Integrity and Ethics:

It is expected that Jackson State students will fulfill their academic responsibilities with the utmost degree of honesty. Cheating will not be tolerated.

Respiratory Care students must abide by the college's policy on academic honesty. Policies on academic dishonesty or misconduct are located in the current version of *Jackson State Community College Catalog and Student Handbook*. The current student handbook informs students of the Tennessee Board of Regents policy on "Academic and Classroom Misconduct" (**TBR Policy No. 3:02:00:01**).

Academic honesty is central to the educational process. Acts of academic dishonesty are serious offenses at Jackson State and can result in suspension or expulsion from the college. Program officials will identify and determine acts of academic dishonesty on a case-by-case basis. Academic dishonesty may include, but is not limited to the following:

- Claim or submit the academic work of another as one's own.
- Procure, provide accept or use any materials containing questions or answers to any examination or assignment without proper authorization.
- Complete or attempt to complete any assignment or examination for another individual without proper authorization.
- Allow any examination or assignment to be completed for oneself, in part or in total, by another without proper authorization.
- Alter, tamper with, appropriate, destroy or otherwise interfere with the research, resources, or other academic work of another person.
- Alter, tamper with, appropriate, destroy or otherwise interfere with the use of institutional property, including but not limited to classroom fixtures laboratory &/or computer equipment & supplies, & instructional materials.
- Fabricate or falsify data or results.
- Commit plagiarism if you submit as your own work:
  - Part or all of an assignment copied or paraphrased from another person's manuscript, notes or talk (lecture).
  - Part or all of an assignment copied or paraphrased from anything published.

- Act as an accomplice in plagiarism if you:
  - Allow your work in outline, draft or finished form, to be copied & submitted as the work of another.
  - Prepare an assignment for another student which he/she submits as his/her own work.
  - Keep or contribute to a file of papers or presentations which anyone other than the author adopts and submits as his/her own work.

Plagiarism, cheating, & other forms of academic dishonesty, either directly or indirectly, are prohibited. In addition to other possible disciplinary sanctions which may be imposed through the regular institutional procedures as a result of academic misconduct, the instructor may assign an “F” or a zero for the exercise or examination or assign an “F” in the course.

Violation of the Health Insurance Portability and Accountability Act rules regarding the privacy of individually identifiable health information is grounds for dismissal from the Program, with due process, as outlined in the current version of the *Jackson State Community College Catalog and Student Handbook*.

### **Technical Standards:**

The Respiratory Care Program complies with all Americans with Disabilities Act requirements. Jackson State does not discriminate on the basis of disability in admission and access to academic programs, services or employment. Students with disabilities who want to request accommodations should contact the Disability Resource Center (DRC) inside the Counseling Office. It is the responsibility of the student to provide current, documented evidence of their disability to the DRC. Contact the Dean of Students, at ext50354 for additional ADA information, or go to the JSCC website [Disability Resource Center | Jackson State Community College](#).

In keeping with the accreditation standards outlined by CoARC, all students must possess the physical & emotional abilities required of a respiratory therapist. These abilities include, but are not limited to, the following:

1. Physical strength necessary to carry common objects, push or move common equipment, move & reposition patients in bed, perform CPR, etc., must be able to meet the physical demands of an 8-12 hr. clinical shift.
2. Bilateral manual dexterity required to assemble common equipment, perform skills such as intubation, arterial puncture & assure cleanliness of all equipment used in providing respiratory care.
3. Possess visual, auditory, & tactile sensory skills.
  - a. Auditory ability to hear alarms, breath sounds, blood pressure, etc.
  - b. Visual acuity necessary to differentiate colored alarms, read information from various types of electronic monitors, record data onto electronic & print media, etc.
  - c. Tactile sensory skills to conduct patient assessment.
  - d. Visual & reading skills to review of existing pt. data in the chart.

4. Verbal abilities to effectively communicate necessary information to others.
  - a. Possess communication skills necessary to conduct pt. interviews & explain planned therapy to the patient.
  - b. Possess verbal & written skills to communicate information to appropriate members of the healthcare team.
  - c. Possess a command of the English language necessary to effectively communicate verbally & in writing with patients, families & other health care workers. An English proficiency test may be required of those who use English as a second language.
5. Perform the duties of a respiratory therapist under the stress of medical emergencies, death & dying, natural disasters, etc.
  - a. The student must be able to initiate, conduct, or modify respiratory care techniques in an emergency setting.
  - b. The student must be able to make accurate observations, perceive events realistically, & think clearly, objectively & rationally.
6. Due to limited physical space in some clinical areas, the student must be able to fit into small spaces (such as between pt.'s bed & equipment).

**Additional physical requirements may be required to gain employment upon graduation. Successful completion of the program does not guarantee employment. Possible potential expectation of employers includes, but are not limited to:** Standing, stooping or kneeling for long periods of time, turning or lifting patients. Engaging in physical activity including physical labor related to emergency management of patients may be required.

Tasks such as Providing emergency care, artificial respiration, external cardiac massage, or assistance with cardiopulmonary resuscitation.

Set up, move, lift and operate devices, such as mechanical ventilators, therapeutic gas administration apparatus, environmental control systems, or aerosol generators, following specified parameters of treatment. Work as part of a team of physicians, nurses, or other healthcare professionals to manage patient care by assisting with medical procedures or related duties.

Sources: [291126.00RespiratoryTherapists\(onetonline.org\)](https://www.onetonline.org/details/respiratory-therapist/29112600); <https://www.bls.gov/ooh/healthcare/respiratory-therapists.htm>

## **Retention**

In order to remain in the program students must meet the following requirements:

1. Must maintain passing grades didactically or clinically (75% competence level at the end of any term)
2. All math & science courses must be completed with “C” or higher grade no later than the semester listed in the program of study.
3. Maintain a cumulative 2.0 GPA or better.
4. Satisfactorily complete each clinical skill evaluation.
5. Maintain professional conduct as outlined in the program’s student handbook.
6. Prior to the start of clinical practice each student must provide documentation regarding a physical exam, current immunizations, possession of malpractice insurance, criminal background check, & drug screening.
  - a. Health Requirements: All students must submit evidence of good health by returning a completed Physical Examination form. Forms are given to students once admitted into the Respiratory Care program.
  - b. All students must have:
    - 1) Documented initial TB skin test or chest x-ray. TB skin test must be completed as stated in the requirements specific to clinical site which is subject to change.
    - 2) Evidence of immunity for:
      - a) Mumps, Measles, and Rubella - positive titer results or proof of two (2) shots.

- b) Varicella zoster (chicken pox) – positive titer results or proof of two (2) shots; or physician proof of history.
  - c) Tetanus/diphtheria booster with the past ten (10) years.
  - d) Hepatitis B series – proof of series completion or signed declination.
- 3) CPR Requirement: All students must submit evidence of completion of an American Heart Association (AHA, BLS-HCP) which does not expire until after graduation or if it expires prior to graduation student is responsible for obtaining renewal **prior** to expiration.
- 4) Malpractice Insurance: Malpractice insurance is required for all clinical courses. A group policy is provided with the fee assessed with tuition each fall.
- 5) Students are responsible for all costs incurred related to health problems, including injuries occurring during clinical practice.
- 6) Criminal Background Check: All students must have a criminal background check performed within 6 months prior to the start of clinical training. Depending on the finding of the background check, a student may not be allowed to start clinical training requiring the student to withdraw from the program.
- 7) Drug Screening: All students must have a drug screen performed within 30 days prior to the start of clinical training. Depending on the results of the drug screen a student may not be allowed to start clinical training or continue in the program.
- c. Meet/comply with all of the requirements of clinical affiliates regarding students.

### **Student Progress:**

To keep students informed of their progress in respiratory care courses, program faculty provide a report to each student with grades & current averages at mid-term during the semester. If a student falls below the 75% benchmark, they are asked to meet with the instructor to discuss various options that may be implemented to improve learning. To demonstrate mastery of didactic course material, all students must make a score of at least 75% on each exam during the semester. If a student does not score 75% on an exam, he/she will meet with the instructor to determine options to improve the student's mastery of the material. The student will not be able to proceed to the next exam without demonstrating mastery being shown with a 75% on the exam. However, the original exam score is the grade that will be recorded for the exam.

The final exam for each didactic course is comprehensive for that course. If the student does not score a 75% on the final, but passes the course with a final grade of 75 or higher, he/she must complete remediation prior to the beginning of the next semester.

Students who do not meet the retention requirements described above will be unable to continue in the program & are required to withdraw. Students who withdraw from the Respiratory Care program will still be eligible to continue as a student of JSCC.

### **Academic Dismissal:**

An important goal of the Respiratory Care program is to produce graduates who are competent at performing Respiratory Care procedures at entry level in accordance to the standards outlined by the AARC. In order to meet this goal, the point at which a student is dismissed from the program dictates the program's readmission requirements.

### **First or Second Semester:**

1. Dismissal for academic reasons during these two semesters of the program requires the student to successfully repeat the course(s) in which they received an unsatisfactory grade during the next available term (example: student receives a "D" in RESP 1225 during fall 2022; student must pass the course with a "C" when offered next in spring 2023).
2. After successful repeat of course(s), the student will be required to meet with the program admissions committee and discuss their plan of improvement. Upon approval of the committee, the student will be required to follow a program remediation plan outlined later in this policy when readmitted.
3. Failure to successfully repeat the course(s) during the next available term equates to the student being responsible for a new application to the program, including competition with other students for the chance at admission. If successfully admitted at this point, the student would be required to repeat all major courses (including clinical education).

### **Third through Sixth Semesters**

1. Dismissal for academic reasons during any of these semesters requires the student to re-enroll and complete all program courses beginning with the first semester, including clinical education. The student will be required to meet with the program admissions committee and discuss their plan of improvement. Upon approval of the committee, the student will not have to compete in the admissions process the following year, but will be provided the opportunity for readmission.

### **Readmission into the Program:**

Depending on the circumstances, students may have the option to apply for readmission to the program at a later date. A max of two program admissions is allowed. Students will not be allowed to reapply for the Program following a clinical dismissal based on either clinical course failure, clinical dismissal based on Written Reprimands, dismissal due to cheating, or violation of HIPAA rules.

Readmission into the program is not guaranteed. Readmission is based on available space & the circumstances of withdrawal or dismissal. Students seeking readmission must submit a formal, written request to the program director & an updated program application at least 60 days prior to the beginning of the semester for which they desire

to enroll. Student may be required to repeat program application requirements. Didactic knowledge & clinical skills may be retested in order to determine placement. Previously completed respiratory care classes may need to be repeated. Other activities may need to be completed as a condition for readmission depending on the circumstances of withdrawal. Consult with the program director for details. All admission and continuation requirements apply to those seeking readmission. Due to the rapid technological changes in respiratory care, a gap of 3 or more years will necessitate repeating all respiratory care education courses.

### **Graduation Requirements:**

- Students will take a multiple-choice comprehensive examination similar to the national credentialing TMC examination prior to graduation.
- All students must take the General Education Exit Exam (Proficiency Profile).
- Students must complete the following course work with a minimum 2.0 grade point to graduate from the Respiratory Care program:

## **Respiratory Care Program 2025/2026 Curriculum 2026/2027 Curriculum**

<b>Semester</b>	<b>Course</b>	<b>Credits</b>
<b>Fall 1<sup>st</sup> Year</b>	BIOL 2010 Human Anatomy & Physiology I	4
	ENGL 1010 English Composition I	3
	MATH 1530 (and above) Statistics and Probability	3
	RESP 1225 Cardiopulmonary Pharmacology	2
	RESP 1320 Cardiopulmonary Physiology	3
	RESP 1410 Fundamentals of Respiratory Care - 1	4
	<b>Semester Total</b>	<b>19</b>
<b>Spring 1<sup>st</sup> Year</b>	BIOL 2020 Human Anatomy & Physiology II	4
	RESP 1220 Introduction to Clinical Practice	2
	RESP 1310 Cardiopulmonary Pathophysiology	3
	RESP 1420 Fundamentals of Respiratory Care - 2	4
	<b>Semester Total</b>	<b>13</b>
<b>Summer</b>	RESP 2339 Introduction to Clinical - 2	3
	RESP 2440 Mechanical Ventilation	4
	RESP 2442 Cardiopulmonary Diagnostic Testing	4
	Humanities Course	3
	<b>Semester Total</b>	<b>14</b>
<b>Fall 2<sup>nd</sup> Year</b>	RESP 2444 Critical Care Practice - 1	4
	RESP 2445 Advanced Concepts of Mechanical Ventilation	4



	RESP 2690	Special Topics in Respiratory Care	4
	PSYC 1030	General Psychology	3
	<b>Semester Total</b>		<b>15</b>
<b>Spring 2<sup>nd</sup> Year</b>	RESP 2456	Comprehensive Credentialing Preparation	4
	RESP 2455	Pediatric Respiratory Care	4
	RESP 2465	Critical Care Practice - 2	4
	<b>Semester Total</b>		<b>12</b>
		<b>Total Hours</b>	<b>73</b>

## Course Descriptions

### **RESP 1220 Introduction to Clinical Practice (2 credit hours)**

Introduction to Clinical Practice covers the basic respiratory therapy procedures encountered in the student's first clinical practice. Topics include basic life support, introduction to the clinical affiliate, medical gas therapy, bedside patient assessment and aerosol therapy. Laboratory experience precedes in-hospital care.

### **RESP 1225 Cardiopulmonary Pharmacology (2 credit hours)**

Cardiopulmonary Pharmacology studies the different classes of drugs that affect the cardiopulmonary system. Topics include routes of administration, drug calculations, indications, modes of action, adverse reactions and assessment of effectiveness.

### **RESP 1310 Cardiopulmonary Pathophysiology (3 credit hours)**

Cardiopulmonary Pathophysiology studies common diseases and disorders affecting the Cardiopulmonary system including the etiology, pathophysiology, presentation and treatment.

### **RESP 1320 Cardiopulmonary Physiology (3 credit hours)**

Cardiopulmonary Physiology provides an in-depth study of the physiology of the cardiopulmonary system. Topics include the mechanics of breathing, ventilation/perfusion relationships, gas transport mechanisms and neurologic control of ventilation. Maintenance of acid/base balance and the interpretation of arterial blood gases are also discussed.

**RESP 1410 Fundamentals of Respiratory Care 1 (4 credit hours)**

Fundamentals of Respiratory Care 1 introduces the student to the Respiratory Care profession. Topics covered include professional organizations, licensure, terminology, medical gas therapy, equipment cleaning, isolation techniques and basic patient assessment.

**RESP 1420 Fundamentals of Respiratory Care 2 (4 credit hours)**

Fundamentals of Respiratory Care 2 is a continuation of RESP 1410, Fundamentals of Respiratory Care 1. Topics covered in this course include basic Respiratory Care modalities such as hyperinflation and airway clearance therapies and airway management.

**RESP 2339 Introduction to Clinical 2 (3 credit hours)**

Introduction to Clinical 2 is an application of topics presented in previous and current Respiratory Care courses. Competence is to be obtained in arterial blood sampling and airway care.

**RESP 2440 Mechanical Ventilation (4 credit hours)**

Mechanical Ventilation discusses the indications for and techniques of mechanical ventilation including initiation and modification of settings.

**RESP 2442 Cardiopulmonary Diagnostic Testing (4 credit hours)**

Cardiopulmonary Diagnostic Testing includes invasive and noninvasive cardiopulmonary testing procedures to include: pulmonary function testing, polysomnography, cardiac and pulmonary exercise testing, hemodynamic monitoring from arterial lines and pulmonary artery catheters, bronchoscopy and chest tube placement.

**RESP 2444 Critical Care Practice 1 (4 credit hours)**

Critical Care Practice 1 is a supervised clinical application of skills developed in previous and current Respiratory Care courses. Topics to include adult mechanical ventilation and airway management.

**RESP 2445 Advanced Concepts of Mechanical Ventilation (4 credit hours)**

Advanced Concepts of Mechanical Ventilation will introduce the student to patient-ventilator systems, patient-ventilator management, equipment care and airway management. Topics will also include technologies utilized with modern mechanical ventilator systems.

**RESP 2455 Pediatric Respiratory Care (4 credit hours)**

Pediatric Respiratory Care studies the etiology, pathophysiology, presentation and treatment of common neonatal and pediatric cardiopulmonary diseases and disorders.

Various mechanical ventilation techniques will be discussed. Pediatric Advanced Life Support, PALS, training will be provided.

### **RESP 2456 Comprehensive Credentialing Preparation (4 credit hours)**

Comprehensive Credentialing Preparation will prepare the student to sit for and pass the National Board for Respiratory Care (NBRC) Therapist Multiple Choice (TMC) and Clinical Simulation Examinations.

### **RESP 2465 Critical Care Practice 2 (4 credit hours)**

Critical Care Practice 2 is a supervised clinical application of skills developed in previous and current Respiratory Care courses. Topics to include non-adult mechanical ventilation techniques and assessment.

### **RESP 2690 Special Topics in Respiratory Care-1 (4 credit hours)**

Special Topics in Respiratory Care – 1 is designed to enhance learning and competency development through study of topics of interest. Content may vary. The course may be repeated with departmental consent. 4 hr. Lecture/week

### **Grading Scale:**

The following grading scale is used in all respiratory care courses:

93 – 100	A
85 – 92	B
75 – 84	C
65 – 74	D
Below 65	F

If the student receives a final grade below a “C” he/she will not be allowed to continue in the program. The student will be notified in writing of his/her dismissal from the program.

### **Academic Support Services:**

Each semester program faculty will post office hours on their office door and in JWeb, for when they are available for student advising, counseling, etc. The respiratory care students, and all JSCC students, have access to all student services available on the main campus and the satellite campuses. These services include, but are not limited to, counseling, advising, access to computer labs, and academic assistance with tutoring.

### **Student Grievance/Complaint Process:**

Program officials want students to have a rewarding educational experience while enrolled in the program. However, there may be times when problems arise in either the classroom, laboratory, or clinical setting that must be addressed. In order to resolve difficulties fairly and expeditiously, students should follow the proper chain of command when seeking solutions.

Regardless of the severity of issue, students are encouraged to speak to the person identified first in the chain of command before addressing those higher in order.

#### College Campus

Students are encouraged to talk with the course instructor about any issues related to didactic courses (lecture and/or lab). If a resolution cannot be offered, the student is encouraged to speak with the Program Director. If the problem is not addressed adequately, the student should contact the Dean of Health Science and CIT.

#### Clinical Setting

Students are encouraged to speak with the clinical instructor concerning any issue related to clinical education. If there is no resolution, the student is encouraged to speak with the Director of Clinical Education, and then the Program Director. Students are expected to follow the chain of command regarding issues related to clinical education.

There are specific grievance policies established by the college and the program. These policies are located in the respective handbooks for each organization. Jackson State Community College publishes grievance policies related to academic grades, ADA, college disciplinary procedures, etc. The *Jackson State Community College Catalog and Student Handbook* for each academic year is listed on the institution's website. Each grievance policy has a timeline and chain of command listed. Likewise, the respiratory care program has a Clinical and Program Disciplinary Policy to direct students on the grievance process for these actions.

### **Financial Information**

#### **Fees and Expenses:**

According to TBR Guideline B-060, fees are to be paid during registration each semester. No student may be admitted to class or clinical without having met his/her financial obligations. All payments are to be made in cash, check or by credit card (VISA, MasterCard, Discover, or American Express) for the amount due. Information about a payment plan for tuition is also available in the Business Office. The student is also responsible for book fees, uniforms, professional liability insurance premiums, dues to professional societies, transportation, etc.

If a student fails to confirm their financial aid or to make payment by the assigned deadline, they will be dropped from registered classes. It will be the student's responsibility to reregister for classes.

Financial assistance information may be found in the *Jackson State Community College Catalog and Student Handbook*, or by visiting the Financial Aid Office in the Student Center

## **Student Health and Communicable Disease Policy**

### **Student Health:**

As part of the admission process to Jackson State Community College, students must have a completed Physical Examination Form. It is the responsibility of the student to maintain their health and wellness while enrolled in the program.

Before being allowed to perform duties in the clinical affiliate hospital, the student must provide the documentation requested under **Retention Requirements**.

**Students are responsible for their medical treatment and resulting expenses if injury or illness occurs during clinical or classroom time.**

### **Infectious Disease/Bloodborne Pathogen Exposure Control Plan:**

**(CoARC Standard 5.08 – The health, privacy, and safety of patients, students, and faculty associated with the educational activities and learning environment of the students must be adequately safeguarded.)**

The Occupational Safety and Health Administration (OSHA), has enacted the Bloodborne Pathogens Standard, codified as 29 CFR 1910.130. The purpose of the Bloodborne Pathogens Standard is to reduce occupational exposure to the Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV), and other bloodborne pathogens in the workplace.

In response, Jackson State Community College has developed an Exposure Control Plan (ECP) to meet the letter and intent of the OSHA Bloodborne Pathogens Standard.

The Respiratory Care program at JSCC has adopted this standard as its guideline for the provision of safety and wellbeing of our students who may reasonably anticipate risk for potential exposure to blood and body fluids during their clinical experiences throughout the Respiratory Care program. Based on the Bloodborne Pathogens Standard and the JSCC Exposure Control Plan, the Respiratory Care program has identified certain areas of the current plan specific to our students, and with the following addendum, addresses these areas. The objective is to protect our students from health hazards associated with bloodborne pathogens and to provide appropriate treatment referral and counseling should a student be exposed to blood or body fluids during their clinical experience.

The ECP applies to all exposure to human blood, body fluids, and other potentially infectious materials regardless of how small or seemingly insignificant. Body fluids include semen, vaginal secretions, cerebrospinal fluids, synovial, pleural, pericardial, peritoneal, and amniotic fluids, or any fluids visibly contaminated with blood. All unidentified body fluids should be considered contaminated.

Jackson State Community College is concerned about providing a place of learning that is free of recognized hazards that are causing or likely to cause death or serious physical harm to its students. This policy/program applies to any exposure to

bloodborne pathogens present in the human blood that can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV). The most significant difference between the two viruses being that a vaccine to prevent HBV infection is available.

It should be noted that in general, JSCC students have no risk for infection by HBV or HIV during casual contact in the classroom or lab experiences. It is understood that there is always potential for exposure to bloodborne pathogens during clinical experiences.

### **Engineering Controls:**

One key aspect of the ECP is to use Engineering Controls to eliminate or minimize student exposure to bloodborne pathogens. Such equipment will include, but not be limited to, the following:

1. Handwashing facilities (or antiseptic hand cleansers and towels or antiseptic towelettes) which are readily accessible to all students.
2. Containers for contaminated sharps having the following characteristics:
  - a. Puncture resistant
  - b. Color coded or labeled with a biohazard warning label
  - c. Leak proof on the sides and bottom
3. Specimen containers which are:
  - a. Leak proof
  - b. Color coded or labeled with a biohazard warning label
  - c. Puncture resistant when necessary
4. Secondary containers which are:
  - a. Leak proof
  - b. Color coded or labeled with a biohazard warning label
  - c. Puncture resistant when necessary
5. Commercially manufactured Bloodborne Pathogen Protection and Clean-up Kit

### **Work Place Controls:**

In addition to Engineering Controls, JSCC's Respiratory Care program has adopted the following Work Practice Controls to help eliminate or minimize student exposure to bloodborne pathogens.

- a. All students shall routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure when a potential contact with blood or body fluids is anticipated.
- b. Gloves shall be worn for touching blood, other potentially infectious materials, mucous membranes, or non-intact skin of all persons, and for handling items or surfaces soiled with blood or potentially infectious materials.
- c. Gloves shall be changed immediately after each exposure incident and properly disposed of.

- d. Protective eyewear or face shields shall be worn during those tasks or procedures that are likely to generate droplets of blood or other potentially infectious materials to prevent exposure of mucous membranes of the mouth, nose, and eyes.
- e. Aprons, gowns, or appropriate coveralls shall be worn during tasks or procedures likely to generate splashed of blood or other potentially infectious materials.
- f. Hands and other skin surfaces shall be washed immediately and thoroughly following contact with blood or other potentially infectious materials.
- g. Eyes and mucous membranes shall be flushed with water immediately and thoroughly following contact with blood or other potentially infectious materials.
- h. Hands shall be washed immediately and thoroughly after gloves are removed.
- i. When provision of handwashing facilities is not feasible, the Respiratory Care program will provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth or paper towels or antiseptic towelettes.
- j. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and water as soon as feasible.
- k. All students shall take necessary precautions to prevent injuries caused by sharp instruments or devices.
- l. Students will be required to provide their own personal protective equipment, such as mouthpieces or ventilation devices, to use when resuscitation is necessary to minimize the need for mouth-to-mouth ventilation.
- m. Students with exudative lesions of weeping dermatitis shall refrain from direct personal contact and handling personal care items and equipment until the condition resolves.
- n. Pregnant students should be especially familiar with and strictly adhere to precautions to minimize or eliminate any potential HIV or HBV exposure to the fetus.
- o. Eating, drinking, smoking, or applying cosmetics or lip balm, and handling contact lenses are prohibited in the clinical area where there is potential for exposure to blood or potentially infectious materials.
- p. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, splattering, and generation of droplets of these substances.

**Personal Protective Equipment:**

Students will be provided appropriate personal protective equipment during clinical practicums and in the school lab (if necessary) as listed below:

- Gloves
- Gowns
- Masks
- Face shields

- Eye protection

**Post-Exposure Evaluation and Follow-Up:**

Refer to the JSCC Exposure Control Plan for procedure management of possible bloodborne pathogen exposures.

During clinical orientation, students will be instructed regarding clinical facility policies regarding bloodborne pathogen exposure. Students are expected to strictly adhere to all policies and procedures related to the Bloodborne Pathogen Standard.

**Communication of Hazards to Students:**

As a part of orientation to the Respiratory Care program, students will be advised of the Exposure Control Plan, specific hazards they may encounter, recognition of warning signs and labels, personal protective equipment, body substance isolation, and engineering/work practice controls.

The Respiratory Care program accepts that there are a number of “good general principles” that should be followed when participating in a clinical practicum. These include that:

- It is prudent to minimize all exposure to bloodborne pathogens.
- Risk of exposure to bloodborne pathogens should never be underestimated.



## **SOCIAL MEDIA POLICY**

This policy applies to all use of social media by JSCC Respiratory Care students and faculty, whether or not such use involves the College's network or other computer resources.

Social media includes, but is not limited to, texting, blogs, and proprietary platforms such as Twitter, Facebook, LinkedIn, Instagram, Google+, YouTube, Flickr, Yammer, Tumblr, and Vine.

Within the last few years, the growing popularity of social media has fundamentally changed the way we communicate as individuals. The Respiratory Care program faculty recognizes the power of social media. It is important to recognize that whether using personal computers, individually owned technologies, or college equipment, the use of social media is governed by the same policies and rules of conduct as outlined in the college's current catalog/student handbook and the Program handbook.

### **Notes**

- Remember that laws and JSCC policies governing inappropriate conduct such as sexual (or other) harassment, bullying, discrimination, defamation, infringement of copyright and trademark rights, and other confidential and private information apply to communications by JSCC students, faculty, and staff through social media.
- Carefully consider the accuracy, clarity, length, and tone of your comments before posting them. Posts on social media should be professional in tone and in good taste. Remember, your posts may last forever.
- Respect the views of others, even if you disagree.
- Follow the rules. Displaying behavior that violates federal and/or state law could have serious consequences that could affect your future.
- Do not be rude or argumentative, or use inappropriate language; avoid negative exchanges whenever possible.
- Do not post pictures or videos of another person without first obtaining permission to do so.
- Postings should not reflect negatively on the college, the clinical institution, or any individual; comments that could be considered disparaging or morale lowering among classmates and/or clinical staff should be avoided.
- Remember to be respectful, be careful, be responsible, and be accountable.

Violation of the social media policies will be subject to disciplinary procedures if deemed necessary.

## **Clinical Practice**

Students accepted into the respiratory care program begin clinical practice the spring semester of the first year of the program. Clinical rotation assignments will be made by the Director of Clinical Education. The program is responsible for the selection and coordination of clinical sites as well as ensuring that the type, length, and variety of clinical experiences are sufficient for students to acquire all required competencies.

### **Clinical Experience Supervision:**

Program clinical faculty, a clinical instructor or a designated qualified clinical preceptor, will provide appropriate supervision whenever students are in the facility for clinical practice. Students are supervised at all times during their clinical education coursework and experiences.

Students are not to be used to substitute for clinical, instructional, or administrative staff. Students shall not receive any form of payment in exchange for work they perform during programmatic clinical coursework. For those students employed by the clinical affiliate, there is a distinct difference between clinical time as a student and paid employment. Students shall not complete clinical coursework while in an employee status at a clinical affiliate. (CoARC Standards 5.09 and 5.10)

## **Drug/Alcohol Testing Policy**

To meet the clinical affiliation agreements, prior to participation in the clinical experience students will be required to undergo drug/alcohol testing. Prospective students will be informed of the drug/alcohol testing during the admissions procedure. Students will be responsible for the cost of drug/alcohol testing.

Students are also subject to testing based on reasonable suspicion that they are under the influence of drugs and/or alcohol while present at the college or the clinical education centers. Testing for reasonable cause when the student is present at the college campus will follow the college procedure. Testing for reasonable cause when the student is present at the clinical affiliate will follow the affiliate's procedure for employees. A student's refusal to submit to testing or a positive result of the test may affect their eligibility to participate in a classroom or clinical experience, resulting in their inability to complete a course and/or the program and may also result in disciplinary action up to and including dismissal from Jackson State Community College.

### **Testing Prior to Clinical Participation:**

Procedure: The college may facilitate the drug/alcohol testing process by:

1. informing the student of the requirement.
2. providing the student with information on obtaining the required testing.
3. receiving the laboratory report of the results of the testing.
4. informing clinical affiliate officials of the results of the testing. In the event of a positive result, the college will, without identifying the student, provide all available information related to the positive finding.

5. receiving the clinical affiliate's decision regarding the student's eligibility to participate in clinical education activities at that affiliate.
6. informing the student of the affiliate's decision.

Appeal and retesting: it is the student's belief that the results of the test are erroneous, he/she may request to be retested within 48 hours from the time they are informed of the positive result. If the result of the retest is negative, that result will be taken into consideration in the affiliate's decision regarding the student's eligibility. If the retest is positive, the affiliate's decision regarding the student's eligibility will be enforced.

In addition, if a student has a legal prescription for a substance indicated as positive in their initial screen, a retest will be performed for verification (cost to be paid by the student).

### **Testing for Cause in Clinical Setting:**

Procedure: Based upon reasonable cause (as outlined in the affiliate employee handbooks), students may be screened in the clinical setting.

1. Student is immediately removed from patient contact areas; respiratory care department director notifies program director of request/need to test student.
2. Program director will ask for hospital HR to be contacted and follow the protocol as outlined in the affiliate handbook.
3. Program director will be notified of the result of screen; if student denies screening, continue to follow policies as outlined for employees in affiliate handbook.
4. Based on result of screening, student may be asked to leave hospital and/or return to normal duties.

Readmission: Students dismissed from the program for disciplinary reasons may reapply for admission. The decision to readmit a student will be made according to the program's readmission policy.

### **Procedure for Drug/Alcohol Testing on Campus:**

1. Respiratory Care students will sign consent to drug/alcohol testing/release form during program orientation.
2. When reasonable suspicion exists, Campus Security will be called and the student will be confronted and requested to submit to testing. If the student is uncooperative and/or refuses testing, law enforcement will be activated.
3. A cab will be called at the expense of the college to take the student to Medical Center Laboratory (MCL) in Jackson. A friend or family member of the student will be notified to pick them up at the MCL. A designated college representative will notify MCL of the situation and will follow the cab to MCL. The college representative will verify the identification of the student to laboratory personnel and will remain at MCL until specimen collection is completed. The student may then wait in the MCL waiting room until someone arrives to transport the student home. Jackson-Madison County General

Hospital Security will be notified. The student will not be allowed to leave the facility unaccompanied.

4. Drug screening may be performed on substances which may include, but are not limited to, the following: alcohol, amphetamines/methamphetamines, cocaine metabolites, cannabinoids, opiates, oxycodone, phencyclidines, barbiturates, benzodiazepines, PCP, and propoxyphenes.
5. The college will utilize MCL's approved urine tests as appropriate to the student's situation. A testing protocol will be selected to ensure accuracy. The confirmatory tests will be performed at the same testing site following the standard protocol. The collection of specimens will be performed under reasonable and sanitary conditions and individual dignity will be preserved to the extent allowable by standard protocol.
6. Appropriate collection, storage, and transportation procedures will be followed and maintained to preclude contamination or adulteration of the sample. In the case of urine screening, the student may be asked to remove all unnecessary outer clothing before entering the collection area. There will be no direct observation of the act of urination.
7. Students will receive a written copy of the test results. Should the student wish to challenge the results, a portion of the specimen will be provided to the student for further testing at the student's expense. Positive results will result in the student being responsible for the cost of testing. Negative test results will be paid by the college.
8. Records regarding results of all tests will not be released to any person other than the student and appropriate college personnel.
9. A student's refusal to submit to testing or positive test results may result in disciplinary actions up to and including dismissal from Jackson State Community College.

**CONSENT TO DRUG/ALCOHOL TESTING  
STATEMENT OF ACKNOWLEDGEMENT AND UNDERSTANDING  
RELEASE OF LIABILITY**

I, \_\_\_\_\_, am enrolled in the Respiratory Care program at Jackson State Community College. I acknowledge receipt and understanding of the institutional policy with regard to drug and alcohol testing, and the potential disciplinary sanctions which may be imposed for violation of such policy as stated in the JSCC College Catalog/Student Handbook, the Respiratory Care Student Handbook, and the hospital affiliate handbook.

I understand the purpose of this policy is to provide a safe working and learning environment for patients, students, clinical and institutional staff, and property. Accordingly, I understand that prior to participation in the clinical experience I will be required to undergo drug/alcohol testing of my blood or urine. I further understand that I am also subject to testing based on reasonable suspicion that I am using or am under the influence of drugs or alcohol.

I acknowledge and understand the intention to test for drugs and/or alcohol and agree to be bound by this policy. I hereby consent to such testing and understand that refusal to submit to testing or a positive result of the testing may affect my ability to participate in a clinical experience, and may also result in disciplinary action up to, and including, dismissal from Jackson State Community College's Respiratory Care program and/or the institution itself.

My signature below indicates that:

1. I consent to drug/alcohol testing as required by clinical agencies or as directed by program/college officials.
2. I authorize the release of all information and records, including test results relating to the screening or testing of my blood/urine specimen, the Director of the JSCC Respiratory Care program and others deemed to have a need to know.
3. I understand that I am subject to the terms of the general regulations on student conduct and disciplinary sanctions of Jackson State Community College, as well as federal, state, and local laws regarding drugs and alcohol.
4. I hereby release and agree to hold harmless Jackson State Community College and the Tennessee Board of Regents, their officers, employees, and agents from any and all action, claim, demand, damages, or costs arising from such test(s), in connection with, but not limited to, the testing procedure, analysis, the accuracy of the analysis, and the disclosure of the results.

My signature indicates that I have read and understand this consent and release, and that I have signed it voluntarily in consideration for enrollment in the Jackson State Community College Respiratory Care program.

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Student's Signature

Date

## **CRIMINAL BACKGROUND CHECK POLICY**

Students enrolled in the Respiratory Care program will be required to submit to a criminal background check in order to satisfy the guidelines of the clinical affiliate hospitals. Prospective students will be informed of the possibility of criminal background checks during the admissions procedure. Students will be responsible for the cost of this required background check. Based on the results of the background check, clinical affiliates have the right to not allow a student to participate in educational activities at that facility. This could result in the student's inability to complete a course and the program.

Procedure: The college will facilitate the background check process by:

1. Informing the student of the requirement in a timely manner.
2. Providing the student with information of the TBR contractual vendor of background check services.
3. Receiving the report of the background check.
4. Informing clinical affiliate officials of the results of the background check. In the event of a positive result, the college will, without identifying the student, provide all available information related to the positive finding.
5. Receiving the clinical affiliate's decision regarding the student's eligibility to participate in clinical education activities at that affiliate.
6. Informing the student of the affiliate's decision.

Appeal process: If the student believes the background check results to be erroneous, the student must:

1. Initiate the correction process with the vendor of the background check within one week of being informed of the initial result.
2. Prior to the beginning of the second term of the program, provide documentation from the vendor of the background check to fully resolve the error to the satisfaction of the clinical affiliate officials or provide documentation from the vendor of the background check that more time is needed for investigation of the background check findings.

Readmission: Students dismissed from the program may reapply for admission. However, based on the reason for dismissal, the decision to readmit a student will be made according to the program's readmission policy and clinical affiliate requirements/employee handbook.

# Clinical Guidelines

## Attendance:

The Jackson State Community College Respiratory Care Program requires students to successfully meet pre-determined clinical and didactic performance objectives to be considered competent and eligible to sit for the national certification examination and practice in the profession. To ensure students attain these standards, 100% attendance and punctuality of all clinical and didactic courses is critical.

Students are required and expected to attend 100% of all scheduled clinical hours.

- The student is required to document attendance daily, including extra clinical or make-up clinical time.
- An unscheduled absence is defined as any absence in which the student calls-in or calls-in sick.
- An occurrence is defined as an unscheduled absence that may be one day or consecutive days missed in one week of clinical time.
- An extended illness will count as one occurrence even if it extends into the next clinical week. An extended absence will require a doctor's note or documentation to verify the extended absence.
- In the event that a student cannot report to clinical, he/she must contact the clinical instructor directly no earlier than 5:30 a.m. and no later than 5:45 a.m. on the morning of the absence. If absence is anticipated prior to day of clinical this should be communicated to clinical instructor. Each clinical instructor will determine which means of communication are acceptable (phone call, voice mail, email, text, etc.). Student should also send an email to the Director of Clinical Education regarding the absence.
- Any and all absences will be noted as no clocking in Trajecsyst system. Director of Clinical Education will review and make sure all missed clinical time is rescheduled and completed.
- If a student does not call or show up for clinical then he/she will receive a written reprimand and the loss of 5% on the final grade for each occurrence.
- All missed clinical time will be made-up as scheduled with the clinical instructor and email notification to the Director of Clinical Education.
  - All clinical policies and procedures apply to extra clinical days or make-up clinical time that has been scheduled with the clinical instructor.
  - The clinical instructor will communicate with the Director of Clinical Education regarding the scheduling of clinical make-up days or extra clinical time performed by students.
- If the student does not provide attendance documentation, the student will receive a Written Warning.
- The clinical instructor will communicate absences, tardiness, and leaving early to the Director of Clinical Education by e-mail.

- In the event that a student requires to be absent from clinical for an extended period of time, the student must meet with the Program Director to determine and document the plan of action for scheduling make-up time.
- All absences, tardiness, and leaving early will be documented through clocking in the Trajecsyst system.
- In the event there is a death in the immediate family (mother, father, spouse, child, grandchild, grandmother, or grandfather) the student will be excused with no penalty.

**Absences will be reflected in the student's grade as explained below:**

- First (1st) unscheduled absence of the current semester there will be no penalty in his/her semester grade.
- Second (2nd) unscheduled absence or occurrence (as defined above) of the current semester will result in a 5% deduction in his/her semester grade.
- Third (3rd) unscheduled absence or occurrence (as defined above) will result in another 5% deduction in his/her semester grade and a Written Warning.
- Fourth (4th) unscheduled absence or occurrence (as defined above) will result in another 5% deduction in his/her semester grade and a Written Reprimand.

**Inclement Weather Policy:**

- Jackson State Community College administration will make a decision regarding campus closing due to situations of inclement weather. Information concerning closings or delayed schedules will be posted on the college website and also as a recording on the main switchboard by 6:00 am for day classes and by 4:00 pm for night classes. Students may "opt in" to be notified by telephone, text, and/or email through JWeb.
- Students are expected to attend scheduled clinical time during inclement weather if the college is not closed. If a student does miss due to judgment related to safe travels when the college does not close, the clinical time missed will need to be made up.
- All students must have a back-up plan for personal responsibilities should a weather-related event occur, that would preclude them from coming to clinical or requiring them to leave clinical early.
- In the event that inclement weather begins while students are at the clinical facility, the clinical instructor will determine dismissal time.

**Holidays:**

Students are not scheduled for clinical education on the following holidays/breaks: Dr. Martin Luther King Jr. holiday, college recognized spring semester mid-term break, Memorial Day, Juneteenth, Independence Day, Labor Day, college recognized fall semester break, Thanksgiving Day and the Friday immediately following. Christmas Day and New Year's Day are not listed because they are between terms.



Students may not perform clinical hours during any holidays or time when the college is officially closed.

**Punctuality:**

Punctuality is required in the clinical setting. Patient care and shift assignments are conducted just prior to the beginning of the shift. Tardiness impacts continuity of patient care and will not be tolerated. Guidelines regarding tardiness follow hospital policy.

Tardiness is defined as being one minute late as recorded by the time and attendance system. Tardiness is reflected in the student's grade as explained:

- First documented tardy (as defined above) will result in no deduction.
- Second (2nd) documented tardy (as defined above) will result in a 5% deduction in his/her semester grade and the student will be counseled.
- Third (3rd) documented tardy (as defined above) will result in another 5% deduction in his/her semester grade and the student will receive a Written Warning.
- Fourth (4th) documented tardy (as defined above) will result in another 5% deduction in his/her semester grade and the student will receive a Written Reprimand.
- Fifth (5th) documented tardy (as defined above) will result in another 5% deduction in his/her semester grade and the student will receive another Written Reprimand.

**Leaving Early:**

Leaving Early is defined as any time a student must leave clinical early, prior to dismissal by the Clinical Instructor, for any reason. Students should notify the Clinical Instructor at least 24 hours in advance of a need for a scheduled early departure from clinical practice.

Leaving early occurrences will be reflected in the student's grade as explained below.

Advanced scheduling of leaving clinical early (as defined above):

- First (1st) incidence = no deduction in his/her semester grade;
- Second (2nd) incidence = 5% deduction in his/her semester grade and the student will be counseled.
- Third (3rd) incidence = the student will receive a Written Warning and 5% deduction in his/her semester grade.
- Fourth (4th) incidence = the student will receive a Written Reprimand and an additional 5% deduction in his/her semester grade and so on. Note: three written reprimands (for any reason) results in program dismissal. (i.e. 6 absences would be 25% reduction in grade and total of 3 written reprimands)

Unscheduled leaving early from clinical:

- First (1st) incidence = 5% will be deducted from the semester grade.
- Second (2nd) incidence = an additional 5% will be deducted from the semester grade and the student will receive a Written Warning.
- Third (3rd) incidence = an additional 5% will be deducted from the semester grade and the student will receive a Written Reprimand.
- Fourth (4th) incidence = the student will receive another Written Reprimand and an additional 5% deduction in his/her semester grade.

**Regardless of the reason, all missed clinical time will be made-up as scheduled with the clinical instructor.**

All clinical policies and procedures apply to extra clinical days or make-up clinical time that has been scheduled with the clinical instructor.

**Incidences of tardiness and leaving early are cumulative through the four semesters of clinical practice.** The student will be dismissed from the Respiratory Care Program following the receipt of three (3) Written Reprimands based on lack of punctuality and leaving early, and the student will receive a clinical grade of “F”. If the drop deadline has not passed the student will be allowed to drop the clinical course and the other RESP courses. If the deadline has passed the student will receive a grade of “F” in all respiratory courses the student is currently enrolled in. Students will not be readmitted into the program following clinical dismissal based on clinical attendance.

#### **Professional Manner:**

Students are expected to conduct themselves in a professional manner at all times while in the clinical setting and in class/lab. This includes when they are given an assignment or constructive criticism. If a student displays anything but acceptable conduct the student will be given either a written warning or a written reprimand depending on the nature of the offense. Assessment of student behavior will be documented throughout the semester on the Professional Behavior Assessment Form.

#### **Clinical Dress Code and Rules:**

The student’s appearance during clinical hours must conform to each individual affiliate hospital policy and procedure on dress and grooming. However, universal rules for Jackson State Respiratory Care students performing clinical duties are as follows:

1. Uniforms and lab coats for both male and female students may be of the scrub variety and the color will be determined by program faculty after consulting with each clinical affiliate. Footwear, color and type, will also be determined after consultation. Uniforms and shoes must be clean and neat in appearance.
2. Students should maintain personal hygiene standards appropriate for those working in healthcare and in compliance with hospital policies.

3. Hair styles for both male and female students should be neat and clean. Long hair should be styled or kept pulled back so as not to contaminate sterile procedures and/or cause harm to self or patients.
4. Ornate and/or excessive jewelry such as multiple rings, necklaces, and/or earrings should not be worn. Rings should be limited to wedding bands. If earrings are worn there must be one in each ear lobe. Necklaces should not be of the long, dangling type. Bracelets should not be worn unless for medical information. No jewelry can be worn in the tongue and or on the face.
5. Student hospital identification tag is to be worn at all times during clinical education hours or the college student id.
6. Nails should be manicured and kept short or slightly over fingertips. You will be expected to cut nails without having to be asked if they are interfering with patient care. No artificial nails, chipped nail polish and/or wraps and/or tips are permitted as per clinical site guidelines.
7. No colognes or perfumes should be worn at clinical including perfumed hair sprays or deodorants.
8. Visible tattoos must be covered if required by clinical site.
9. Cell phones must be left on silent and never used in patient care areas.
10. Facial hair that interferes with the wearing of protective masks should be shaved.

Failure to abide by these policies may result in the students' dismissal from the clinical education site by the clinical instructor until corrections are made.

**Personal Clinical Equipment:**

Each student will be responsible for acquiring and bringing to clinical daily the following:

1. Stethoscope
2. Watch with a second hand
3. Lightweight pocket calculator
4. Small pocket scissors with one blunt tip end
5. Lab book, notebook, paper and black pens
6. Protective eye goggles which prevent foreign material from entering the eye

## **Clinical Instruction**

Clinical Practice is designed primarily for hands on experience. Classroom instruction may be applicable as clinical instructor deems necessary. Information/topics from clinical lectures should be noted on the daily summary sheet for that day. The time spent in classroom setting during clinical should also be documented. Students should spend all clinical time actively involved in practical experience with the exception of a 30-minute lunch break.

### **Grading Policy:**

Each clinical course syllabus will outline in detail the grading procedure. The student's grade will be based on the criteria below:

- Professional Behavioral Assessment(s)
- Daily Logs
- Clinical Competency scores

### **Clinical Daily Tasks:**

Students must complete the following tasks accurately and timely during clinical days:

- Clocking in and out for the clinical shift (GPS **MUST BE** turned on)
- Preceptor Evaluations
- Daily Clinical Summary
- Clinical Competency (when appropriate)

### **Workload Assignments:**

- Student clinical workloads will be assigned by the program clinical faculty/instructor/designated preceptor.
- Daily workloads will take into consideration the knowledge and performance confidence of the student.
- Students should have sufficient time to complete daily assignments and maintain accurate records based on the expectations of the program faculty.

### **Performance Evaluations:**

Performance evaluations are to be completed by Program Faculty or other designated personnel. The student will have access to view the performance evaluations at or prior to the beginning of each clinical semester. The performance evaluations will be listed in the syllabus each semester.

The Program Director of Clinical Education and the clinical faculty will determine after instruction and practice when the student will perform the performance evaluation in the lab and clinical setting. Each performance evaluation has assigned to it the maximum number of three (3) attempts. It is the responsibility of the student to ask for practice or instruction if he/she has any questions regarding how to properly perform the performance evaluation.

- The performance evaluations are Pass/Fail. The student will initial and date each attempt.
- The items noted as such on the performance evaluation form are considered critical items and must be completed.
- The student will be informed that the evaluation has been terminated at the point in which a critical step has been omitted.
- The Program clinical faculty will note an (F) for failure in the blank by the critical item and both the faculty and the student will sign and date the performance evaluation form noting first attempt.
- If the student is unsuccessful in completing the performance evaluation the program faculty will document remediation over the content missed on the performance evaluation prior to the second attempt.
- The student may request that he/she wait for a period of time prior to the second attempt if the student feels more remediation is required.

Regarding second attempt at Performance Evaluation:

- If the student is unsuccessful in completing the performance evaluation the second time remediation must provide time for the student to practice the competency prior to the next performance evaluation. Remediation must be documented.
- The student may request that he/she wait for a period of time prior to the third attempt if the student feels more remediation is required.
- JSCC Director of Clinical Education and Program Director must be notified that the student has been unsuccessful on the second attempt at a performance evaluation prior to the student performing the third attempt.

Regarding third attempt at Performance Evaluation:

- If the student is not successful after the third attempt at completing the performance evaluation, then program clinical faculty should contact the DCE and the PD to discuss the evaluation.
- A meeting between clinical program faculty and JSCC faculty will be scheduled at that time.
- The student is to continue attending classes at JSCC until the meeting takes place.
- If it is determined by program faculty that the student is not capable of performing the performance evaluation successfully then the student will be dismissed from the Program and an (F) will be given as the clinical grade.
- The student will not be allowed to continue in the other respiratory courses that the student is enrolled in at JSCC after the student is informed of his/her dismissal.
- If the withdrawal deadline has not passed the student will be allowed to drop all RESP courses.
- If the deadline has passed the student will receive a grade of (F) in the clinical course and the other RESP courses.
- Students who are dismissed from the program due to failure to successfully complete performance evaluations will not be readmitted into the program.

Students are also required to sign all performance evaluation forms and date them.

**If the student is found deviating from the performance standard once he/she has been checked off as competent on the performance evaluation tool, then he/she will be given a Written Reprimand. This will also be reflected on the student's Psychomotor evaluation under the areas that pertain to performance.**

#### **Lab Competencies:**

Lab exercises will take place with the student showing competency in performing respiratory care modalities. Program clinical faculty may postpone or not complete any tasks each semester, and/or add to requirement list after the student receives it. This is necessary to allow adjustments for current clinical practices and to maintain relevancy and adequacy of practice both in the lab and clinical settings.

#### **Professional Behavior Assessments:**

The Professional Behavior Assessment forms are to be completed by program faculty. Students should request an appointment with the program clinical faculty should he/she have any questions regarding his/her evaluation. It is important that the student view and sign these evaluations so the student will be aware of any areas in which improvement needs to be made.

**Daily Clinical Summary Sheet and Weekly Summary Sheet:**

The student is expected to complete a Daily Clinical Summary **for each day he/she performs clinical**. This should include an overview of the day's activities including classroom lecture time and any contact with physicians. It is the student's responsibility to complete documentation of the activities performed.

- The daily log serves as documentation regarding observation, instruction, and practice during the clinical day.
- The daily log includes an evaluation for the overall experience for the day.
- The student should document on the daily log the activities that were taught and practiced each day the student is at clinical or lab.
- All activities observed or performed should be documented.
- It is mandatory that the student complete required documentation during each clinical day. The DCE will monitor completion of documentation on a regular basis.

**Assignments:**

The clinical instructor may utilize "quizzes or assignments to enhance clinical instruction.

**Paperwork:**

All clinical documentation will be maintained at JSCC or through electronic records in the Trajecsyst system.

**Clinical Incident Report:**

The student should inform the clinical faculty immediately if he/she is involved in an incident at the hospital. A hospital incident report will need to be filled out immediately and clinical faculty will determine what actions are taken based on the circumstances. The program will follow hospital policy in regards to actions taken following the incident. The clinical affiliate will review their hospital policy on incidents with the students.

The student will be required to pay for the cost of the tests and treatment to evaluate his/her exposure to body fluids. The clinical facility, nor JSCC, is responsible for any testing or follow-up lab work or medical treatment.

Since hospital staff may be drug screened regarding certain incident reports, students may also be subjected to a drug screen with the student responsible for the cost of it.

**Medical Errors:**

Students should report errors to the clinical program faculty immediately.

**ABG Rotation:**

Students may be assigned days to be at clinical earlier than normal in order to perform ABG analysis on patients. Typically, the ABG rotation begins at 5:45 a.m. Students will

be notified ahead of time which days he/she is to be there and the time. The previously stated guidelines for the student being tardy or absent will be in effect for these days.

**Other Clinical Affiliate Activities:**

Students may be asked to participate in other activities at clinical affiliates that may be on days or at times other than the regular clinical dates and times. Students will be notified in sufficient time to make arrangements. These scheduled days will be considered mandatory clinical days and all regular clinical guidelines will be followed.

**WRITTEN WARNINGS & WRITTEN REPRIMANDS**

- A Written Warning is to be completed whenever the instructor counsels a student concerning any problem or concern the instructor may have during clinical practice.
- Clinical faculty will inform the PD and the DCE when a Written Warning or Written Reprimand is completed by the clinical faculty. These should be completed within one week of the incident.
- If the instructor has already given the student a Written Warning for the problem, then the student will be given a Written Reprimand for the second offense of the same nature.
- Completion of a Written Reprimand is not limited to a previous offense.
- If the instructor deems the offense serious or dangerous, a Written Warning does not have to be completed prior to the completion of the Written Reprimand.
- The Written Warning and the Written Reprimand must be completed in a timely manner.
- The student and the instructor must write in ink and sign all Written Warnings and Written Reprimands at the time they are issued.
- All Written Reprimands are to be signed by the Program Director and remain in the Director of Clinical Education's Office with a copy to be given to the Program Director and clinical faculty.
- All Written Warnings and Written Reprimands are to become part of the student's permanent record.
- The student will be placed on probation following the second Written Reprimand.
- If a student receives three (3) Written Reprimands while in clinical he/she will receive a clinical grade of "F" for the semester in all respiratory care courses and will be dismissed from the program. A student who is dismissed from the program for Written Reprimands will not be allowed back into the program.



- If the withdrawal date has not passed the student can withdraw from clinical and the other respiratory courses. This date is published in the JSCC catalog.
- The student will receive an “F” in other respiratory care courses in addition to clinical if the withdrawal date has passed.

## WRITTEN WARNING

The following was issued today and is to be made a part of the student's official record:

Student's name \_\_\_\_\_ Incident Date \_\_\_\_\_

Date form completed \_\_\_\_\_

Program faculty's signature \_\_\_\_\_

Some Examples:

- ☐ Three (3) or More Clinical Absences
- ☐ Sleeping in Class/ Clinical
- ☐ Dishonesty
- ☐ Failure to Obey Orders
- ☐ Poor Personal Appearance in Clinical
- ☐ Lack of Cooperation with Hospital Staff
- ☐ Leaving the Clinical Facility without Permission
- ☐ Improper Clinical Uniform
- ☐ Three (3) or More Incidences of Tardiness
- ☐ Inappropriate Conduct
- ☐ Other:

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**One of these should be marked.**

- ☐ The counseling ended positively with no future problems anticipated.
- ☐ The student acknowledges the gravity of the problem and will attempt to alleviate it.
- ☐ The student understands what must be done to eradicate the problem and will attempt to do so.

The student's statement of the incident can be attached if he/she has a different description of the incident that occurred.

Date: \_\_\_\_\_ Student Signature: \_\_\_\_\_

The Clinical Instructor's statement of the incident must be attached if a description of the incident is necessary to explain the circumstances.

Date: \_\_\_\_\_ Instructor Signature: \_\_\_\_\_

The Director of Clinical Education Statement can be attached if more information needs to be given.

Date: \_\_\_\_\_ DCE Signature: \_\_\_\_\_

The Program Director's Statement can be attached if more information needs to be given.

Date: \_\_\_\_\_ Program Director Signature: \_\_\_\_\_

## WRITTEN REPRIMAND

The following was issued today and is to be made a part of the student's official record:

Student's name \_\_\_\_\_ Incident Date \_\_\_\_\_

Date form completed \_\_\_\_\_

Program faculty's signature \_\_\_\_\_

Some Examples:

- ☐ Violation of Safety Rules
- ☐ Inability to Comply with Clinical Objectives and Policies
- ☐ Carelessness
- ☐ Destruction of Property
- ☐ Unethical/Illegal Behavior
- ☐ Lack of Cooperation with Hospital Staff
- ☐ Failure to Perform Clinical Performance Evaluations Correctly Post Check-Off
- ☐ Other:

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**One of these should be marked.**

- ☐ The counseling ended positively with no future problems anticipated.
- ☐ The student acknowledges the gravity of the problem and will attempt to alleviate it.
- ☐ The student understands what must be done to eradicate the problem and will attempt to do so.

The student's statement of the incident can be attached if he/she has a different description of the incident that occurred.

Date: \_\_\_\_\_ Student Signature: \_\_\_\_\_

The Clinical Instructor's statement of the incident must be attached if a description of the incident is necessary to explain the circumstances.

Date: \_\_\_\_\_ Instructor Signature: \_\_\_\_\_

The Director of Clinical Education Statement can be attached if more information needs to be given.

Date: \_\_\_\_\_ DCE Signature: \_\_\_\_\_

The Program Director's Statement can be attached if further information needs to be given.

Date: \_\_\_\_\_ Program Director Signature: \_\_\_\_\_

**No. of Prior Written Reprimands** \_\_\_\_\_

## **Program Disciplinary Procedure**

Students enrolled in the respiratory care program are expected to develop professional character and display ethics as required and expected of their profession. Students who are not able to satisfactorily perform duties in the classroom or laboratory setting are subject to being placed on probation or, in extreme circumstances, being dismissed from the program.

Causes for a student being placed on program probation at any time include, but are not limited to, the following:

- Failure to complete didactic and laboratory assignments within a required time schedule.
- Habitual tardiness or absenteeism.
- Failure to contact the course/clinical instructor (by office voice mail, email, text, or cell phone call) when absence from classroom, clinical, or laboratory time is unavoidable.
- Inability to comply with established policies, including those outlined in the course syllabi concerning computer usage, technology in the classroom, etc.
- Classroom/clinical misconduct which may include insubordination (defiance, rebelliousness, etc.), unprofessional/unethical behaviors, disruption of the learning environment, violation of academic honesty policy, etc.

### **Guidelines for Program Probation:**

1. A minimum of two documented counseling sessions and written reprimands will be included in the student's file before they are advised in writing they are being placed on program probation.
2. After being placed on program probation, if the student repeats the initial offense, they may be dismissed from the program (refer to Guidelines for Program Dismissal).
3. Program probation extends from the time of the initial offense until the completion of the program.

### **Program Dismissal:**

Causes for a student's dismissal at any time during the program include, but are not limited to the following:

- Inability to maintain passing grades didactically/clinically (less than 75% at the end of any term).
- Classroom/clinical misconduct which may include insubordination, unprofessional/unethical behaviors, disruption of the learning environment, violation of academic honesty policy, etc. \* The hospital may immediately remove any student from the premises who pose a serious threat or danger or for just cause under the hospital's disciplinary policy.
- Unsafe practices in the laboratory/clinical setting.

- Known use of, possession of, or distribution of alcohol, illegal drugs, or controlled substances while on college property or sponsored events; refusal to submit to drug testing for reasonable cause.
- Leaving the clinical education site without permission by the Clinical Instructor or their designee for non-emergent reasons during a scheduled rotation.
- Cheating or any other acts of academic dishonesty in the clinical courses to include the falsification of time cards, Summary Sheet, procurement and/or improper use of testing materials (both paper and computerized versions), and violation of patient privacy.

**Guidelines for Program Dismissal:**

1. The student will be notified in writing by the Program Director when they are dismissed from the program due to unsatisfactory grades in academic/clinical courses. According to the student infraction, program officials will follow the institution's disciplinary procedure and will enact letters/notifications as stated in the current version of *Jackson State Community College Catalog and Student Handbook*.
2. To ensure due process, the student has the right to appeal a course grade/program dismissal following the process of appeal that is outlined in the Student Grievance Policy and Procedures as published in the current version of *Jackson State Community College Catalog and Student Handbook*.

**(COARC Standard 5.05 – Student grievance and appeal procedures must include provisions for both academic and non-academic grievances and a mechanism for evaluation that ensure due process and fair disposition.)**

**Appendix B Used in case of electronic assessment system failure; Electronic form in Trajecys System(as of June 2022)**

**RESPIRATORY CARE PROGRAM  
PROFESSIONAL BEHAVIOR ASSESSMENT**

Student's Name	Course/Semester	Mid-term____ Final _____	Date
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- To be completed at mid-term during Clinical Practice 1 and repeated at finals if any score is a 3 or less.
- Scores are whole numbers: 1-5. Comments are encouraged. All scores of 1 & 2 require comments.
- In order to obtain a grade of A in clinical, a score of 4 or 5 must be obtained in each area on the final assessment.
- All scores must be at least a 3 on the final assessment in order to move to the next semester. A score of 1 or 2 in any area on the final assessment will result in the student being removed from the program.
- This form may also be used, all or in part, on a prn basis for cause in any clinical course. Any score < 3 would require a repeat assessment by the end of the semester as appropriate. A score of < 3 at the end of the semester will result in the student being removed from the program.

**1. Integrity – examples of integrity displayed by the student:**

1	2	3	4	5
<ul style="list-style-type: none"> <li>• Persistent carelessness in handling property or equipment;</li> <li>• Intentional breach of confidentiality;</li> <li>• Documented incident of dishonesty in communication with others or in print/electronic documentation, etc;</li> <li>• Uses demeaning, derogatory or inappropriate speech;</li> <li>• Documented incident of theft.</li> </ul>	<ul style="list-style-type: none"> <li>• Occasionally careless with property or confidentiality;</li> <li>• Needs prompting to admit or correct mistakes;</li> <li>• Occasionally careless about accuracy or thoroughness;</li> <li>• Occasionally careless in remarks.</li> </ul>	<ul style="list-style-type: none"> <li>• Trustworthy with property and confidential information;</li> <li>• Prompt admission and correction of mistakes;</li> <li>• Values accuracy and thoroughness;</li> <li>• Avoids derogatory or demeaning remarks.</li> <li>• Consistent honesty.</li> </ul>		

Score \_\_\_\_\_ Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**2. Demeanor in Patient Care – examples of patient care demeanor displayed by the student:**

1	2	3	4	5
<ul style="list-style-type: none"> <li>• Temperamental or rude;</li> <li>• Inconsiderate of patients needs;</li> <li>• Expects patients to adjust to situations instead of allowing patient needs dictate care;</li> <li>• Shows disrespect for patients in communication with others;</li> <li>• Frequently/regularly ignores patients.</li> </ul>	<ul style="list-style-type: none"> <li>• Polite but indifferent to patient concerns;</li> <li>• Places higher value on convenience then on patient concerns;</li> <li>• Occasionally lacks consideration for patient while communicating with others.</li> </ul>	<ul style="list-style-type: none"> <li>• Tolerant and understanding of patient's behavior;</li> <li>• Ethical, compassionate and helpful;</li> <li>• Supportive and reassuring;</li> <li>• Recognizes patient as an individual;</li> <li>• Demonstrates respect towards others.</li> <li>• Places needs of patient above self-interest.</li> <li>• Acts as a patient advocate.</li> </ul>		

Score \_\_\_\_\_ Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**3. Self- Motivation – examples of self-motivation displayed by the student:**

1	2	3	4	5
<ul style="list-style-type: none"> <li>• Takes critique poorly; argues with preceptor; resistant to change;</li> <li>• Repeatedly disregards homework or declines learning activities;</li> <li>• Blames others for difficulties;</li> <li>• Continues incorrect behavior after correction;</li> <li>• Makes excuses for incomplete tasks.</li> </ul>	<ul style="list-style-type: none"> <li>• Sometimes needs supervision to complete tasks;</li> <li>• Reluctant to try new ideas/techniques;</li> <li>• Sometimes rationalizes mistakes;</li> <li>• Passive acceptance of evaluation of self;</li> <li>• Needs prompting to complete homework or participate in learning activities.</li> </ul>	<ul style="list-style-type: none"> <li>• Initiates and completes tasks without being told;</li> <li>• Seeks critique and accepts feedback in positive manner;</li> <li>• Strives for excellence and shows enthusiasm for advanced learning and improvement.</li> </ul>		

Score \_\_\_\_\_ Comments: \_\_\_\_\_  
 \_\_\_\_\_



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**4. Appearance – examples of the personal appearance displayed by the student:**

1	2	3	4	5
<ul style="list-style-type: none"><li>• Neglects dress code;</li><li>• Repeatedly is sloppy or needs counseling on grooming or hygiene;</li><li>• Seems unconcerned about appearance.</li></ul>		<ul style="list-style-type: none"><li>• Needs prompting to adhere to dress code;</li><li>• Sometimes sloppy or completes dressing after arriving on duty.</li></ul>		<ul style="list-style-type: none"><li>• Uniform neat and clean;</li><li>• Fully compliant with dress code;</li><li>• Good personal hygiene and grooming.</li></ul>

Score \_\_\_\_\_ Comments: \_\_\_\_\_

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**5. Self-Confidence – examples of self-confidence displayed by the student:**

1	2	3	4	5
<ul style="list-style-type: none"><li>• Easily flustered;</li><li>• Negative outlook or frequently complains;</li><li>• Has poor personal/professional judgment.</li></ul>		<ul style="list-style-type: none"><li>• Displays composure during routine circumstances but not during adverse circumstances;</li><li>• Needs frequent reassurance or counseling to retain a positive outlook;</li><li>• Occasionally has difficulty making sound judgments.</li></ul>		<ul style="list-style-type: none"><li>• Displays composure even during adverse circumstances;</li><li>• Proceeds with calm positive outlook;</li><li>• Exercises good personal/professional judgment.</li></ul>

Score \_\_\_\_\_ Comments: \_\_\_\_\_

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**6. Communication – examples of communication displayed by the student:**

1	2	3	4	5
<ul style="list-style-type: none"><li>• Frequently mumbles or does not adjust speaking to accommodate audience;</li><li>• Writes illegibly; charting or reports incomplete, sloppy or inaccurate;</li><li>• Shows indifference to communication with others;</li><li>• Persists in using only lay terms and disinterested in correct spelling or terminology.</li></ul>		<ul style="list-style-type: none"><li>• Needs prompting or assistance to complete reports or charts but does not repeat mistakes;</li><li>• Listens passively or occasionally fails to listen;</li><li>• Has difficulty adjusting communication to needs of audience;</li><li>• Needs prompting to use medical terms or correct spelling.</li></ul>		<ul style="list-style-type: none"><li>• Speaks clearly; writes legibly; listens actively;</li><li>• Writes legibly, charts &amp; gives report completely;</li><li>• Adjusts communication to needs of audience.</li><li>• Uses appropriate medical terms;</li></ul>

Score \_\_\_\_\_ Comments: \_\_\_\_\_

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**7. Time Management – examples of time management displayed by the student:**

1	2	3	4	5
<ul style="list-style-type: none"><li>• Missed or late for more than maximum allowable days;</li><li>• Rushes through tasks creating poor outcomes;</li><li>• Unable to complete tasks in a timely manner;</li><li>• Easily distracted from assigned tasks;</li><li>• Indifferent or inflexible with time management concerns.</li></ul>		<ul style="list-style-type: none"><li>• Occasionally late or frequently rushing;</li><li>• Frequently requires accommodations in scheduling;</li><li>• Occasionally turns in assignments/homework late;</li><li>• Slow to finish tasks;</li><li>• Sometimes needs prompting in distracting environments to finish tasks.</li></ul>		<ul style="list-style-type: none"><li>• Punctual;</li><li>• Adheres to given schedule;</li><li>• Completes tasks and assignments in a timely manner;</li><li>• Able to focus on and complete tasks in a distracting environment.</li></ul>

Score \_\_\_\_\_ Comments: \_\_\_\_\_

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**8. Teamwork – examples of teamwork displayed by the student:**

1	2	3	4	5
<ul style="list-style-type: none"> <li>• Refuses or avoids some assignments/tasks;</li> <li>• Creates friction or hinders teamwork; unwilling to work as a team member;</li> <li>• Acts rudely; insubordinate or argumentative;</li> <li>• Disregards input from others.</li> </ul>	<ul style="list-style-type: none"> <li>• Reluctantly accepts some assignments/tasks;</li> <li>• Needs prompting to work as a team member.</li> <li>• Accepts authority but reluctant to suggest alternatives or point out problems;</li> <li>• Inflexible when alternatives are suggested;</li> </ul>	<ul style="list-style-type: none"> <li>• Adapts readily to different assignments/tasks;</li> <li>• Helps, supports and works as a team member;</li> <li>• Flexible and open to appropriate alternatives;</li> <li>• Communicates to resolves problems; able to direct group activities tactfully and confidently; able to suggest alternatives appropriately.</li> </ul>		

Score \_\_\_\_\_ Comments: \_\_\_\_\_

\_\_\_\_\_

Total raw score (out of 40): \_\_\_\_\_ % score (raw score / 40): \_\_\_\_\_ Overall average (raw score / 8): \_\_\_\_\_

<b>Instructor's Comments:</b>	
• <b>Summary of Strengths:</b>	
• <b>Plans for Improvement:</b>	
<b>Student's Comments:</b>	
<b>Instructor's Signature:</b>	<b>Student's Signature:</b>

## **Appendix C**

### **Program Evaluation Plan for Clinical Sites and Preceptors**

#### Timeline for Evaluation of Clinical Sites and Preceptors

##### Fall Semester:

- DCE completes the Clinical Facility Assessment Form for each clinical affiliate and when new affiliates are added. (Program Handbook)
- DCE, or designee, conducts the Preceptor Training Course for all new preceptors.
- DCE conducts refresher training for preceptors.
- Students complete a daily evaluation of the clinical site in Trajecsys.
- DCE reviews clinical evaluations to identify any issues throughout the semester.

##### Spring Semester:

- Students complete a daily evaluation of the clinical site in Trajecsys.
- Students complete the CoARC Student-Program Resource Survey.
- PD and DCE review clinical evaluations to identify any issues.

##### Summer Semester:

- Students complete a daily evaluation of the clinical site in Trajecsys.
- PD and DCE review clinical evaluations to identify any issues and formulate a plan for corrective actions.

**Appendix C cont. Daily assessment of preceptors and clinical site by student**

**Respiratory Care Program  
Clinical Affiliate Evaluation Form (In Trajecys)**

Site:

**Site/Preceptor Evaluation By Student**

Preceptor's Name:

Today's clinical goals and objectives were met

- ☐ Unacceptable
- ☐ Somewhat acceptable
- ☐ Acceptable
- ☐ Exceptional

Preceptors spent quality clinical time with me

- ☐ Unacceptable
- ☐ Somewhat acceptable
- ☐ Acceptable
- ☐ Exceptional

I felt welcomed and treated professionally

- ☐ Unacceptable
- ☐ Somewhat acceptable
- ☐ Acceptable
- ☐ Exceptional

Rate your overall clinical experience today

- ☐ Unacceptable
- ☐ Somewhat acceptable
- ☐ Acceptable
- ☐ Exceptional

Share positive and or negative comments or suggestions:

# Respiratory Program Estimated Cost

<b>Semester</b>		<b>Estimated Cost</b>
<b>Fall 1<sup>st</sup> Year</b>	Tuition/Fees – based on 9 hrs. RC courses	\$1659.00
	Health Sciences Fee (\$25/RC credit hour)	\$225.00
	<i>Tuition/Fees – based on 19 hrs. all courses</i>	\$2407.00
	Textbooks (RC courses only)	\$300.00
	Immunizations	\$300.00
	Truescreen fee: Background check	\$29.50
	Truescreen fee: Drug Screen	\$38.75
	Truescreen fee: MyRecordTracker	\$17.50
	AARC Student Member Fee	\$50.00
	Lab Supplies	
	Face Shield (\$4.00)	\$36.00
	Safety Glasses/Eye Protection (\$2.00)	
	Subtotal	\$2655.75
<b>Spring 1<sup>st</sup> Year</b>	Tuition/Fees – based on 9 hrs. RC courses	\$1,659.00
	Health Sciences Fee (\$25/RC credit hour)	\$225.00
	<i>Tuition/Fees – based on 13 hrs. all courses</i>	\$2,369.00
	Textbooks (RC courses only)	\$300.00
	Clinical Liability Insurance	\$11.05
	Clinical Documentation System	
	\$150.00	
	Uniforms:	
	• 2 sets of scrubs (250.00)	\$430.00
	• 2 lab coats with patch (100.00)	
	• Leather shoes (80.00)	
	Supplies:	
	• Scissors (20.00)	\$125.00
	• Stethoscope (75.00)	
	• Watch with sweep second hand (30.00)	
	Subtotal	\$2900.05

<b>Semester</b>		<b>Estimated Cost</b>
<b>Summer</b>	Tuition/Fees – based on 11 hrs. RC courses	\$2021.00
	Health Sciences Fee (\$25/RC credit hour)	\$275.00
	<i>Tuition/Fees – based on 14 hrs. all courses</i>	\$2,232.00
	Textbooks (RC courses only)	\$300.00
	Subtotal	\$2596.00
<b>Fall 2<sup>nd</sup> Year</b>	Tuition/Fees – based on 12 hrs. RC courses	\$2198.00
	Health Sciences Fee (\$25/RC credit hour)	\$300.00
	<i>Tuition/Fees – based on 15 hrs. all courses</i>	\$2,267.00
	TB Skin Test	\$100.00
	Uniforms	\$430.00
	Textbook	\$200.00
	Truescreen fee: MyRecordTracker	\$7.50
	Subtotal	\$3,235.50
<b>Spring 2<sup>nd</sup> Year</b>	Tuition/Fees – based on 12 hrs. RC courses	\$2198.00
	Health Sciences Fee (\$25/RC credit hour)	\$300.00
	Program Assessment Exam Fee	\$50.00
	Lindsey Jones 3-Day Review Seminar	\$160.00
	NBRC Exam Fee	\$190.00
	State Licensure Fees:	
	<ul style="list-style-type: none"> <li>• Application fee (160.00)</li> <li>• Background check (32.50)</li> <li>• Passport photo (15.00)</li> </ul>	\$207.50
	Subtotal	\$3105.50
	<b>Program Total</b>	<b>\$14492.80</b>
	(based on respiratory care course requirements)	

\*Health Sciences Fee is not covered by TN Promise or TN Reconnect; The fee is covered by Pell, Lottery, and other financial aid.

**\*\*Subtotal does not include the tuition for general education courses, see cost in italic for all courses combined**

Note: All fees are subject to change without notice; listed tuition & fees are based on 2022/2023 fee schedule.

**\*\* Tennessee Code Annotated:**

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"63-27-116. Licenses for registered and certified respiratory therapist—  
Temporary license — Reciprocity.

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(a) The board may issue a temporary license to an individual applicant who has completed the required respiratory care educational program but who has not yet successfully completed the NBRC examination. A temporary license shall automatically expire one (1) year from its date of issuance and may not be renewed.

(b) The board may issue a license to practice respiratory care by endorsement to an applicant who is currently licensed to practice respiratory care under the laws of another state, territory or country if the qualifications of the applicant are deemed by the board to be equivalent to those required in this state.

(c)

(1) The board may authorize any of its members or its consultant to conduct a review of the qualifications of an applicant for a license or temporary license to practice respiratory care in this state and to make an initial determination as to whether the applicant has met all the requirements for a license or temporary license. If the board member or board consultant determines that the applicant has met all the requirements for a license or temporary license, the applicant is then authorized to practice respiratory care in this state until the board makes a final decision on the application for a license or temporary license. The board may authorize the use of this procedure with respect to applicants for license renewal or reinstatement as well. In no event shall the temporary authorization issued pursuant to a determination made by the board member or board consultant be effective for longer than a six (6) month period measured from the date of issuance. This process shall not be utilized by the applicant more than once.

(2) If temporary authorization, pursuant to this subsection (c), is issued to an applicant for a license to practice respiratory care in this state and if the subsequent decision of the board is to deny the application based upon a good faith determination that the applicant has not, in fact, complied with all the requirements for a license, then the doctrine of estoppel shall not apply against the state based upon its issuance of temporary authorization and its subsequent denial of licensure." ([Tenn. Code Ann. § 63-27-116](#))

It is important to note that in the State of Tennessee, the General Rules and Regulations Governing Respiratory Care Practitioners currently states a temporary license can be issued not to exceed a cumulative period of six(6) months.

"1330-01-.14 TEMPORARY LICENSE. (1) (a) A temporary license is available for applicants who have filed their application with the Board office, and whose application file includes all the documentation required by rule 1330-01-.05, except for proof of their examination passage, and who are otherwise qualified for licensure. **A temporary license can be issued not to exceed a cumulative period of six (6) months** (<https://publications.tnsosfiles.com/rules/1330/1330-01.20210607.pdf>)

Licensure rules and regulations and laws vary based on the state in which graduates seek licensure.

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