



SCHOOL OF HEALTH PROFESSIONS AND WELLNESS

Respiratory Therapy

Student Handbook

BSRT Traditional Program

2020-2021

**SCHOOL OF HEALTH PROFESSIONS AND WELLNESS
DEPARTMENT OF RESPIRATORY THERAPY**

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2018-2020

License to Practice

Upon successful completion of the Respiratory Therapy program and passing the national board exam students are eligible to apply for their license. Students should be aware that final determination for license eligibility is made by the Alabama State Board of Respiratory Therapy. Although, the graduates of the JSU Respiratory Therapy Program are eligible for National Certification and Registry, each state determines license eligibility. JSU or the Respiratory Therapist Program has no control over the decision of these entities. The following may affect your eligibility to obtain a license: conviction of a criminal offense; drug/alcohol abuse or treatment for dependency of the alcohol/illegal chemical substances; arrest/conviction of driving under the influence of drugs/alcohol; treatment of mental illness, inclusion on a state or federal abuse registry, and disciplinary action by a licensing board or the military.

Students with questions regarding their eligibility are encouraged to contact the licensing board for clarification. <http://www.asbrt.alabama.gov/>

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Background of the Department of Respiratory Therapy

The School of Health Professions and Wellness Department of Respiratory Therapy at Jacksonville State University was started at the request of area Respiratory Directors needing graduates trained to enter the clinical workforce. Our faculty is dedicated to providing a high quality, cost efficient, program to train students to become competent, professional, advanced-level respiratory therapists.

Our program received approval by the Alabama Commission on Higher Education in September 2015 to award a Bachelor of Science in Respiratory Therapy. The Program received Provisional Accreditation from the Commission on Accreditation for Respiratory Care (CoARC) in June of 2017.

The Department continues to work to complete the required CoARC accreditation process and admitted the first class in August 2017.

Accreditation and Membership

Jacksonville State University is accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACS COC).

The Jacksonville State University Respiratory Therapy Program is approved to award a Bachelor of Science degree in respiratory therapy and holds Provisional Accreditation from the Commission on Accreditation for Respiratory Care (www.coarc.com).

This status signifies that a program with an Approval of Intent has demonstrated sufficient compliance with the Standards (through submission of an acceptable Provisional Accreditation Self Study Report (PSSR) and any other documentation required by the CoARC, as well as satisfactory completion of an initial 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). The program will remain on Provisional Accreditation until it achieves Continuing Accreditation.”

Commission on Accreditation for Respiratory Care

**1248 Harwood Road
Bedford, TX 76021-4244
817-283-2835**

817-354-8519 (Plain Paper Fax)

Monday through Friday

817-510-1063 (Fax to E-mail)

8:00am to 5:00pm (CST)

Mission Statement

Our mission is to prepare competent clinical therapists and future leaders for the field of respiratory care.

Vision Statement

Empowering exemplary therapists to provide care for anyone, at any age, with competence and compassion.

Core Values

Professional values serve as a foundation for clinical practice.

1. Professionalism
2. Integrity
3. Compassionate Care
4. Clinical Knowledge
5. Student-centered learning
6. Excellence
7. Communication and Collaboration
8. Diversity and Inclusion

Definitions of Core Values

Professionalism – is inclusive of attributes, beliefs, and communication that are characterized by respect for others, integrity, responsibility, accountability, courage, humility, advocacy and an innovative spirit which demonstrate the caring nature of a therapist.

Integrity-is a quality that encompasses honesty, truthfulness, and indicative of a person who displays morality and good character. It is doing the right thing, even when no one is watching.

Compassionate Care – is an attribute which represents fundamental actions by all therapists, respiratory faculty, and students characterized by supportive, protective quality care in all dimensions of the individual including physical, emotional, mental, and spiritual.

Clinical Knowledge – encompasses the inclusive total of the philosophies, theories, research, and practice wisdom of the discipline. As a professional discipline this knowledge is important for guiding the safe practice of clinicians.

Student-centered Learning-Student-centered learning includes multiple learning experiences and instructional approaches which shift the focus from the instructor to the student. Instructors guide learning which is designed to address student learning needs, interests, goals, cultural differences, and career aspirations while effecting desired program outcomes. Student-centered learning allows the individual student to have an active role in the teaching/learning relationship.

Excellence – is reflected in evidence-based teaching and learning achieved by both faculty and students where exemplary scholarship, service, teaching, and practice are valued by all stakeholders in the academic and practice environments.

Communication and Collaboration –consist of collaborative relationships and community partnerships among students, faculty, patients, and other stakeholders to facilitate the delivery of coordinated patient-centered care. Effective communication is an essential component of professional teamwork and collaboration.

Diversity and Inclusion – compose the totality of attracting both students and faculty from a variety of backgrounds and ethnicities to create a multicultural community of learners. It is not enough to only attract, but also to authentically include all cultures within the academic and practice milieus to promote delivery of culturally sensitive and compassionate care.

Goals of the Department of Respiratory Therapy

“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).”

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

Desired Outcomes:

Upon completion of the Jacksonville State University Department of Respiratory Therapy programs, the student will:

- I. Demonstrate competence in comprehending, applying, and evaluating clinical information specific to his/her role as a respiratory care practitioner.
- II. Demonstrate technical proficiency in skills required to fulfill the role as a respiratory care practitioner.
- III. Demonstrate personal behaviors consistent with professional and employer expectations for the respiratory care practitioner.

Department of Respiratory Therapy – Faculty

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The Professional Scholars' Code

I. Professional Scholars' Code

A. Introduction

The academic community of student and faculty at the Department of Respiratory Therapy strives to develop, sustain and protect an environment of honesty, trust and respect. Students within the system receive the benefits of the academic pursuit of knowledge, free from the obstacles of academic dishonesty. The Professional Scholar's Code demands that students act with integrity in all of their endeavors. Exhibiting honesty in academic pursuits and reporting violations of the Professional Scholar's Code will encourage others to emulate integrity in the respiratory profession. Every student who approaches their studies with honesty and forthrightness suffers when another student attains an unfair advantage through academic dishonesty. Most importantly, the safety of patients is jeopardized when students are dishonest in completing program requirements

The respiratory profession is one of highest distinction that promotes honesty and integrity. The Department of Respiratory Therapy requires students and faculty to comply with the standards of conduct deemed appropriate for the profession by the American Association for Respiratory Care, The National Board for Respiratory Care, The Commission on Accreditation for Respiratory Care, and the Alabama State Board for Respiratory Therapy, as well as those delineated in the Professional Scholars' Code of the Department of Respiratory Therapy.

B. Dissemination and Clarification

1. All students and faculty in the Department of Respiratory Therapy shall be informed of the Professional Scholar's Code upon registration and/or employment in the department and thereby assume the responsibility of abiding by the spirit of honesty in their academic pursuits. The establishment of a Professional Scholars' Code is not intended to be an indication that academic dishonesty behavior is commonplace at this institution. The Professional Scholars' Code is a method of reaffirming the existing code of honor which has prevailed at this department since its inception.
 - a. The Scholars' Code shall be part of the Student Handbooks and Faculty/Staff Policy and Procedures Manual. It is the responsibility of students, faculty, and staff to be familiar with this policy. Students and faculty must indicate acknowledgement of this policy, document will be placed in individual's file.

- b. It shall be the responsibility of each faculty member to inform students of the Professional Scholars' Code as part of the course orientation (live or electronic) at the beginning of every semester, through the course syllabus/notebook or other effective means. Faculty shall support the principles of academic integrity and fairness through course policies and procedures.
- c. The appropriate officials and offices shall conduct an orientation for all students, incoming faculty to familiarize these individuals with the provisions of the Scholars' Code prior to attending classes or teaching.

II. Violations of Professional Scholar's Code

Any action by students revealing dishonesty is considered a violation of the Professional Scholar's Code. Actions of this nature should be reported to the course faculty.

A. Violations of Academic Honesty

Though the following list does not include all of the possible violations of the Professional Scholars' Code, it is indicative of the types of actions which must be prohibited in order to maintain academic integrity at this University.

1. Dishonesty on an examination, problem solution, exercise, or assignment which is offered by the student in satisfaction of course requirements or as extra credit is a violation of the Professional Scholars' Code. Dishonesty occurs when a student gives, receives, makes, or uses unauthorized assistance. Dishonesty includes but is not limited to the following: using notes or cheat sheets, copying another individual's work, having another person take an examination for the student, giving false reasons for absence or tardiness, or improper use of electronic equipment. These actions violate the principles of the Professional Scholars' Code.
2. Plagiarism is the act of passing off the ideas, works, and writings of another as one's own. Its most blatant form consists of copying verbatim the work of another without citation. This most obvious type of plagiarism requires a degree of premeditation and careful planning, but plagiarism can be the result of carelessness, negligence, or ignorance of acceptable forms of citation. An act of plagiarism includes copying of another person's ideas or words, interspersing one's own words within another's work, paraphrasing another's work (using ideas or theory but rewriting the words), fabricating sources of data, and other uses of another's ideas or words without acknowledgement. It is incumbent on each student to learn the proper forms of citation and to exercise due caution in the preparation of papers and assignments. If there are questions regarding how to apply the Professional Scholars' Code in a particular situation, the student should request immediate clarification from the instructor.
3. The submission of commercially prepared papers, reports, or themes in satisfaction of course requirements are prohibited. The use of another's academic work wholly, or in part, as a means of satisfying course requirements is also prohibited. Falsifying or misrepresenting the results of a research project or study is a violation of the Professional Scholars' Code.

4. Examinations, practical exercises, and problem solutions, whether administered in the classroom or given in a take-home form should be the work of the individual who submits them. Unless it is intended to be a take home test, the exercises shall not be removed from the classroom/lab/computer lab. **STUDENTS SHALL NOT SHARE TEST INFORMATION/EXAM QUESTIONS WITH ANY OTHER STUDENTS DURING OR AFTER THE ADMINISTRATION OF AN EXAMINATION.**
5. Group work and other forms of collaboration may be authorized by an instructor for a specific assignment. The presumption remains, however, that unless otherwise permitted and specified by the instructor, all academic work is to be an individual effort. In this spirit, the Professional Scholars' Code prohibits both the giving and receiving of unauthorized assistance.
6. Audio or visual recording of lectures, presentations, or laboratory demonstrations by students is permissible within strict guidelines as outlined in the Audio and Visual Recording Policy. Noncompliance with the audio/visual recording guidelines is a violation of the Professional Scholars' Code.

A student of the Department of Respiratory Therapy who submits an examination or other work certifies that the work is his or her own and that he or she is unaware of any instance of violation of this code by himself/herself or others.

III. Suspected Violations of Professional Scholar's Code

1. Students suspected of violating the Professional Scholar's Code will be notified verbally and in writing.
2. The student has the right to seek advice from his/her Academic Advisor, Program Director or the Director of Student Services for their own program.
3. The student may admit the offense or refute it and offer written evidence supporting the denial. Written evidence must be provided within three (3) working days. Faculty will employ diligence in assuring due process.
4. Faculty will consider the nature of the offense, evidence presented by the student and make a decision regarding consequences.
5. Consequences for students found guilty of violation of the Professional Scholar's Code may include, but are not limited to additional assignments, zero credit for an assignment, failure of course, or dismissal from program.
6. Should the student wish to appeal the faculty decision, the student should follow the 'Student Appeal and/or Grievance Procedure' as outlined in the student handbook.

Standards for Professional Behavior

I. Standards for Professional Behavior

A. Introduction

The academic community of students and faculty at the School of Health Professions and Wellness strives to develop, sustain and protect an environment of professionalism. The Standards for Professional Behavior demands that students and faculty display professionalism in all of their endeavors. Exhibiting professionalism in academic pursuits and reporting violations of the Standards for Professional Behavior will encourage others to emulate professionalism in the profession. Every student and/or faculty who approaches their studies or respiratory student/faculty role with professionalism suffers when another student/faculty behaves in an unprofessional manner that reflects negatively on the School and the profession.

B. Dissemination and Clarification

1. All students and faculty/staff in the School of Health Professions and Wellness shall be informed of the Standards for Professional Behavior upon registration and/or employment in the college and thereby assume the responsibility of abiding by the spirit of professionalism in their academic pursuits. The establishment of a Standards for Professional Behavior is not intended to be an indication that unprofessionalism is commonplace at this institution.
 - a. The Standards for Professional Behavior shall be part of the Student Handbooks and Faculty/Staff Policy and Procedures Manual. It is the responsibility of students, faculty, and staff to be familiar with this policy.
 - b. It shall be the responsibility of each faculty member to inform students of the Standards for Professional Behavior as part of the course orientation (live or electronic) at the beginning of every semester, through the course syllabus/notebook or other effective means. Faculty shall support the principles of professionalism through course policies and procedures.
 - c. The appropriate officials and offices shall conduct an orientation for all students, incoming faculty and staff to familiarize these individuals with the provisions of the Standards for Professional Behavior prior to attending classes or teaching or assuming an employee role within the College.

Unprofessional behavior is the improper conduct by a student faculty, or staff which infringes on the reasonable freedom of others or which is otherwise detrimental to the proper conduct of Jacksonville State University, The School of Health Professions and Wellness, and clinical agency partners. The School of Health Professions and Wellness is dedicated to maintaining excellence and integrity in all aspects of its professional conduct. Violations within these areas will be processed appropriately without regard to the sex, race, color, religious affiliation, national or ethnic origin, age, veteran status, or disability of any of the participants.

Professional behaviors such as accountability, promptness, responsibility, honesty, and respect are expectations of all students, faculty, and staff. As representatives of the health care profession and Jacksonville State University, students, faculty, and staff are expected to maintain these professional behaviors within the classroom, online educational platforms, clinical activities, and communities it serves. Professional decorum is expected in all interactions with administration, faculty, staff, classmates, vendors, clients, families, visitors, and all clinical healthcare partners and their associates.

Evidence of unprofessional behavior can result in verbal/written warning, prescriptive educational assignments, reduction in course grade, clinical or course failure, or dismissal from the School and/or Jacksonville State University. Unprofessional behaviors include, but are not limited to, the following:

1. Unsafe practice (acts of commission or omission) that places a client in serious jeopardy.
2. Falsification of records (academic, clinical medical records, records of attendance or completion of course objectives).
3. Being under the influence of any substance that impairs performance as outlined in The School of Health Professions and Wellness *Impairment and Substance Abuse Policy*.
4. Academic dishonesty (lying, cheating, and plagiarism; may also be considered a violation of the Scholar's Code).
5. Distribution (physically or verbally) of actual or summarized test questions, assignments, papers, or any graded activities.
6. Physical or verbal altercations.
7. Incivility or willful harassment, sexual harassment, abuse or intimidation (physical, non-physical, verbal) of administration, faculty, staff, classmates, vendors, clients, families, visitors, and all clinical healthcare partners and their associates.
8. Willful expressions of disrespect (physical, non-physical, verbal) of administration, faculty, staff, classmates, vendors, clients, families, visitors, and all clinical healthcare partners and their associates related to race, cultural values/practices, religious beliefs, sexual orientation, physical/mental disabilities, and socioeconomic status.
9. Violation of confidentiality as outlined by HIPAA, FERPA, and confidentiality agreements with clinical partner agencies.
10. Theft of property
11. Rudeness, disruptive behavior, and/or lack of professional decorum in the classroom, online educational platforms, clinical practicum, and all communication/interaction settings that include, but are not limited to, face-to-face meetings, postal mailings, email, text messaging, facsimile (fax), social media, and video/audio recordings. This includes a pattern of late arrivals to class/clinical site or repetitive absences from class, clinical, and online platforms.
12. Unprofessional or inappropriate dress in the classroom, clinical practicum, clinical or simulation laboratory, and College of Health Professions and Wellness and/or University functions. This includes failure to wear ID badge in clinical areas.

II. Suspected Violations of Standards for Professional Behavior

1. Students suspected of violating the Standards for Professional Behavior will be notified verbally and in writing.
2. Suspected faculty/staff violations will be managed by the Dean/Associate Dean and referred to Human Resources, if necessary.
3. The student has the right to seek advice from his/her Academic Advisor, Program Director or the Director of Student Services for their own program.
4. The student may admit the offense or refute it and offer written evidence supporting the denial. Written evidence must be provided within three (3) working days. Faculty will employ diligence in assuring due process.
5. Faculty will consider the nature of the offense, evidence presented by the student and make a decision regarding consequences.
6. Consequences for students found guilty of violation of the Standards for Professional Behavior may include, but are not limited to additional assignments, zero credit for an assignment, failure of course, or dismissal from program.
7. Should the student wish to appeal the faculty decision, the student should follow the 'Student Appeal and/or Grievance Procedure' as outlined in the student handbook.

Professionalism in Social Media and Electronic Communication

The purpose of this policy is to help clarify how best to protect the personal and professional reputations and privacy of our institution, employees, students, clinical partners, and patients.

This policy is not intended to supersede any present or future policy of Jacksonville State University (JSU) regarding professional expectations, information technology, electronic communication, or social media.

Employees and students at the Department of Respiratory Therapy are liable for all forms of communication. The same laws, professional expectations, and guidelines for interacting with employees, students, parents, alumni, donors, media, clinical partners and other university constituents apply to all forms of communication.

Protect confidential and proprietary information: Do not post confidential or proprietary information about JSU, the Department of Respiratory Therapy, students, employees, clinical partner agencies, patients, or alumni. Employees and students must follow applicable federal requirements such as FERPA and HIPAA regulations. Employees and students who share confidential information do so at the risk of disciplinary action, up to, and including termination/dismissal from the program. All HIPAA and FERPA regulations apply to social media and electronic communications.

Protect Institutional Voice: When utilizing social media and electronic communication, identify your views as your own. It should be clear that you are not speaking for JSU/Department of Respiratory Therapy.

Faculty and student interaction: Faculty may implement and encourage the use of social media in their courses, but may not require a student to join or participate in a social media site. Required interaction outside of the classroom must occur within a university-approved format. Faculty may accept connections to students in social media contexts at their discretion, but may not initiate this connection without prior approval from the appropriate program director and Dean.

Prohibited communication: Faculty, staff, and students are prohibited from making any reference to clinical activities in social media forums and electronic communication. Attempts to avoid explicit identification of a clinical partner agency, associate, agency location, patient, or JSU entity should not be perceived as a guarantee of anonymity or compliance with HIPAA, FERPA, or this policy. For example, avoiding the use of a patient's or clinical agency's specific name does not guarantee compliance with this policy. Communication related to clinical activities, as described above, can result in disciplinary action, up to, and including termination/dismissal from the program.

Violations of this policy also result in a violation of the Professional Scholar's Code and will be handled in accordance with that policy.

**Bachelor of Science in Respiratory Therapy Traditional Program Track
(BSRT)**

(56 Semester Hours)

Suggested Plan of Study. The following list of courses is not intended to be a substitute for individual advisement by a Department of Respiratory Therapy Academic Advisor.

Area I (6 Semester Hours)

EH 101 English Composition I.....	3
EH 102 English Composition II.....	3

Area II (12 Semester Hours) *

Literature.....	3
Literature.....	3
Fine Art.....	3
EH 141 Oral Communication	3

*Minimum of 3 hours of literature and 3 hours of fine art required. A 6-hour sequence of either literature or history is required.

Area III (11 Semester Hours)

BY 101/103 Intro. Biology I.....	4
CY 115 Concepts of General Chemistry	4
MS 112 Precalculus Algebra	3

Area IV (12 Semester Hours) **

History.....	3
History.....	3
PSY 201 Principles of Psychology	3
SY 221 Intro to Sociology	3

** Minimum of 3 hours of history required. A 6-hour sequence of either literature or history is required.

Area V (21 Semester Hours)

BY 263 Anatomy and Physiology I.....	4
BY 264 Anatomy and Physiology II.....	4
BY 283 Health Microbiology	4

MS 204 Basic Statistics	3
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**Upper Division Respiratory Courses Traditional Track
(65 Semester Hours)**

First Semester (15 Semester Hours)

RT 300 Fundamentals of Respiratory Care I	4
RT 305 Patient Assessment.....	4
RT 310 Cardiopulmonary Anatomy and Physiology	3
RT 315 Respiratory Care Pharmacology	2
RT 320 Clinical I.....	2

Second Semester (14 Semester Hours)

RT 325 Fundamentals of Respiratory Care II.....	4
RT 330 Airway Management and Resuscitation	2
RT 335 Pathology for Respiratory Care	3
RT 340 Research.....	3
RT 345 Clinical II	2

Third Semester (9 Semester Hours)

RT 350 Ventilatory Support I	4
RT 355 Advanced Critical Care Monitoring.....	3
RT 360 Clinical III.....	2

Fourth Semester (14 Semester Hours)

RT 400 Ventilatory Support II.....	4
RT 405 Neonatal and Pediatric Respiratory Care.....	3
RT 410 Pulmonary Diagnostics	3
RT 415 Clinical IV	4

Fifth Semester (13 Semester Hours)

RT 420 Palliative, Long-Term, and Preventative Care.....	3
RT 425 Respiratory Therapy Education.....	3
RT 430 Respiratory Therapy Leadership	2
RT 435 Clinical V	4
RT 440 Advanced-Level Exam Review.....	1

TOTAL 121 Semester Hours

Description of Respiratory Therapy Courses - (RT) – Traditional Program Track

Junior – Fall

RT 300 Fundamentals of Respiratory Care I – 4 hrs

A study of respiratory care treatment modalities and equipment. Emphasis is placed on understanding application to patient situations, assessment of care, and principles of operation of equipment. Infection control issues will be included. Students will discuss the pathophysiology, health promotion and disease prevention aspects of each modality. Relevant lab exercises will be included.

RT 305 Patient Assessment – 4 hrs

A study of patient assessment skills and procedures used in the evaluation of the respiratory patient. Emphasis will be on patient care procedures, physical assessment, laboratory assessment, communication skills and documentation. Professionalism, Ethics and Civic responsibilities of the respiratory therapist will be discussed. Relevant lab exercises will be included.

RT 310 Cardiopulmonary Anatomy and Physiology – 3 hrs

A study of the structure and function of the respiratory system. Physiology of the respiratory, cardiac, and renal systems will be discussed. Emphasis will be placed on how each control the body's acid-base status and the effects of respiratory therapeutic modalities on each system.

RT 315 Respiratory Care Pharmacology – 2 hrs

A study of pharmacological agents used in the treatment of cardiopulmonary disease and critical care. Emphasis will be on drugs used to influence the respiratory, cardiovascular, nervous, and renal systems.

RT 320 Clinical I – 2 hrs

Practical application of respiratory care performed under supervision at clinical sites. This course serves as an introduction to the hospital environment. Proficiency evaluations of selected respiratory care procedures will be completed.

Junior – Spring

RT 325 Fundamentals of Respiratory Care II – 4 hrs

This course is a continuation of RT 300. It is designed to continue the progression from basic respiratory care modalities to more advanced therapy and equipment. Emphasis will continue to be on understanding application to patient situations, assessment of care, blood gas analysis and interpretation, and principles of operation of equipment. Relevant lab exercises will be included.

RT 330 Airway Management and Resuscitation – 2 hrs

A study of the selection, application, maintenance, and discontinuance of various artificial airways. Emphasis will be on intubation, extubation, tracheostomy care, and suctioning. The role of the respiratory therapist in a cardiorespiratory arrest will be covered in accordance with American Heart Association Advanced Cardiopulmonary Life Support (ACLS) guidelines.

RT 335 Pathology for Respiratory Care – 3 hrs

A study of the diseases affecting the respiratory system commonly encountered by practicing respiratory therapists. The pathophysiology, clinical signs and symptoms, diagnosis, management, and prognosis of acute and chronic pulmonary diseases will be discussed.

RT 340 Research – 3 hrs

A study of clinical research methods and concepts related to respiratory care. Emphasis is on an overview of the research process and how to critically evaluate published and empirical research.

RT 345 Clinical II – 2 hrs

Practical application of respiratory care performed under supervision at clinical sites.

Proficiency evaluations of selected respiratory care procedures will be completed including basic and advanced modalities.

Junior – Summer

RT 350 Ventilatory Support I – 4 hrs

A study of the basic physics, theory, and methods commonly used in mechanical ventilation. Emphasis will be on patient management and assessment. Invasive and non-invasive ventilation will be discussed, including advanced oxygen delivery systems. Relevant lab exercises will be included.

RT 355 Advanced Critical Care Monitoring – 3 hrs

A study of advanced cardiopulmonary monitoring used in critical care. Emphasis will be on neurologic assessments, chest tubes, tissue oxygenation, capnography, and hemodynamic monitoring.

RT 360 Clinical III – 2 hrs

Practical application of respiratory care performed under supervision at clinical sites. Proficiency evaluations of selected respiratory care procedures will be completed including advanced modalities and mechanical ventilation. Students will prepare and present case studies relevant to this patient population.

Senior – Fall**RT 400 Ventilatory Support II – 4 hrs**

This course is a continuation of RT 345. A study of advanced mechanical ventilation. Adult, pediatric, and neonatal ventilation will be discussed. Emphasis will be on patient management and assessment. Relevant lab exercises will be included.

RT 405 Neonatal and Pediatric Respiratory Care – 3 hrs

A study of respiratory therapy involving infants and children. Emphasis will be on patient management and assessment in basic and intensive care settings. Developmental anatomy and physiology, pharmacology, disease management and prevention, health promotion, oxygenation, and resuscitation will be discussed. PALS and NRP will be taught. Relevant lab exercises will be included.

RT 410 Pulmonary Diagnostics – 3 hrs

A study of diagnostic testing and measurements used in providing care for respiratory patients. Emphasis will be on pulmonary function testing, bronchoscopy, sleep studies, and other special procedures commonly encountered by the practicing respiratory therapist. Relevant lab exercises will be included.

RT 415 Clinical IV – 4 hrs

Practical application of respiratory care performed under supervision at clinical sites. Proficiency evaluations of selected respiratory care procedures will be completed including advanced mechanical ventilation in adults, pediatrics, and neonates, special procedures, rehabilitation care and diagnostics. Students will prepare and present case studies relevant to this patient population.

Senior – Spring**RT 420 Palliative, Long-Term, and Preventative Care – 3 hrs**

A study of the respiratory therapist's role in pulmonary rehabilitation, home care, and patient education and motivation in preventative care. Reimbursement issues will be discussed. This course will also provide an overview of the growing need for quality palliative care. The scope of palliative care and current end-of-life issues will be introduced.

RT 425 Respiratory Therapy Education – 3 hrs

A study of general educational and instructional methods and techniques. Emphasis will be on patient education and health promotion. The student will learn how to write learning objectives, how to evaluate patient education, how to prepare and present a topic for an in-service presentation, and how to present a lecture in a classroom and in the laboratory environment.

RT 430 Respiratory Therapy Leadership – 2 hrs

A study of management of a respiratory therapy and cardiopulmonary department. Emphasis will be on regulatory agency and accreditation standards related to respiratory therapy, departmental budgeting, quality assurance, human resource issues, conflict resolution, and staff training.

RT 435 Clinical V – 4 hrs

Practical application of respiratory care performed under supervision at clinical sites. This course prepares the student to perform as an advanced-level respiratory therapist. Proficiency evaluations of selected respiratory care procedures will be completed. Emphasis will be on advanced mechanical ventilation in adults, pediatrics, and neonates, rehabilitation care, special procedures, and diagnostics; special areas may be assigned.

RT 440 Advanced-Level Exam Review – 1 hr

This course is designed to assist students in preparing for the Therapist Multiple-Choice and Clinical Simulation Exams offered by the National Board for Respiratory Care (NBRC).

Admission to the Upper Division of Respiratory Therapy for Students – Traditional Track

1. Requirements in Core Requirement Courses:

1.1 Advisement for the upper division begins in the pre-respiratory therapy student's freshman year with academic advisement provided each semester.

1.2 The grade point average for entry into the upper division ("Core Requirement GPA") is computed based exclusively on the courses that are used to satisfy the core requirements. Only courses for which a grade of "C" or above has been earned are acceptable to meet the core requirements. If a course is failed, it can be repeated; however, all grades earned, up to and including the first passing grade, are used in the calculation of the Core Requirement GPA. Once a passing grade has been earned in a particular course, that course cannot be repeated to earn a higher grade. For any particular core requirement, if the transcript shows more than one course completed that is approved to meet that requirement, the course with the higher grade is used.

1.3 Transfer credit from another institution for prerequisite courses must consist of the same or greater number of semester hours designated in this catalogue for credit in each transfer course. See section two (2) related to guidelines for transfer students.

1.4 The Department of Respiratory Therapy may use discretion regarding core requirement courses.

1.5 All core requirements must be completed prior to entering the upper division or as approved by the Admission and Progression Committee (A&P) for those students applying for fall semester admission.

1.6 An ACT[®] composite score is a component of the ranking system utilized for admissions to upper division. An SAT[®] (Critical Reading and Math) score can be utilized for admission ranking.

2. Guidelines for Transfer Students

- 21 All transfer credits must be validated in writing through the Registrar's office. Requests for admission into the upper division may be filed only after the student has been accepted into the University and the transfer credits have been evaluated by the Registrar.
- 22 The articulation agreement of the University with junior colleges in the state establishes the equivalent courses for the advisement of transfer students.
- 23 Deficits in transfer credits will be evaluated individually.

3. Requirements for Admission Consideration

- 31 Students are admitted to the upper division once each year. The upper division normally requires five (5) semesters for completion.
- 32 The student shall contact the Office of Student Services of the School of Health Professions and Wellness at least three months prior to date of entry to establish records for review. A separate application must be filed to request consideration for admission into the upper division of respiratory therapy.
- 33 A Prerequisite GPA of at least 2.5 is required for consideration for admission into the upper division (See 1.2 above).
- 34 Students who have English as a second language must present a minimum score of the TOEFL (Test of English as a Foreign Language) exam taken within four years. To be eligible to apply for admission to upper division, minimum scores are: 560 for the TOEFL Written (paper based), 220 for the TOEFL CBT (computer based), and 83 for the iBT (internet based). Students native to countries where English is a commonly used language and/or those who have been living in a country for many years where English is a primary spoken language may request a waiver of this requirement.
- 35 The School reserves the right to limit the number of students enrolled in respiratory courses in order to make the most effective use of the educational resources available.
- 36 Criminal background checks and drug screens are required for all respiratory therapy students.

Requirements for Graduation for Respiratory Therapy Students

To be considered a candidate for the degree of Bachelor of Science in Respiratory Therapy, the student must:

1. Fulfill the specific requirements for this degree as set forth in the University Catalogue.
2. Earn minimum of 64 semester hours from a four-year college or university, 32 semester hours of which must be resident work at JSU. This requirement must be met, even if a student has been admitted to advanced standing or has transferred credits.
3. Have no more than 12 semester hours in correspondence work.
4. Be expected to complete general subject requirements for graduation during the freshman and sophomore years in so far as this is possible.
5. Complete 121 semester hours of university work, and must earn a minimum “C” average, 2.0 G.P.A. and attain other standards approved by the faculty.
 - a. A student must earn a minimum “C” or better in each prerequisite and upper division respiratory therapy course.
 - b. At least 65 semester hours of the credit presented for a degree must be in courses numbered 300 and above.
 - c. The student must successfully complete the English Competency Exam no later than the semester prior to graduation. The College BASE/CLA or EPP Examination must be taken. See Tests and Examinations Section of the University Catalogue.

The student must meet other policy requirements related to progression and completion of upper division curriculum.

Advisement Process

It is the student’s responsibility to schedule an appointment with their faculty advisor during the published advisement period each fall and spring semester. Each student will be responsible for bringing the following information to advisement at their scheduled time:

1. MyJSU Transcript
2. Any other documents requested by faculty advisor

Essential Functions for Admission and Progression in the Upper Division of Respiratory Therapy

Certain physical, intellectual, emotional, professional, communication, interpersonal relationship, and psychomotor skills are required for effective, safe patient care. Students, faculty, adjunct faculty and clinical associates participating in the respiratory therapy program at Jacksonville State University must be able to perform critical essential functions with or without reasonable accommodations. Essential functions include, but are not limited to, the following categories.

Essential Functions	Clinical Examples
Visual <ul style="list-style-type: none"> • Read at various distances • Distinguish colors • Read for prolonged periods of time 	Observe changes in skin condition, breathing patterns, color intensity, rashes. Use computer screens, read fine print on medication labels, monitor strips, equipment, and syringes. Observe changes in facial expressions/mood/body language, etc.
Tactile <ul style="list-style-type: none"> • Feel vibrations, pulses, textures, temperature, shape, and size 	Palpate pulses, veins. Determine skin temperature, turgor, and rashes
Hearing <ul style="list-style-type: none"> • Person to person report • Telephone communication • Distinguish sounds through stethoscope • Discriminate high and low frequency sounds • Hear in situations when lips are not visible 	Assess/auscultate changes in heart, breath, abdominal, or vascular sounds. Auscultate blood pressure Communicate orally when masks must be worn Hear auditory alarms (monitors, call bells, fire alarms)
Smell <ul style="list-style-type: none"> • Detect body odors and odors in the environment • Detect gas or noxious odors 	Detect odors associated with disease processes Identify odor of fires, extremely hot or hazardous materials
Communication <ul style="list-style-type: none"> • Engage in two-way communication, verbally and in writing, interacting effectively with others from a variety of social emotional, cultural and intellectual backgrounds • Explain procedures; teach patients and families • Work effectively in groups 	Communicate with patients/clients and family regarding the plan of care, discharge instructions, medications, etc. Read and comprehend physician orders, medication information, chart information (electronic or hard copy). Document clearly, correctly, and accurately in the medical record. Maintain confidentiality.

Essential Functions	Clinical Examples
<ul style="list-style-type: none"> • Discern and interpret nonverbal communication • Communicate effectively by telephone, electronic means, and in group settings • Communicate accurately, professionally, and in a timely manner • Communicate effectively with patients/clients with altered communication patterns or mental disorders 	<p>Present oral reports, reports related to patient's condition.</p> <p>Clarify physician orders.</p> <p>Maintain professional communication in high stress or conflict situations, whether in a clinical, classroom, or other setting, and in any format (verbal, written, or electronic)</p> <p>Refrain from disrespectful verbal or non-verbal behavior or communication in the classroom, clinical setting, or social networking sites.</p>
<p>Motor Function</p> <ul style="list-style-type: none"> • Move within confined spaces • Sit or stand and maintain balance • Move, position, turn, transfer, and assist with lifting without injury to self or patient • Coordinate hand/eye movements • Stand, bend, walk, and/or sit for up to 12 hours in a clinical setting performing physical activities without jeopardizing safety of self or patients • Write with pen or pencil • Type on keyboard • Pick up objects • Grasp small objects with hands • Push and pull 25 pounds • Lift 25 pounds • Squeeze with hands • Climb ladder/stool/stairs • Flex, abduct and rotate all joints freely 	<p>Draw up solutions/medication in a syringe</p> <p>Take vital signs</p> <p>Insert catheters</p> <p>Transmit information electronically</p> <p>Position patients</p> <p>Assist with transfer and ambulation of patients</p> <p>Walk without a cane, walker, or crutches</p> <p>Respond rapidly to emergency situations</p> <p>Perform CPR and physical assessment</p> <p>Prepare and administer medication via all routes</p> <p>Operate a fire extinguisher</p> <p>Evacuate patients</p> <p>Enter data specific to patients (orders, progress notes, vitals, etc.) via paper chart or electronic chart</p>

Essential Functions	Clinical Examples
<p>Professional behavior</p> <ul style="list-style-type: none"> • Convey caring, respect, sensitivity, tact, compassion, empathy, tolerance and a healthy attitude toward others • Perform safe effective care for clients • Comply with school and health care agency policies • Comply with college Scholar’s Code Relate to others in a respectful manner, with zero tolerance for incivility, aggression, or violence • Accept responsibility and accountability for one’s behavior • Takes action to protect the public from unsafe, illegal or unethical practice of others 	<p>Professional behavior is expected in clinical, classroom, or other settings. Professional behavior includes acts of omission and commission, verbal and non-verbal communication, written or electronic communication.</p> <p>Complies with professional standards such as the AARC, NBRC, CoARC codes of conduct, legal standards set forth by the Alabama State Board for Respiratory Therapy, and the JSU Department of Respiratory Therapy Scholar’s Code</p> <p>Show respect for differences in patients, peers, faculty, staff, co-workers.</p> <p>Establish rapport with patients/clients.</p> <p>Participate in healthy negotiation when conflict exists.</p> <p>Refrain from verbal or non-verbal acts of disrespect, incivility, aggression, or hostility.</p> <p>Function effectively in situations of uncertainty and stress.</p> <p>Immediately notifies supervisor of inability to meet expectations or of mistakes.</p> <p>Accept constructive criticism and modify behavior accordingly.</p> <p>Maintain professional rapport among interprofessional team members</p>
<p>Reading</p> <ul style="list-style-type: none"> • Read and understand written English • Read and comprehend documents essential for patient safety (e.g. medication information, physician orders) 	<p>Read, interpret, comprehend chart information</p> <p>Read measurement marks</p>

Essential Functions	Clinical Examples
<p>Mathematical competence</p> <ul style="list-style-type: none"> • Read and understand columns of writing (e.g. flow sheets) • Read/interpret digital displays • Calibrate equipment • Convert numbers to and from metric system • Read graphs • Tell time • Measure time • Count rates (e.g. drip rates) • Add, subtract, multiply, divide • Compute fractions • Use a calculator 	<p>Accurately calculate medication dosages</p> <p>Consistently demonstrate proficiency in calculation exams</p> <p>Accurately chart patient data using graphs or flowsheets</p>
<p>Analytical/Critical Thinking</p> <ul style="list-style-type: none"> • Effectively read, write, and comprehend English • Consistently demonstrate critical 	<p>Recognize and prioritize patient problems</p> <p>Identify and report patient findings suggestive of a change in patient status.</p> <p>Seek supervision appropriately.</p>

Rounding Policy for Grades

Grades will be rounded to the nearest whole number.

Example:

59.49 & below	F
59.5 to 69.49	D
69.5 to 79.49	C
79.5 to 89.49	B
89.5-90 & above.....	A

Credit Hour Ratio System

The unit of credit at Jacksonville State University is the semester hour. In the respiratory courses, the credit allocations are derived as follows:

Didactic:	1:1
Clinical:	5:1
Laboratory	2:1

Dismissal from the Respiratory Therapy Major

The Dean of the School of Health Professions and Wellness and faculty of the Department of Respiratory Therapy have the authority to request withdrawal of a student from the Department of Respiratory Therapy, and to refuse re-admission to any student at any time if circumstances of a legal, moral, health, social, or academic nature warrant such action.

Grading Policies Grading System

The following represents the grading system used by the University and the basis upon which quality points are earned. The grade point average (GPA) may be determined by dividing the quality points earned by the number of hours attempted.

Transferred grades are accepted according to the letter grade sent by the issuing institution regardless of numerical scale on which the letter grade was based.

Grade Point Averages

The University computes Grade Point Averages on all students. The GPA system ranges from 0-4. Hours attempted are divided into quality points in order to arrive at the Grade Point Average for students entering the upper division of respiratory and for students enrolled in respiratory courses.

Academic Forgiveness and Second Chance

Upper division respiratory courses are not eligible for Academic Forgiveness and/or Second Chance.

Student Appeal and/or Grievance Procedure

An appeal challenges a decision that has been made; a grievance is a complaint seeking a resolution to a specific problem. The same procedure is followed for either.

I. Student Initiated Appeals and Grievances

The appeal and grievance procedures are each divided into two phases, an “Informal Phase” and a “Formal Phase.” The Informal Phase is intended to attempt to resolve an issue through meeting and discussion with the faculty member or members involved and the Course Coordinator. Should the student be dissatisfied with the results obtained in the Informal Phase, a formal appeal may be made. In such case, the procedures outlined in the “Formal Phase” shall be followed.

Informal Phase.

1. A student wishing to appeal a decision or discuss a grievance or complaint shall, within three (3) working days of the event/issue, arrange to speak with the faculty member(s) and Course Coordinator involved in the issue. If the issue cannot be resolved at this level, the student may initiate an appeal and the resolution procedure then enters the Formal Phase. The faculty member(s) and Course Coordinator shall compile a written report of the issue or issues presented, a summary of the facts, a summary of any attempts to resolve the issue and the ultimate decision made, and submit this report to the Program Director and Associate Dean. If delivered electronically, a paper copy of the record shall be provided forthwith.

Formal Phase.

1. Completion of the Informal Phase by a student is mandatory and shall be completed before an appeal can be made. A student wishing to file a formal appeal of a decision or grievance/complaint must contact the Program Director in writing within three working days of the meeting with the faculty/Course Coordinator. The Program Director shall ensure the student has access to the Appeal/Grievance Process.
2. The student must submit a written account of the relevant issue or issues involved to the Program Director and Associate Dean. Only information presented by the student at this time can be used in any phase of the appeal. The Program Director and Associate Dean shall thereafter meet with the student, review the appeal or grievance as well as the record of the Informal Phase, and attempt to resolve the issue. If the appeal or grievance is not resolved, the student shall be informed of his/her right to meet with the Dean. A student wishing to have an adverse decision reviewed by the Dean of the School shall deliver, within three (3) working days of being informed of the decision, a written request for review to the Office of the Dean, a summary of the proceedings before the Faculty/Course Coordinator, Program Director and Associate Dean, along with the student’s written account, shall be forwarded to the Dean. The Dean shall thereafter set a time and place to meet with the student
3. If the appeal or grievance is pursued, the student will meet with the Dean. The Dean may, but is not required to, include members of the faculty and staff of the Department of Respiratory Therapy and the University Attorney. Information from the student, faculty, Course Coordinator, Program Director, and Associate Dean will be reviewed. Only information provided in the student’s written account and information from the review by the Faculty/Course Coordinator, Director and Associate Dean will be allowed. The decision of the Dean shall be final.

II. Faculty Initiated Grievances

A grievance initiated by faculty or administrators against a student will proceed as follows:

1. The student will be notified in writing of the allegation(s) against him/her.
2. The student, and involved faculty member(s)/Course Coordinator shall meet to discuss the basis of the grievance/complaint. The student will be provided the opportunity to respond to the allegations.
3. After the initial meeting, the student will be allowed three (3) working days to provide, in writing, additional information relevant to the grievance/complaint.
4. Faculty Member(s)/Course Coordinator will render a decision in writing, and if the decision is adverse to the student shall therein apprise the student of the procedure to appeal the decision, as heretofore set out.
5. If the student wishes to appeal, he/she must submit a written account of the relevant issue or issues involved to the Program Director and Associate Dean. The Program Director and Associate Dean shall thereafter meet with the student, review the appeal or grievance and attempt to resolve the issue. If the appeal or grievance is not resolved, the student shall be informed of his/her right to meet with the Dean.
6. A student wishing to have an adverse decision reviewed by the Dean of the School shall deliver, within three (3) working days of being informed of the decision, a written request for review to the Office of the Dean. A summary of the proceedings before the Faculty/Course Coordinator, Program Director and Associate Dean, along with the student's written account, shall be forwarded to the Dean. The Dean shall thereafter set a time a place to meet with the student. The Dean may, but is not required to, include the faculty and staff of the Department of Respiratory Therapy and the University Attorney. The decision of the Dean shall be final.
7. The Dean will notify the Associate Vice President for Student Affairs and the JSU University Judicial Coordinator of a sustained grievance against a student, as appropriate.

Attendance, Student Tardiness and Absentee Policy

An upper division student is held responsible for attending all scheduled classes, labs, and clinical associated with courses for which he/she has registered. The policy of the Department of Respiratory Therapy is that there shall be no unexcused absences from exams, scheduled labs, or clinical. Students **MUST** notify the instructor of any intended absence or tardiness **PRIOR** to clinical, scheduled labs, or exams. Faculty will instruct students of method of notification. The faculty will establish the legitimacy of the excuse provided by the student related to tardiness/absence in class, clinical, lab, or exams and the right is reserved to call the physician's office for verification.

Class Attendance

Attendance in scheduled classes is important for success in the course. Student should make every effort to attend all classes. Please refer to your course syllabus, calendar, and faculty for information related scheduled classes.

Exams

Classroom doors will be locked during testing. Students arriving after the start of an exam will not be allowed to take the exam at that time. Please refer to the course syllabi for make-up exam policy.

Clinical Attendance

The student is expected to attend **ALL** clinical rotations at their scheduled times. Tardiness or absenteeism is not acceptable. The attendance habits developed in this program will carry over into the student's professional life after completion of the program. The hospitals take note of the attendance patterns of the students and this is a determining factor regarding potential employees. The attendance policy will be adhered to without exception.

- A. Any absence must be reported to the clinical site 30 minutes prior to the scheduled time, (e.g. no later than 6:30 AM for 7:00 AM rotations). The Director of Clinical Education (DCE) must be notified as well. Failure to notify the hospital and DCE will result in the student being placed on probation. The second occurrence may result in the student being dismissed from the program.**
- B.** A percentage of the clinical grade each semester is derived from clinical attendance. Therefore, any clinical day missed, regardless of cause, will lead to a reduction in the student's clinical grade.
- C.** Being tardy three (3) times is considered as one (1) absence, and the student will have to make up an entire day. The student is considered tardy at 10 minutes past the start of the clinical shift. If a student is late 20 minutes or more, the student is considered absent and is dismissed from the clinical site for the entire day.
- D.** The DCE must document that each student attends all of the clinical time they are assigned each semester. Therefore, all clinical time missed must be made up.
- E.** **All** make-up days must be approved through the Director of Clinical Education. The student must make-up time missed within two weeks of the absence.
- F.** If a student fails to attend a make-up day, another absence will be recorded in the attendance record and the student will be placed on probation. Upon the second occurrence of this nature the student will be dismissed from the program. *It is the student's responsibility to see that all make-up days are approved through the DCE's office.*
- G.** Although making up missed clinical time is required, it will not remove the absence from the student's attendance record. The day missed will still adversely affect the student's clinical grade.
- H.** If the student must leave the clinical site early, the time must be made up within the following week. The student will not be allowed to stay past the designated clinical time to leave early at a future date. Missed hours can only be made up after they are missed.
- I.** Students are not permitted to contact the clinical sites directly regarding clinical schedule changes. They must be coordinated through the Director of Clinical Education. Failure to comply will result in an absence for the day(s) affected.
- J.** Failure to follow the assigned clinical schedule times and locations without prior faculty approval will result in an **absence** for the day (s) and **Clinical Suspension**. Upon the second occurrence the student will be dismissed from the program.
- K.** Any clinical days missed due to disciplinary action will be subject to a reduction in the clinical grade as per attendance policy.

- L. All Respiratory Therapy seminars or meetings attended in lieu of clinical days will be documented with a paper written by the student describing the content of the event. The paper is to be attached to a daily evaluation form and turned in as usual on the next day of class.

Clinical Absence

If the student is going to be absent from clinical they must:

1. **Call the clinical site at minimal 1.5 hours before the beginning of the shift and notify them they are going to be out.**
2. **Get the name of the person at the clinical site you notified.**
3. **Call the DCE and leave a voice mail; leave your name and the reason you are missing clinical. You MUST also leave the name of the person at the clinical site you notified.**

When a student does not arrive at the clinical site and does not follow the above procedure prior to the start time, he/she is said to have exhibited unprofessional behavior (no call/no show). Unprofessional behavior of this magnitude may result in a clinical failure and dismissal from the program.

Retention and Progression

For purposes of retention and progression, students who fail clinically and drop or withdraw prior to the academic penalty date established by JSU, will be considered to have incurred a course failure. Should the student drop or withdraw prior to this deadline, the course failure will not be reflected on the student's transcript but will be considered a course failure in the Department of Respiratory Therapy.

Smoke-Free Environment Policy

Considering health risks and factors related to quality of life for smokers and non-smokers, it is the policy of the School that the environment be designated as a smoke-free environment. NO smoking or the use of electronic cigarettes will be permitted within the buildings, clinical agencies or on building/agency grounds at any time. This policy applies to faculty, staff, visitors, and students. All University grounds and clinical agencies are TOBACCO FREE.

Audio and Video Recording Policy

The purpose of this policy is to establish the procedures and limitations related to audio/video recording of classroom lectures, presentations, and laboratory demonstrations.

It is the policy of the Department of Respiratory Therapy that students can participate in audio or visual recording of lectures, presentations, or laboratory demonstrations within strict guidelines. Recording of lectures, presentations, or laboratory presentations is exclusively authorized for the purposes of individual or group study with other students enrolled in the same class. Any audio/visual recording or edited portion of the recording shall not be reproduced, transferred, or uploaded to any publicly accessible internet environment such as, but not limited to, social media sites, internet blogs, or live podcasts. Retention of recordings is prohibited. Upon completion of the associated course, students shall destroy all recordings unless specific permission is obtained from the course instructor. Violations of this policy may result in punitive action, including dismissal from the program.

The recording of lectures, presentations, or laboratory demonstrations will be the sole responsibility of the student. Audio/Visual equipment used for recording must not present any disruption of normal class activities. Course instructors reserve the right to deny any recording device deemed to be intrusive, distracting, or otherwise incompatible with normal class activities.

Calculator Policy

The student will be permitted to only use calculators provided by the program during exams and laboratory practice.

Guidelines for Professional Use of Technological Devices in Healthcare

Technological devices are increasingly an important tool in education and healthcare as a means of accessing information and calculating equations commonly used in healthcare. However, these devices can be inappropriate and unprofessional when utilized in improper forums. The Department of Respiratory Therapy maintains the right to regulate the use of these devices in class, laboratory, and clinical settings as outlined in this policy. For the purpose of this policy, technological devices are defined as any technological device used for communication, retrieval or storage of information, accessing the internet, or creating photographs/videos. Examples of such devices are, but not limited to: cellular phones, or tablet/laptop computers. No cellular phones are to be used in the classroom or lab settings unless approved by the course instructor for educational purposes. Cellular phones or approved technological devices may be used in clinical settings for clinical resource purposes per instructor and agency guidelines and may be accessed in non-patient care areas only. Students are strictly prohibited from using cell phones for personal communication (calls or text messages) in a clinical setting unless explicitly approved by the instructor. Cellular phones or any electronic device shall not be used for taking photographs/videos/recordings of any kind in a clinical setting. The storage of data on any technological device that compromises patient privacy or confidentiality is strictly prohibited. Cellular phones brought into class, lab, or clinical must remain in a non-audible, vibration mode or the OFF position. Emergency calls may be routed through the College office. Staff will forward all emergency messages when possible.

All electronic devices are strictly forbidden in testing or test review settings.

Violations of the above policy may result in, but not limited to, additional assignments, zero credit for a test or assignment, course/clinical failure, or dismissal from the program.

Clinical Skills Laboratory Policy for Students

The following rules of the Department of Respiratory Therapy Clinical Skills Laboratory must be adhered to:

1. No food or drink in lab.
2. No adhesives should be placed on beds, overbed tables, or bedside stands.
3. Dispose of all needles/jelcos in proper container.
4. ABG arms should only be used on designated tables. Artificial blood will stain if leakage occurs.
5. Remove tape from demonstration models (if used).
6. Students are responsible for returning items to designated location after practicing for check offs.
7. Students should always bring respiratory packs to practice and check offs.
8. Students must have a signed disclaimer on file with the Clinical Associate before participating in check offs or practice.
9. A laboratory schedule will be posted at the beginning of each semester.
10. All students shall wear appropriate attire and personal protective equipment (PPE) in the laboratory as outlined in the Dress Code Policy for Clinical and Laboratory Settings unless otherwise directed by faculty.
11. **Do Not** sit on the tables in the laboratory or classroom!

Dress Code for Classroom, Clinical and Laboratory Settings

The Department of Respiratory Therapy uses many different facilities for clinical experiences. In the clinical areas, the student assumes a role as a member of the respiratory care team, and while in that role must present a professional appearance. The dress code of the School is established to provide a uniform standard for professional appearance of the students. The Director of Clinical Education, in coordination with the facility, will provide guidance with regards to unique clinical area uniform requirements. The student must assume responsibility for meeting the standards of the School dress code and presenting a professional appearance. The Dress Code Policy shall apply to classroom, clinical and laboratory settings unless otherwise directed by clinical/course faculty. Students who fail to meet the dress code standards are subject to removal from the clinical area and may receive an “Unsatisfactory” for meeting the clinical objectives for that day.

Student must adhere to the dress code and policy for each site where they are doing their clinical rotations (i.e. protective wear, etc.). In addition, students must wear uniforms which meet standards set forth by this manual.

- A. Scrubs (**Must be purchased at the JSU Bookstore and have the JSU Respiratory logo**)
- B. White Lab coat or scrub jacket (**Must be purchased at the JSU Bookstore and have the JSU Respiratory logo**)
- C. A Short sleeve white T-shirt must be worn under all Scrub tops. Long sleeve under shirts are not permitted.
- D. Enclosed white, grey, or neutral color shoes (leather sneakers and/or uniform shoes, etc.). The shoe shall be a closed, conservatively styled, shoe with leather uppers. The shoe's upper shall not be suede, patent leather, canvas or any other artificial fabric. The entire shoe shall be no less than 99% solid color, including the visible edge of the sole. Shoelaces shall be 100% solid color. The heel of the shoe should be one inch or less. Shoes with open toes or open heels are specifically prohibited. Shoes should be kept clean at all times, including shoelaces.
- E. Identification Badge must be worn at all times in the clinical setting. ID badges must be properly displayed on the uniform by the student so that the student's name and title are clearly visible to patient, faculty, and healthcare staff. Proper display can include wearing ID badge on the right or left chest area of scrub top or lab coat/scrub jacket.
- F. The student must have with them each clinical day a stethoscope, a watch with a second hand, and a calculator.
- G. Personal Appearance
 1. Good Personal Hygiene
 2. Beard and/or moustache should be well groomed.
 3. Hair should be kept neat. If hair exceeds shoulder length, it must be confined while in the clinical area to promote safety and prevent contamination.
 4. Fingernails must be kept clean and trimmed to moderate length. Only clear fingernail polish is permitted. (False nails are not permitted)
 5. Jewelry is restricted for all students to a watch with a second hand, wedding rings, and one small pair of stud earrings **in the ears only**. No decorative necklaces, bracelets, program insignia, or other pins are allowed to be worn. ***Medic Alert jewelry may be worn if necessary. (Medic Alert necklaces that can be tucked under the uniform are preferred).***

Ear gauges and other body modifications/piercings shall not be visible. Devices such as retainers, jewelry, tunnels, or stretching devices associated with ear gauging and body modification/piercing shall not be visible. Upon removal of devices, residual openings greater than 16 gauge (1.29mm or 3/64th inch) shall be covered with undecorated, adhesive bandage such as BandAid© Small Spot bandage or other sized bandage sufficient to cover opening. Clinical and course faculty will determine the appropriateness of the bandage covering. Larger residual openings may require the alternative use of flesh colored plugs. The alternative use of flesh-colored plugs shall be determined by the clinical and course faculty prior to their use in clinical or laboratory settings. Body modifications that are medically necessary due to deformity or injury are not covered by this policy. The Department of Respiratory Therapy reserves the right to evaluate visible body modifications not covered in this policy for appropriateness in the clinical/laboratory settings. Students should be aware that clinical partner agencies can reserve the right to evaluate visible

body modifications and deny clinical experience in their facility. If clinical experience required by the Department of Respiratory Therapy cannot be obtained due to clinical partner agency denial, the student may be dismissed from the program.

6. The use of tobacco products (including smoke-less tobacco) while at clinical or in uniform is strictly prohibited.
7. No perfumes or colognes permitted.
8. Visible tattoos are not permitted. The student must cover the tattoo with a faculty approved bandage.
9. The uniform shall be clean and neatly pressed. Students will be held accountable for the appearance of their uniforms. The Director of Clinical Education has the final authority to determine if a uniform is excessively worn, stained, or otherwise no longer serviceable.

The above uniform policy is to be followed at all times in the classroom, laboratory and clinical settings. Violation of any of the above policies will result in the student being sent home from the clinical site and will be counted absent.

In the event of sickness or injury, students are responsible for all costs related to the provision of medical care, as needed, in the clinical setting.

Blood and Body Fluid Exposure Policy Philosophy

The School of Health Professions and Wellness faculty, professional staff, clinical associate/adjuncts and students adhere to Standard Blood and Body Fluid Precautions. These groups will be referred to collectively as 'individuals' for this policy. One principle of these precautions is to assume that all patients are potential carriers of blood borne disease. In addition, health care workers should assume themselves to be potential carriers. They must exercise caution so as to protect both patients and health care workers from exposure to blood and body fluids.

Individuals are responsible for adhering to the established accidental exposure policies, procedures of the clinical agency, and the School with respect to reporting and documentation of the incident.

Prevention

Before entering the clinical setting, all individuals are instructed on Standard Blood and Body Fluid Precautions and post-exposure procedures.

Post-Exposure Protocol

When an individual is directly exposed to or in contact with blood or other potentially infectious materials, the response shall be as follows:

1. If the potential exposure involves a needle stick, puncture injury, cut, or fluid contact, wash the area with soap and water for at least 30 seconds. In the case of a mucous membrane exposure, rinse the site with copious amounts of water or normal saline solution. Irrigate the eyes with commercially prepared isotonic solution in eye wash stations, if available, or with saline solution or clean water. Flush splashes to the nose, mouth, or skin with water.

Student and Faculty/Professional Staff/Clinical Associate/Adjunct Exposure

1. The student must immediately consult his/her clinical faculty/preceptor and RMC Center for Occupational Health (256-741-6464 or 256-235-5121 after business hours). Additionally, the student may consider contacting his/her own health care provider, emergency health care provider or infectious disease specialist regarding the prophylaxis.
2. Faculty/Professional Staff/Clinical Associate/Adjunct must immediately consult preceptor and RMC Center for Occupational Health (256-741-6464 or 256-235-5121 after business hours). Additionally, the Faculty/Professional Staff/Clinical Associate/Adjunct may consider contacting his/her own health care provider or infectious disease specialist regarding the advisability of post-exposure prophylaxis. Clinical faculty/preceptor will report the incident to the course coordinator and appropriate agency staff.
3. **The health care provider will make the judgment as to whether the exposure warrants prophylaxis.** Coordination of the individual's plan of care and follow-up will be the responsibility of the student and the student's health care provider.
4. Once the clinical faculty /preceptor has notified the agency charge nurse or immediate supervisor, it is recommended that the clinical agency's infectious disease nurse, if available, also be notified. An incident (exposure) report should be completed. If the agency will allow, a copy of the report should be obtained and forwarded to the DCE. If the agency will not provide a copy of the report, the clinical instructor or preceptor should write a memorandum for record to the DCE, summarizing the details of the exposure. The DCE will notify the Dean within three (3) days that an incident has occurred.
5. Notification of the patient (if the exposure source is known), risk screening of the patient or other diagnostic testing of the patient, if indicated, will be coordinated in accordance with agency policies.
6. RMC Center for Occupational Health, the exposed individuals' own health care provider, emergency health care provider, or infectious disease specialist will manage the individual's post-exposure baseline and follow-up laboratory tests for bloodborne pathogens. Individuals are responsible for coordinating the release of their initial test results to the health care provider of their choice, if needed. The College is not responsible for ensuring the student's compliance with post-exposure care.
7. Students and **Faculty/Professional Staff/Clinical Associate/Adjunct** will be responsible for all costs with regards to their post exposure medical care.

Health Insurance

All students are required to have proof of valid health insurance prior to entering the clinical rotations.

Requirements for Basic Life Support (BLS) Certification

All students enrolled in the upper division of respiratory must maintain and show proof of Basic Life

Support certification. Each student will be required to take Healthcare Provider BCLS at the beginning of the program. This card will be good for two years and will not lapse during the student's tenure. (No Exceptions)

Physical Examination Report

Upon acceptance to the RT Program, the student must supply a complete physical examination report to the director of clinical education. Forms are available during orientation.

Illness, Injury, Pregnancy, or Other Health Condition

If as a result of injury, illness, pregnancy, or other health conditions, should a student be unable to perform the essential functions or complete the requirements of a course, the affected student should immediately request a conference with their instructor or clinical supervisor and advisor. The availability of any reasonable accommodation will be explored and to the extent feasible implemented. The University reserves the right in such situations to request a physician or other healthcare professional to certify any necessary restrictions.

Health Insurance Portability and Accountability Act of 1996

The Health Insurance Portability and Accountability Act of 1996, referred to as HIPAA, was originally enacted as a means to allow employees to maintain their healthcare coverage when changing jobs, but has grown into regulations for the healthcare industry.

Certain types of patient information are referred to as Protected Health Information and are legally protected under the HIPAA Privacy Regulations and must be treated in a special way.

Protected Health Information encompasses almost anything that can be used to identify the patient such as name and address. It also includes identifiers such as birth date, social security number, medical record number, telephone number, or patient account number. Any piece of information that can be used to discover the individual identity of a specific patient or lead to access to the patient's medical information equals **protected health information**.

Under the HIPAA Privacy Regulations, agencies are required to give patients a copy of its written Notice of Privacy Practices at the time of registration for admission or for an outpatient service encounter. This document will disclose how the agency plans to access, use, and disclose the patient's protected health information.

Failure to abide by the HIPAA Privacy Act of 1996 is a violation of the Professional Scholar's Code and is subject to disciplinary action. Disciplinary action will be enforced against persons who do not follow the privacy policies and procedures that are required under the Health Insurance Portability and Accountability Act of 1996.

Criminal Background Checks for Students

All students must have a background check completed by the agency designated by the Department of Respiratory Therapy, prior to acceptance in upper division. The information obtained from the Department of Respiratory Therapy investigation will be shared with the Dean in the School of Health Professions and Wellness, and with the administrative personnel at any/all assigned clinical sites or agencies as required by the policies of these agencies or institutions. The information obtained in the reports rendered to the University shall be kept confidential except to the extent necessary in making admission, employment, and clinical assignment decisions.

Policies mandating criminal background checks are congruent with The Joint Commission (TJC), (*TJC Standard HR.1.20.05 requires a criminal background check for staff and students as well as volunteers who work in the same capacity as staff who provide care, treatment, and services.*)

Students must be successfully cleared through criminal background checks, healthcare licensing or certification registries and state boards prior to engaging in patient contact.

Process for Students with Positive Background Checks

1. If a positive background is detected, the Dean or the Dean's designee will contact the student and ask for the following: 1) written explanation of the occurrence; 2) discussion as to how this situation was resolved or will be resolved; (Be sure to include information specific to the punishment, such as probation, rehab, counseling, etc.)
2. Upon receipt of the written information from student, the Dean will send information to the Admission & Progression Committee and BSRT Program Director and may consult with University Counsel. The Committee and BSRT Director may meet virtually or in person to provide a recommendation to the Dean regarding status of the student.
3. Once the Dean is notified regarding the Committee recommendation, he/she will review the case and communicate with the student. If the student is allowed to continue in the program, the Dean or the Dean's designee must contact agencies to determine where the student can participate in clinical activities. The Director of Clinical Services will track this information each semester and communicate with the student and faculty as needed regarding clinical sites.

Students with questions regarding their eligibility are encouraged to contact the licensing board for clarification.
<http://www.asbri.alabama.gov/>

Impairment and Substance Abuse Testing Policy for Students

I. Philosophy

Jacksonville State University (JSU) Department of Respiratory Therapy is committed to maintaining a drug-free workplace and academic environment. In compliance with Federal law, the University has adopted a University Drug-Free Workplace Policy that prohibits the illegal manufacture, distribution, dispensing, possession, or use of a controlled substance. All Department of Respiratory Therapy students, faculty, and staff must become familiar with and comply with this university-wide policy, which applies to behavior that not only occurs on the University campus but also on property owned or controlled by the University and/or a University-sponsored or University-supervised activity at other locations. This policy is accessible on the JSU web site. The JSU Department of Respiratory Therapy Impairment and Substance Abuse Testing Policy, as described below, is intended to compliment the University's Drug-Free Workplace Policy. This policy applies to Department of Respiratory Therapy students, faculty, clinical associate and adjuncts, professional staff and students at any time and in any location while in a role affiliated with JSU.

III. Purpose

For obvious health and safety concerns, students, faculty, and clinical faculty must conduct health care and educational activities fully in control of their manual dexterity and skills, mental facilities, and judgment. The presence or use of drugs or alcohol, lawful or otherwise, which interferes with the judgment or motor coordination of students, faculty, and clinical faculty in a health care setting, poses an unacceptable risk for patients, colleagues, the University, and affiliating clinical agencies.

The Department of Respiratory Therapy recognizes its responsibility to provide a safe, efficient academic environment for students, faculty, and clinical faculty and to cooperate with clinical agencies in providing for the safe and effective care of their patients during the students' clinical experiences in their facilities. Therefore, the following policy has been adopted to:

1. Prevent substance abuse and/or activities or behaviors a) that are prohibited by the University's Drug-Free Workplace Policy, state or federal laws or b) which may subject the involved student, other individuals, and the University to legal penalties or consequences, or c) which may cause a deterioration of the atmosphere and circumstances under which the care of patients and the educational programs are conducted;
2. Cooperate with affiliating clinical agencies by requiring students, faculty, and clinical faculty reporting to such agencies to consent voluntarily a) to allow those agencies to drug test the student, faculty, or clinical faculty in accordance with their policies, and b) to disclose any drug testing results to appropriate Department of Respiratory Therapy officials; and
3. Require all students enrolled in clinical courses in the Department of Respiratory Therapy to submit to pre-clinical testing, random testing, and mandatory drug testing based upon reasonable suspicion of substance abuse.
4. Require all part time clinical faculty to submit to pre-employment testing and mandatory drug testing based upon reasonable suspicion of substance abuse.
5. Require all faculty and full time clinical faculty employed in the Department of Respiratory Therapy to submit to pre-employment testing, random testing, and mandatory drug testing based upon reasonable suspicion of substance abuse.

IV. **Definitions of Terms Used in Policy**

Drug Testing means the scientific analysis of urine, blood, breath, saliva, hair, tissue, and other specimens of the human body for the purpose of detecting a drug or alcohol.

1. Pre-clinical testing means that all students will be tested prior to engaging in any clinical activity and/or patient care.
2. Pre-employment testing means that all faculty and full/part time clinical faculty will be tested prior to employment in the Department of Respiratory Therapy.
3. Random testing means that students, faculty, and full time clinical faculty will be arbitrarily selected for drug testing using a computerized system. This testing can occur at any time during employment or enrollment in upper division program.
4. Reasonable suspicion testing means that evidence exists which forms a reasonable basis for concluding that it is more likely than not that a student, faculty, or clinical faculty has engaged in substance abuse. Facts which could give rise to reasonable suspicion include, but are not limited to: the odor of alcohol or drugs, impaired behavior such as slurred speech, decreased motor coordination, difficulty in maintaining balance, marked changes in personality or job performance, and unexplained accidents. Such evidence may come from a professional or expert opinion, layperson opinion, scientific tests, or other sources or methods.

Illegal drug means any drug which is not legally obtainable; any drug which is legally obtainable but has not been legally obtained; any prescribed drug not legally obtained; any prescribed drug not being used for the prescribed purpose or by the person for whom it was prescribed; any over-the-counter drug being used at a dosage level other than that recommended by the manufacturer, or being used for a purpose other than the purpose intended by the manufacturer; and any drug being used for a purpose or by a person not in accordance with bona fide medical therapy. Examples of illegal drugs include, but are not limited to, stimulants, depressants, narcotic or hallucinogenic drugs, cannabis substances, such as marijuana and hashish, cocaine, heroin, methamphetamine, phencyclidine (PCP), and so-called designer drugs and look-alike drugs.

Impaired means that a person's mental or physical capabilities are reduced below their normal levels (with or without any reasonable accommodation for a disability). An impaired student manifests deterioration in the level of function as compared to that previously observed, or the student does not function at a level normally expected under the prevailing circumstances. Impairment may exist in one or more multiple domains, including psychomotor activity and skills, conceptual or factual recall, integrative or synthetic thought processes, judgment, attentiveness, demeanor and attitudes as manifested in speech or actions. Impairment will include addiction to and/or physical dependence upon chemical substances.

Substance abuse means (a) the manufacture, use, sale, purchase, distribution, transfer, or possession of an illegal drug while on University or affiliated clinical site premises or while participating in any University or affiliated clinical site-sponsored or related activity, including any respiratory-related course or clinical training activity; (b) the consumption, possession, or distribution of alcohol, unless approved by the University or clinical agency, by any student, faculty, or clinical faculty while on University or affiliated clinical site premises or while participating in any University-or affiliated clinical site-sponsored or related activity, including any respiratory-related course or clinical training activity; and (c) a student, faculty, or clinical faculty's use of alcohol or any drug in such a way that their performance in any respiratory course, including activities at any clinical site, is impaired.

V. Policy Requirements

A. Drug and Alcohol Prohibitions and Duty to Notify of Drug/Alcohol Convictions

1. Substance abuse as defined in this policy, or a violation of any term of the Jacksonville State University Drug-Free Workplace Policy while engaged in any University affiliated experience is strictly prohibited. All students, faculty, and clinical faculty in the Department of Respiratory Therapy courses or programs are required to abide by these rules when reporting to respiratory related courses and clinical experiences and while at affiliating clinical agencies (including parking lots and grounds).
2. Under no circumstance should students, faculty, or clinical faculty participate in courses or clinical activities while they are impaired.
3. Students who violate these rules will be deemed to be unable to meet the essential qualifications/functions of the curriculum. Students determined to have violated these prohibitions shall be dismissed from the Department of Respiratory Therapy.
4. A violation by any student of any state or federal statute, or regulation established pursuant to such statute, pertaining to the manufacture, improper possession, sale, use, or distribution of a drug or alcohol is strictly prohibited. Any such violation must be reported to the Dean of the School of Health Professions and Wellness within five days. Such violation, if substantiated, will result in disciplinary action up to and including student's dismissal from the Department of Respiratory Therapy. A student who fails to notify the Dean of the School of Health Professions and Wellness within five days of an administrative action or legal conviction for any such violation shall result in dismissal from the Department of Respiratory Therapy.
5. Faculty or clinical faculty determined to have violated these prohibitions shall result in termination from the Department of Respiratory Therapy.

B. Student, Faculty, and Clinical Faculty's Agreement to Submit to Drug Testing and to Consent to Release of Test Results to Dean of the School of Health Professions and Wellness

1. The student, faculty or clinical faculty must agree to submit to drug testing prior to being assigned to an affiliating agency, for random testing, and for reasonable suspicion. The individual shall sign a consent: a) to abide by the drug/alcohol policies and drug testing policies of each affiliating clinical agency in which a student is assigned; b) to submit to any drug/alcohol testing (random or reasonable suspicion) required by the Department of Respiratory Therapy and/or the affiliating clinical agency; and c) to release a copy of any and all drug/alcohol test results to the Dean of the School of Health Professions and Wellness. Failure to sign such consent shall be grounds for non-placement at an affiliating clinical agency and shall result in dismissal from the program in the case of the student or termination in the case of full or part time clinical faculty.

3. A student, faculty, or clinical faculty's failure to submit to a required drug testing, or attempting to tamper with, contaminate, or switch a sample shall result in dismissal from the Department of Respiratory Therapy.
4. The cost of all drug/alcohol testing required shall be borne by the person or individual depending on what term we want to use being tested.

VI. Procedures for Drug Testing Requested by the Department of Respiratory Therapy

A. Procedure for Pre-Clinical/Pre-Employment Drug Testing Requested by the Department of Respiratory Therapy

1. Drug testing for pre-clinical RT Students will be completed prior to the first day of class and will be arranged by the Department of Respiratory Therapy. The cost of this drug testing will be assumed by the student. *Any "non-negative" screening that requires additional testing will be paid by the individual.*
2. Drug testing for pre-employment for faculty and clinical faculty will be arranged by the faculty or clinical faculty. The cost of this drug testing will be assumed by the employee. The faculty or clinical faculty will provide a copy of the drug test to the Dean, School of Health Professions and Wellness.

B. Procedure for Random Drug Testing Requested by the Department of Respiratory Therapy

1. Drug testing for random drug testing will be arranged by the Department of Respiratory Therapy. The cost of this drug testing will be assumed by the student. Any "non-negative" screening that requires additional testing will be paid by the individual. Failure to comply with all aspects of random testing will result in dismissal from the program or termination of employment with the Department of Respiratory Therapy.
2. Upper division students, faculty, and full time clinical faculty will be arbitrarily selected for random drug testing using a computerized system. Random drug testing can occur at any time. The individuals will be notified by Department of Respiratory Therapy faculty/staff if his/her name is selected and will be required to report immediately for testing as directed.

C. Procedure for Reasonable Suspicion Drug Testing Requested by the Department of Respiratory Therapy

1. Any student, faculty, or full/part time clinical faculty who demonstrates behavioral changes reasonably suspected to be related to substance abuse as defined herein will be subjected to testing. A decision to drug test based on reasonable suspicion of substance abuse may be made by a faculty/staff member and/or the clinical agency. The student, faculty, or full/part time clinical faculty's request to drug test will be documented and may be based on a variety of factors, including but not limited to:

- a. observable phenomena such as direct observation of drug use and or physical symptoms or manifestations of being under the influence of a drug;
 - b. erratic behavior, slurred speech, staggered gait, flushed face, dilated/pinpoint pupils, wide mood swings, or deterioration of work or academic performance;
 - c. information that a student has caused or contributed to an accident that resulted in injury requiring treatment by a licensed health care professional;
 - d. substance abuse-related conviction by a court, or being found guilty of a substance abuse-related offense in another administrative or quasi-legal proceeding.
2. Drug testing for reasonable suspicion will be arranged by the Department of Respiratory Therapy, unless done in cooperation with the affiliating clinical agency. The cost of this drug testing will be assumed by the individual being tested.

D. Collection and verification process

1. Drug testing will be conducted by a certified collector in accordance with established methods and procedures. Confidentiality of the student, faculty, and clinical faculty as well as the validity of the sample will be protected by the testing facility. The procedure for collection as determined by the collection site, will involve a urine sample, securable urine containers, and chain of custody procedures. This procedure ensures that the samples identified to a student, faculty, or clinical faculty actually contain materials from that individual, that the samples are protected from tampering, and that the analysis of them is done in accordance with federal guidelines.
2. The test shall screen for the use of drugs whose use is either illegal, or which are prone to abuse (including alcohol), as determined at the discretion of the Medical Review Officer of the testing facility, training hospital, Department of Respiratory Therapy, or for the use of any drugs which are reasonably suspected of being abused or used by the student, faculty, or clinical faculty.
3. Non-negative test results will be confirmed by additional testing. If the test is positive, the entirety of the relevant available evidence, including health history, will be used to determine the presence or absence of substance abuse.
4. The Medical Review Officer will notify a student, faculty, or clinical faculty who has a non-negative drug test. If the results of the individual's test confirms the presence of a prescribed drug (verified negative) the person will be required to obtain a written statement from the prescribing physician or a Substance Abuse Professional (at the discretion of the Department of Respiratory Therapy) stating that the drug level is within prescribed limits and that the level does not indicate abuse. The prescribing physician or a Substance Abuse Professional must indicate that the drug will not interfere with safe practice in the clinical area. The Medical Review Officer will determine the final status of the drug test Positive test results shall be communicated to the Dean and documented in the students, faculty, and clinical faculty records in the Department of Respiratory Therapy. A positive substance abuse test shall result in dismissal from the program or termination from the Department of Respiratory Therapy.
5. Failure to submit to any form of required drug testing (pre-employment/preclinical/random/reasonable suspicion) shall result in dismissal from the program or termination from the Department of Respiratory Therapy.

VII. Confidentiality

All drug testing results will be treated by the Department of Respiratory Therapy as information that is received in confidence and shall not be disclosed to third parties unless disclosure is required by law, the information is needed by appropriate school officials to perform their job functions, disclosure is needed to override public health and safety concerns, or the student, faculty, or full/part time clinical faculty has consented in writing to the release of the information. The School and the University shall have the right to use and disclose the results of drug testing required by this policy in connection with internal academic purposes and in connection with the defense of any student grievance and any claims filed by a student, faculty, or full/part time clinical faculty by his/her personal representative, in any court of law or with any state or federal administrative agency.

VII. Appeal Process

A student may appeal the school's decision to dismiss or not re-admit a student through the established Student Grievance Procedure.

Requirements for Graduation

See JSU Catalogue

Student Organizations

Students in the Department of Respiratory Therapy are eligible to participate in all University student affairs. Student therapists are active in the University Student Government Association, sororities, fraternities, ballerinas, athletics, and the religious life of the campus. The Lambda Beta Society is an organization for senior RT students at JSU who have excelled in academics.

Student Services Counseling Services

Counseling Services offers personal, educational, and career counseling for JSU students. Personal counseling is conducted in a private setting under the strictest confidence. Counselors are available on an individual or group basis. Counseling Services is the registration site for CLEP, Residual ACT, MAT, C-Base, Math Placement, CLA, EPP and other examinations. Many exams are available on a walk-in basis. Counseling Services also coordinate and advise the Peer Educations student group. The Counseling Services office is located in 140 Doughty Hall and more information can be located at www.jsu.edu/ccservices. Their phone number is 256-782-5475.

Career Services

Career Services provides cooperative education to undergraduate and graduate students as well as employment assistance to all students, graduating seniors and alumni. These services consist of employability skills workshops, on-campus interviews, job listings at <https://jsu-csm.symphlicity.com>, career fairs, corporate information, resume' editing, and individual counseling concerning job search strategies. Career Services is located in Room 207 Merrill Hall. Call (256) 782-5482 to schedule an appointment or visit the website at www.jsu.edu/careerservices to learn more about our services.

Disability Support Services

Disability Support Services (DSS) provides appropriate and reasonable accommodations for students with documented disabilities. It is the goal of DSS to ensure that students with disabilities have equal opportunity to achieve their personal academic goals while maintaining the integrity of JSU's academic program requirements. DSS provides reasonable accommodations through a variety of services and programs. Accommodations may include: exam proctoring, special testing procedures, extended time on exams, priority registration, interpreter services, captioning services, readers, note takers, brailled formats, enlarged print materials, alternative formats, and assistive technology. DSS is located in 130 Daugette Hall and more information can be located at www.jsu.edu/dss/index.html. Their phone number is 256-782-8380.

Inclement Weather Guidelines

The following guidelines have been adopted by the faculty to be used in the event of inclement weather (such as snow, ice, tornado potential, or hurricane) which may affect faculty's or student's attendance in class or clinical. The purpose of this policy is to provide a mechanism for deciding whether clinical travel is expected, since official University closings may not be announced until later in the morning. Additionally, this policy has been developed to create, to the extent possible, an environment of safety for faculty, students, and staff in the event of inclement weather while maintaining the vision and operational responsibilities of the Department of Respiratory Therapy. As weather conditions can vary by location, students, faculty, and staff are responsible for evaluating travel safety in their respective locations. The Department of Respiratory Therapy makes no expressed or implied guarantee of travel safety based upon decisions of class or clinical cancellation or non-cancellation.

I. Inclement Weather Day

- a. If Jacksonville State University is officially closed, information can be found on JSU's website at www.jsu.edu. It is recommended that faculty, students and staff register for emergency notifications from the University. However, early clinical rotations may be scheduled to begin prior to closure decisions by the University. Therefore, as related to clinical rotations, please refer to inclement weather instructions outlined in this policy. Due to the unique nature of times and locations associated with clinical education, Department of Respiratory Therapy activities (class or clinical) may be delayed or cancelled even if the University remains open. The Faculty will notify students via the communication tree prior to 5am on scheduled clinical days of clinical cancellation.

Emergency Preparedness and Procedures

All emergency operation policies can be found in the JSU student handbook located at:

<http://www.jsu.edu/studentaffairs/handbook.html>

JSU Respiratory Therapy Clinical Contract Sites

Clinical Affiliate	Address	City	State	Zip	Point of Contact	Email Address
Arlington Rehabilitation Center	1020 Tuscaloosa Avenue	Birmingham	Alabama	35211	Jacqueline Carter Toya Malone	jcarter@ballhealth.com tmlalone@ballhealth.com
Brookwood Baptist Medical Center	2010 Brookwood Medical Center Dr	Birmingham	Alabama	35209	Julie Smith David Howard	Julie.smith@tenethealth.com William.howard@bhsala.com
Children's Hospital of Alabama	1600 7th Avenue South	Birmingham	Alabama	35233	Jason Greene Marsha Holmes	Jason.greene@childrensal.org Marsha.holmes@childrensal.org
Citizens Baptist Medical Center	604 Stone Ave	Talladega	Alabama	35160	Michelle Snow Leslie Yoder	Michelle.snow@bhsala.com Leslie.yoder@bhsala.com
Coosa Valley Medical Center	315 W Hickory St	Sylacauga	Alabama	35150		
Dekalb Regional Medical Center	200 Medical Center Dr SW	Fort Payne	Alabama	35968		
East Alabama Medical Center	2000 Pepperell Pkwy	Opelika	Alabama	36801	Cathleen Blumenthal Amy Owens	Cathleen.blumenthal@eamc.org Amy.owens@eamc.org
Erlanger Health System	975 E 3 rd Street	Chattanooga	Tennessee	37403	Nancy.Stevens Heith Townson	Nancy.stevens@erlanger.org Joshua.stevens@erlanger.org
Flowers Hospital	4370 W Main St	Dothan	Alabama	36305		
Floyd Medical Center	304 Turner McCall Blvd	Rome	Georgia	30165	Jeff Thomspson	jethompson@floyd.org
Gadsden Regional Medical Center	1007 Goodyear Ave	Gadsden	Alabama	35903	Leslie Burton Phil Hood	Leslie_burton@gadsdenregional.com Phillip_hood@gadsdenregional.com
Grandview Medical Center	3690 Grandview Pkwy	Vestavia Hills	Alabama	35243	Glenn Phippen	Glenn.phippen@grandviewhealth.com
Helen Keller Hospital	1300 S Montgomery Ave	Sheffield	Alabama	35660	Ronda Hood	Ronda.hood@helenkeller.com
Huntsville Hospital - Main	101 Sivley Rd SW	Huntsville	Alabama	35801	Wayne Byford	Wayne.byford@hhsys.org
Huntsville Hospital - W&C	245 Governors Dr SE	Huntsville	Alabama	35802		
Marshall Medical Center North	8000 AL-69	Guntersville	Alabama	35976		
Marshall Medical Center South	2505 US Highway 431	Boaz	Alabama	35957	Tonya Dean	Tonya.dean@mmcenters.com
RMC - Anniston	400 E 10th St, Anniston	Anniston	Alabama	36207	Stacey Gamble	Sgamble@rmccares.org
RMC - Jacksonville	1701 Pelham Rd S	Jacksonville	Alabama	36265	Mary Holder Carrie Ponder	cponder@rmcjacksonville.org
RMC - Stringfellow	301 E 18th St	Anniston	Alabama	36207	Stacey Gamble Chris Bradford	sgamble@rmccares.org Christopher.bradford@stringfellowmemoiral.com
Princeton Baptist Medical Center	701 Princeton Ave SW	Birmingham	Alabama	35211	David Noles	David.noles@bhsala.com
Redmond Regional Medical Center	501 Redmond Rd	Rome	Georgia	30165	Lori Johnston	
Riverview Regional Medical Center	600 S 3rd St, Gadsden	Gadsden	Alabama	35903	Christy Hood	chood@primehealthcare.com
Shelby Baptist Medical Center	1000 1 st Street N	Alabaster	Alabama	35007	Rob Helmke	Robert.helmke@bhsala.com
St. Vincent's East	50 Medical Park East Drive	Birmingham	Alabama	35235	Clara Bishop	Clara.bishop@ascension.org

St. Vincent's Bham Hospital	810 St Vincent's Dr	Birmingham	Alabama	35205	Cassie Perry Mathew Adair Reed	Cassie.perry@ascension.org Mathew.adair@ascension.org
Tanner Medical Center- Carrollton	705 Dixie St	Carrollton	Georgia	30117	Amy Hunter Sarah Westbrook	amhunter@tanner.org swestbrook@tanner.org
University of Alabama Hospital – UAB/Highlands	1802 6th Ave S	Birmingham	Alabama	35233	Susy Davis Cassandra Whitehead	susydavis@uabmc.edu chwashingt@uabmc.edu
University of Alabama Hospital - W&I	1700 6th Ave S	Birmingham	Alabama	35234	Susan Roberts	sgroberts@uabmc.edu
Walker Baptist Medical Center	3400 U.S. 78	Jasper	Alabama	35501		



Professional Scholars Code Agreement

The students and faculty of the Department of Respiratory Therapy recognize that academic honesty and integrity are fundamental values of the profession and this University community as evidenced by the Professional Scholar’s Code. Students and faculty at the Department of Respiratory Therapy commit to holding themselves and their peers to the high standard of honor required by the Professional Scholars Code. **Any individual who becomes aware of a violation of the Professional Scholars Code is bound by honor to take corrective action.**

We, the members of the Department of Respiratory Therapy, pledge to hold ourselves and our peers to the highest standards of honesty and integrity.

I have read and understand the Professional Scholar’s Code. I hereby pledge that on all work submitted at the Department of Respiratory Therapy I will neither give nor receive unauthorized aid in doing any or all assignments.

Student Printed Name Date

Student Signature Date

Standards for Professional Behavior Agreement

The students and faculty/staff of the School of Health Professions and Wellness recognize that professionalism is a fundamental value of the profession and this University community as evidenced by the Standards for Professional Behavior. Students and faculty/staff at the School of Health Professions and Wellness commit to holding themselves and their peers to the high standard of honor required by the Standards for Professional Behavior. **Any individual who becomes aware of a violation of the Standards for Professional Behavior is bound by honor to take corrective action.**

We, the members of the School of Health Professions and Wellness, pledge to hold ourselves and our peers to the highest standards of honesty and integrity.

I have read and understand the Standards for Professional Behavior. I hereby pledge that I will maintain the highest level of professionalism in all settings of which I am representing the School of Health Professions and Wellness.

Student Printed Name Date

Student Signature Date



Statement of Understanding Regarding English Competency Exam and EPP

I have been advised and fully understand that I must *successfully complete* the University English Competency Exam *no later than the semester prior to my scheduled graduation.*

I have been advised that the exam is now given once per semester and there will no longer be special testing dates for graduating seniors. It is recommended that I complete the ECE as soon as I have completed 60 hours or during my first semester in upper division since many clinical courses have evening clinical experiences. No excused absences are granted for missing clinical experiences to complete this examination.

I have also been advised that I can only take the exam once per semester (although the exam is offered two times a semester, a student can only take it once).

ETS Proficiency Profile

Prior to graduating all students must take the ETS Proficiency Profile (EPP). The ETS Proficiency Profile assesses four core skill areas —critical thinking, reading, writing and mathematics—in a single test. It measures proficiency in critical thinking, reading, writing and mathematics in the context of humanities, social sciences and natural sciences, and academic skills developed, as opposed to subject knowledge taught, in general education courses. Students have 70 minutes to complete the test consisting of 36 multiple-choice questions. Students must have obtained a minimum of 90 credit hours before registering to take either exam. Students in the traditional program will take the EPP at the date scheduled by course faculty.

Failure to comply with these guidelines may prevent my graduating as scheduled.

Student Printed Name Date

Student Signature Date



HIPAA Statement of Understanding

I have read and understand the HIPAA privacy policy. I understand that I am legally responsible for the implementation of these rules in class and clinical areas. I also understand that the Department of Respiratory Therapy or the federal government may enforce disciplinary action for any infraction of these rules.

Student Printed Name Date

Student Signature Date



Letter of Understanding Regarding Criminal Background Checks

I have read and understand the Department of Respiratory Therapy policies regarding the requirement for criminal background checks. I voluntarily give my consent to the obtaining of one or more necessary reports and the use thereof as outlined in the stated policy.

Student Printed Name Date

Student Signature Date

Consent to and Permission for Drug Screening for Students

I have read, understand, and agree to abide by the impairment and substance abuse testing policy guidelines.

I understand that failure to submit to drug screening will result in dismissal from the program.

I understand that a positive drug screen may result in disciplinary action up to and including dismissal from the program.

I understand that results of my drug screen may be released to clinical agencies.

I hereby release the designated testing agency and its director, Jacksonville State University, and faculty of the Department of Respiratory Therapy from any claim in connection with the drug screening guidelines.

I understand that in the event any legal action is taken as a result of the drug screening guidelines, confidentiality may no longer be maintained.

Student Printed Name Date

Student Signature Date

Non-Discrimination Statement

JSU does not discriminate on the basis of sex in the educational programs or activities that it operates. JSU is required, by Title IX of the Education Amendments of 1972 and Department of Education regulations to implement Title IX, not to discriminate in such a manner. This requirement to not discriminate in educational programs and activities extends to employment by the university and to admission thereto. Questions regarding Title IX and the implementing regulations should be referred to JSU's Title IX Coordinator, to the Assistant Secretary of Education for Civil Rights, or to both. For more information about the Title IX grievance procedure, including how to report or file a complaint of sex discrimination, how to report or file a formal complaint of sexual harassment and how JSU will respond to such complaints, please visit our Title IX website at www.jsu.edu/titleix or contact our Title IX Coordinator:

Jennifer Argo, Title IX Coordinator

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