Respiratory Therapy

Student Handbook

2025 – 2026

Jackson College
2111 Emmons Road
Jackson, MI 29201

Updated 8.26.2025

Respiratory Therapy Handbook Table of Contents:

RESPIRATORY THERAPY PROGRAM

Goals

The Respiratory Therapy Program is an integrated two-year classroom instruction and clinical training program leading to an Associate Degree in Applied Science. It is designed to prepare the student for employment in Respiratory Therapy. The program provides the student with the knowledge and experience to qualify them for the required NBRC examinations to become a Registered Respiratory Therapist (RRT).

The program's goal is to prepare graduates with demonstrated competence in three major learning domains performed by registered respiratory therapists (RRT). These learning domains are addressed by a combination of classroom, laboratory, and clinical courses that include:

- Cognitive (knowledge);
- Psychomotor (skills); and
- Affective (behavior) learning domains

Current Accreditation Status

The Jackson College Respiratory Therapy Program is accredited through the Commission on Accreditation for Respiratory Care (CoARC). This accreditation is valid through 2029.

For more information on the program's accreditation status, contact:

Tom Smalling

Chief Executive Officer, Commission on Accreditation for Respiratory Care

264 Precision Blvd.

Telford, TN 37690

817-283-2835, Ext. 107

www.coarc.com

Admission Requirements and Process

Students must have successfully completed all prerequisite coursework. A final grade of 2.0 is required for prerequisite Math and English courses. BIO courses require a final grade of 2.5 or higher.

The following Pre-Requisite courses are required:

a.	BIO 132 or	Human Biology (4 credits)
	BIO 253 and BIO 254	Human Anatomy and Physiology (8 credits)
b.	ENG 131 or ↑	Writing Experience (3 credits)
c.	MAT 130 or ↑	Quantitative Reasoning (4 credits)

All Respiratory Therapy courses must be completed with a minimum GPA of 2.0 to be considered passing. All Respiratory Therapy clinical practicum courses are subject to special scheduling dates, which may not follow the traditional college semester calendar.

This program is designed to prepare the student for employment in respiratory therapy. Positions are in hospitals, long-term care facilities, and other outpatient settings. After successful completion, graduates are eligible to take the National Board for Respiratory Care (NBRC) exams. Passing the credentialing NBRC board exam enables the respiratory care practitioner to use the initials CRT or RRT, whichever is earned based on board scores.

Students must have completed all prerequisite coursework before submitting their application. Points will not be considered if final grades are not submitted.

All applicants' academic records are evaluated by using a numerical point system. Entry into the Respiratory Therapy program is competitive. If a prerequisite course that is a "point counter" *(see page 8)* is not completed when the application is submitted, no points will be awarded for that course. However, consideration for the Respiratory Therapy program will still apply.

The admissions process is nondiscriminatory with respect to race, color, religion, national origin, ancestry, age, gender, sexual orientation, marital status, or disability.

ACCEPTANCE CRITERIA

1. The order of acceptance of qualified applicants will be determined by the total points achieved.

2. If a student is not offered a space in the program for which they have applied and wishes to be reconsidered the following year, they must resubmit a new Program Application Form. The application will not automatically be rolled over.

3. The Respiratory Therapy Program will notify applicants of their status in late November for the upcoming Spring semester. If a student chooses not to accept a seat in the program for that year, they will need to reapply the following year and compete with other applicants for the available seats.

4. Guaranteed Seats: Each admission cycle, the RT Program will reserve five seats for students who have successfully completed the Jackson College Medical Assistant Certificate Program.
    - These students must also complete all other admission requirements as defined above for acceptance into the Respiratory Therapy Program.
    - If there are more than five students from the JCMA group, they will be selected based on points. Those with the highest points will be selected first. The remaining students will be added to the general applicant pool and selected based on overall points, with the same opportunity as all other applicants.

UPON ACCEPTANCE REQUIREMENTS

1. Students must be prepared to travel to clinical sites for the experience. A clinical site is a third-party entity where students are placed for practical experience. JC cannot guarantee that a particular clinical site will be available, and students should not rely on the availability of a clinical site in a specific geographical location. Especially in the program's second year, students must travel to clinical sites that may be as far as 80 miles away from their homes.
    - All Respiratory Therapy clinical practicum courses are subject to special scheduling dates, which may not follow the traditional college semester calendar.

2. All accepted applicants must submit a completed health/physical condition statement. The completed physical statement must include medical history, physical exam results, and proof of immunization. The Allied Health office must receive this statement before any Respiratory Therapy student begins their clinical education. Jackson College does not provide health physicals or required vaccinations.

3. All accepted applicants must undergo a criminal background check, as required by state law for healthcare providers. The review must have been completed within the last six months before the start of the Respiratory Therapy program. Students are responsible for the cost of a criminal background check. The JC Security office must receive the completed report (with no active exclusions reported) before any student begins the program.

4. All accepted Respiratory Therapy applicants must purchase a Viewpoint account to host clinical site documentation and pay for drug screening, fingerprinting, and background checks. Students may also be responsible for paying for the ACEMAPP document system at specific clinical sites through the program.

5. Upon acceptance into the Respiratory Therapy Program, students must complete the Health Certification Form and obtain Health Care Provider CPR certification. This training includes infant, child, adult, 1-man, and 2-man CPR, and choking, and will be completed through the American Heart Association. It must be maintained and current while in the program.

Respiratory Therapy Program Curriculum

	Prerequisites	
ENG 131	Writing Experience	3
MAT 130	Quantitative Reasoning	4
BIO 132 or	Human Biology	4
BIO 253 AND 254	" "	8
		11
	Spring Semester	
RES 100	**Respiratory Care Techniques I**	**6**
RES 104	**Cardiopulmonary Assessment**	**2**
RES 124	**Respiratory Pharmacology**	**2**
		10
	Summer Semester	
RES 110	**Respiratory Care Techniques II**	**5**
RES 114	**Cardiopulmonary Pathophysiology**	**2**
RES 115	**Clinical Practice I**	**4**
		11
	Fall Semester	
RES 120	**Respiratory Care Techniques III**	**6**
RES 125	**Clinical Practice II**	**4**
RES 126	**Cardiopulmonary Pathophysiology II**	**2**
		12
	Spring Semester	
RES 204	**Diagnostic Theory**	**3**
RES 205	**Clinical Practice III**	**5**
RES 207	**Advanced Cardiopulmonary Anatomy and Physiology**	**3**
		11
	Summer Semester	
RES 210	**Perinatal/Pediatric Critical Care**	**3**
	Any GEO 5 (see guide sheet for allowable courses)	3
	Any GEO 6 (see guide sheet for allowable courses)	3
		9
	Fall Semester	
RES 220	**Respiratory Seminar**	**2**
RES 225	**Clinical Practice IV**	**5**
	Any GEO2 (see guide sheet for allowable courses)	3
		10
	Completion of RRT Program	**75 hours**

Respiratory Therapy Coursework

RES 100 Respiratory Care Techniques I

- This classroom and laboratory course introduces the duties and responsibilities of respiratory care practitioners. Topics covered include a review of physical science, cardiopulmonary anatomy and physiology, cardiopulmonary resuscitation, basic nursing skills, medical gas and aerosol administration, employee health and safety, pulmonary medications, and orientation to clinical sites.

RES 104 Cardiopulmonary Assessment

- This course introduces basic physical and laboratory assessments of cardiopulmonary patients. Topics include basic pulmonary function and medical lab values, blood gas analysis, and bedside patient assessment equipment and techniques.

RES 110 Respiratory Care Techniques II

- This classroom and laboratory course continues the introduction to the basic duties of respiratory care practitioners. Emphasis will be placed on patient assessment, basic therapy modalities, airway management, cardiopulmonary diagnostic equipment and techniques, and an introduction to continuous mechanical ventilation.

RES 114 Cardiopulmonary Pathophysiology

- The student in this course will be able to describe the etiology, pathophysiology, clinical manifestations, diagnosis, and management of various cardiopulmonary diseases and processes. Using a series of case studies, students will continue developing assessment skills and applying Clinical Practice Guidelines to develop care plans for patients with cardiopulmonary disease.

RES 115 Clinical Practice I

- This course provides a hospital experience in which previously acquired classroom theory, and laboratory skills can be exercised. Skills practiced include those associated with patient respiratory assessment, oxygen therapy, a wide range of bronchopulmonary hygiene therapies, and equipment processing.

RES 120 Respiratory Care Techniques III

- Mechanical ventilation topics are continued in this classroom and laboratory course. Topics presented include volume pre-set and pressure pre-set ventilator equipment and basic ventilator application and management techniques for adult patients.

RES 124 Respiratory Pharmacology

- This course provides an overview of general pharmacology, emphasizing drugs used in the critical care management of cardiopulmonary conditions.

RES 125 Clinical Practice II

- This clinical course provides three types of experience for respiratory therapy students. First, there will be a continuation of basic respiratory care modalities from the previous semester. Second, the diagnostic areas of basic pulmonary function testing, arterial blood gas puncture and analysis, and 12-lead electrocardiography will be introduced. Third, the student will receive an orientation to ventilation in the adult ICU environment.

RES 126 Cardiopulmonary Pathophysiology II

- The student in this course will be able to describe the etiology, pathophysiology, clinical manifestations, diagnosis, and management of various advanced cardiopulmonary diseases and processes. Using a series of case studies, students will continue developing assessment skills and applying Clinical Practice Guidelines to develop care plans for patients with cardiopulmonary disease.

RES 204 Diagnostic Theory

- This course covers pulmonary function testing and blood gas analysis equipment and procedures in the laboratory and clinical settings. It includes an emphasis on the interpretation of test results from this equipment. Ventilator graphics, an extension of PFT graphics, and their interpretation will be presented. Additionally, equipment and procedures in common use in ABG laboratories, cardiopulmonary stress testing, pulmonary rehabilitation, and pulmonary home care will be presented.

RES 205 Clinical Practice III

- This clinical course allows students to assist in the pulmonary management of adults on mechanical ventilation. An integrated approach to patient care will be stressed through accurate patient assessment and the application of various equipment and therapies. Students will also function as members of the health care team.

RES 207 Advanced Cardiopulmonary Anatomy and Physiology

- This course advances the student's knowledge of cardiopulmonary physiology. The cardiac sections cover gross and histologic cardiovascular anatomy, neural/endocrinological control of cardiac function, hemodynamics, microcirculatory disorders, and a review of common cardiac arrhythmias. The pulmonary section covers bronchopulmonary anatomy, gas diffusion, blood flow, ventilation/perfusion relationships, gas transport, mechanics and control of ventilation, and lung responses to changing environments and conditions.

RES 210 Perinatal/Pediatric Critical Care

- This classroom and laboratory course cover fetal growth and development, patient assessment, commonly encountered equipment, and the clinical management of common neonatal/pediatric diseases and conditions.

RES 220 Respiratory Seminar

- This course presents a wide variety of topics for discussion. Included are respiratory care history, management and supervision, trends in allied health, research, job acquisition skills, and credentialing exam preparation.

RES 225 Clinical Practice IV

- This clinical course provides a varied experience for students about to graduate. A significant emphasis will be assisting neonatal patients' pulmonary management on mechanical ventilation. Other rotations will be in various advanced diagnostic laboratories and alternate site venues where respiratory therapists are employed.

JACKSON COLLEGE
HEALTH SCIENCES
RESPIRATORY THERAPY PROGRAM

Philosophy

The goals of the Respiratory Therapy Program at Jackson College are multifold. The program faculty strives to balance the needs of three distinct interest groups: the student, the community, and the profession. For the student, the faculty is responsible for providing reasonable and equal exposure to the theory, duties, and skills necessary to work as a respiratory therapist and successfully pursue a credential. The faculty aims to create a learning environment that fosters a sense of self-worth and self-confidence, enabling individuals to explore various development avenues and achieve this goal. The faculty also wants to 1) assist students by providing access to similar course materials, laboratory equipment, and supplies, and academic support services, and 2) reinforce the desire to learn to facilitate learning as an exciting and enjoyable event that gives the student a sense of purpose and fulfillment in personal and professional activities. As a result, students can achieve their potential as both healthcare providers and as individuals.

These goals are achieved through the combined efforts of faculty and students alike.

Faculty Responsibilities

Responsibilities borne by the faculty in establishing a learning environment that facilitates the program goals include:

- demonstrating personal conduct directed toward an overall goal of learning;
- preparing classroom materials that reflect the most current thought and research on a topic;
- handling student clinical and classroom problems fairly and consistently;
- establishing clinical performance standards that can be measured, attained, and which correlate with work performed after graduation;
- performing assessments of student clinical skills that are honest and objective;
- listening to suggestions, ideas, and criticisms concerning the program that students initiate.

Student Responsibilities

Responsibilities borne by the student in maintaining an optimal learning environment include:

- **taking an active role in the learning process;**
- assuming responsibility for initiating educational experiences when appropriate (e.g., seeking out additional clinical activities after finishing an assignment rather than waiting to be directed to do something else by an instructor);
- accepting constructive criticism maturely and responsibly;
- bringing program-related problems to the attention of the appropriate faculty member to improve the program;
- maintaining honesty and personal integrity in all dealings with faculty, patients, clinical site staff, and fellow students;
- treat other students, instructors, respiratory therapists, and co-workers (e.g., nurses) with respect afforded to fellow healthcare professionals.

In responding to the needs of our second interest group, the community, the faculty must first and foremost graduate individuals who have demonstrated the knowledge, skills, and behaviors consistent with safe and appropriate workplace practices. Our second responsibility to the community is to provide opportunities for qualified individuals to access education in Respiratory Therapy.

In responding to the needs of our third interest group, the profession, the program faculty believes that satisfying the community's requirements will also fulfill the profession's requirements. A knowledgeable and skilled therapist can become a valuable addition to the healthcare team and an asset in Respiratory Care.

In closing, it must be noted that the program faculty will assume a dynamic role of change. The goal is to provide an educational program of high quality and value. This commitment to excellence may be challenging for many students to appreciate during the program, as it requires considerable personal dedication and sacrifice. Generally speaking, graduate surveys indicate that although the program was challenging, graduates are glad that it prepared them to be excellent therapists who can pass the boards and assume positions in any department. As a result, the faculty believes the efforts of students and staff are worthwhile for the individual, the community, and the profession.

Program Personnel

The Respiratory Therapy Program is part of the Allied Health Department.

Five identified positions will impact your education in the Respiratory Therapy Program. The positions and those who occupy them are as follows:

- **Program Director**— Sarah Parker, MAOM, RRT, RRT-NPS, directs the program's day-to-day operations and teaches many classroom and laboratory courses. Office hours are flexible and available on an appointment or drop-in basis during posted hours in JW-226, HLC 204, or virtually. The phone is 517-796-8551, and my e-mail is ParkerSarahg@jccmi.edu.
- **Director of Clinical Education**— Lindsay Greenstein, BS, RRT, oversees directing clinical experiences throughout the program. The DCE also teaches many of the classroom and laboratory courses. Office hours are flexible and available on an appointment or drop-in basis during posted hours in JW-239, HLC 204, or BBB. The phone is 517-796-8684, and the e-mail is GreenstLindsay@jccmi.edu.
- **Medical Director**—Anish Wadhwa, MD, is a practicing pulmonologist at Henry Ford-Allegiance Health System in Jackson. He is board-certified in pulmonology, internal medicine, and critical care. This combination of credentials is ideal for providing a balanced perspective of medical care. Students will have the opportunity for personalized communication during the clinical portions of the program. Students at Henry Ford-Allegiance will also have opportunities to interact with him, generally in the ICU.
- **Adjunct Instructors**--Students will have some classes taught by adjunct instructors. These instructors typically work another job; they are generally available before or after the course. These individuals are hired for their expertise in their specialty areas and should provide students with the most up-to-date information available for their topics.
- **Lab Assistants** – These classroom assistants are available to supplement the lead lab faculty. They are empowered to assist with instruction, grading, and lab activities for the courses they are associated with within the program.
- **Clinical Instructors**--Whenever a student is assigned to a hospital for clinical experience, an instructor from the hospital will be responsible for the student. These individuals plan and supervise the student activity, evaluate performance, and report student progress to the Director of Clinical Education or program director. The grade for the clinical is assigned through the Director of Clinical Education for the class, either Sarah Parker or Lindsay Greenstein.
- **Clinical Agencies** - Students are assigned to several hospitals throughout the program. A student will not visit all the hospitals the program is affiliated with, but can expect to attend several in this geographic area, if appropriate for the educational experience. The clinical affiliates are listed on the last page of this manual.
- **Advisors -** Both the Program Director and Director of Clinical Education are your advisors. We are interested in and concerned about you, and we would like to know if you need any help. Appointments or drop-in visits can be scheduled with the Program Director or Director of Clinical Education during posted office hours, as well as at other times as available.

Textbooks

The faculty realize that Respiratory Therapy textbooks are expensive. However, it is recommended that you purchase a hard copy of the books listed for Respiratory Therapy courses. Books purchased for any Respiratory Therapy course will be a reference for future Respiratory Therapy courses. They will also serve as a solid foundation for your personal library and for studying for the post-graduation credentialing exams.

Grading Scale for All Respiratory Therapy Courses

4.0 = 93 - 100	2.5 = 80 - 83	1.0 = 68 - 72
3.5 = 89 - 92	2.0 = **76** - 79	0.5 = 64 - 67
3.0 = 84 - 88	1.5 = 73 - 75	0.0 = Below 64

Examination Policy

All examinations must be taken during the designated date/time. If illness prevents a student from taking the exam, it is expected that the appropriate instructor will be notified **before** the exam. The instructor will determine alternate exam arrangements. There are penalty points for taking late exams (as determined by the instructor). Reference the course syllabus for detailed instructions. All exams will be proctored using Respondus and Lockdown browsers, or administered in-person in the classroom.

Academic Dishonesty

Students should refer to the college's Academic Dishonesty policy on JC's webpage at https://www.jccmi.edu/student-life/student-conduct/. **A student found to be cheating on an exam or quiz will receive a grade of 0 (zero) for that exam. A student found to have cheated on a second exam or quiz may be dismissed from the program. A student falsifying clinical documents or patient charting will be dismissed from the program on the first offense**. Students who observe other students engaging in academic or professional dishonesty are responsible as healthcare practitioners to report any such occurrences to the proper faculty member. Students are not allowed to copy any exam from the Respiratory Therapy Program without specific permission from an instructor.

Additional areas of concern specific to Respiratory Therapy include, but are not limited to:

Covering up or not reporting a clinical error.
Charting something that was not done.
Altering any legal documentation.
Deviation from an accepted Standard of Care or Standard of Practice.
Any form of lying to faculty, health team members, or others.
Falsifying case study documentation.

Use of Artificial Intelligence

There are several ethical issues when using AI to create college content.

- Plagiarism: Using AI tools to paraphrase or summarize information from sources without proper citation can be considered plagiarism. You must cite quotes or paraphrase content properly in your paper or presentation.
- Lack of originality: AI-generated content may lack the originality and creativity expected in college-level writing. This can result in content that is unoriginal and lacks critical thinking.
- Bias: AI models are trained on copious amounts of data, which can include biases and stereotypes. This can result in the generation of biased or offensive content.
- Lack of accountability: When using AI to write, it can be challenging to determine who is responsible for the content generated. This can make it challenging to hold anyone accountable for any errors or inaccuracies in the content.
- Misuse: AI tools can be misused to generate content not written by the student, which is a form of academic dishonesty.

It is essential to utilize AI writing tools responsibly and remain aware of their ethical implications at all times. It is also essential to follow the guidelines and policies regarding the use of AI in creating content. Be advised that faculty may use AI detection programs on submitted documentation.

Respiratory Therapy Program Progression and Completion

To graduate from the Respiratory Therapy program, students must achieve a grade of 2.0 (76%) or higher in all curriculum courses. If a student receives a grade below a course's minimum, they will be prevented from completing the program. If this is the first failed course in the program, the student may be granted re-entry at the program faculty's discretion (see Reconsideration).

If the student achieves a 2.0 (76%) or better in the professional courses (RES prefix) but receives below a 2.0 grade for any one of the general education courses, they will need to repeat the supporting course and achieve a 2.0 or better before being granted the associate degree for completing the Respiratory Therapy program. A student who receives a grade below 2.0 or withdraws from the general education courses will still be able to complete the Respiratory Therapy program on schedule if they successfully repeat the failed course in a timely manner; otherwise, the student will graduate later than the date of respiratory class completion.

Students who fail to complete a professional class due to academic performance difficulties may be allowed **one** re-entry to the Respiratory Therapy program (this includes withdrawal from a class for academic reasons). The second instance of failure to complete the repeated course or any subsequent course in the Respiratory Therapy curriculum will result in permanent termination from the Respiratory Therapy program. For this reason, students need to be aware of their academic and clinical performance and seek the assistance or advice of faculty when a problem begins to surface.

Students who fail to complete a clinical class may or may not be allowed re-entry to the program, depending upon the nature of the failure as determined by the Program Director. Students who violate clinical policies or cause harm to a patient by failing to follow preceptor guidance or safety guidelines will be terminated from the program and will not be granted re-entry. They will be immediately removed from the clinical site and receive a failing grade in the clinical course, as determined by the Program Director. Placement into clinical probation will trigger more frequent evaluations targeted at the individual problem demonstrated.

Reconsideration and Remediation for the Respiratory Therapy Program

A student seeking to return to the Respiratory Therapy program must send a letter requesting reconsideration to the Respiratory Therapy Program Director. Students are allowed **ONE** reconsideration for this program. The request for reconsideration letter must include the following:

1. The student's perception of the problem leading to dismissal and explanation of contributing circumstances.
2. Demonstration of an understanding and awareness of the problem.
3. What the student has done to rectify the problem.
4. The student's detailed plan for success in the Respiratory Therapy course is to be repeated, as well as future Respiratory Therapy courses if readmitted.

A student dismissed from the program due to affective domain offenses or patient safety violations at the clinical site will not be reconsidered for readmission or remediation.

The Program Director and the Director of Clinical Education will deliberate on the request. A formal meeting will be held with the students and faculty. At the meeting, the student will present a detailed plan for academic success. The faculty member involved in the dismissal or the lead faculty for the course will provide an overview of the event(s) that led to the dismissal and their support for or opposition to reconsideration. The student will then be excused from the meeting.

After reviewing the student's history, the documents described above, and the faculty recommendation, the program faculty will determine if they offer reconsideration for the student to re-enter the Respiratory Therapy program. The faculty will look for compelling evidence that the reasons for dismissal can be corrected and that

the student has identified specific changes that improve the chances for a successful outcome. If the student is offered reconsideration, the Program Director will determine if courses and the course failed must be repeated and will identify any other requirements (i.e., skills validation) and/or stipulations associated with the reconsideration.

As part of this process, the Program Director and Director of Clinical Education will devise a remediation plan appropriate for the course(s) in question to improve the student's chances of successful graduation.

- Classroom course remediation may include faculty suggestions to improve grades with study strategies, test-taking strategies, tutoring, referring to the Center for Student Success, pre-course practice exams, quizzes, and activities suitable for re-entry.
- Clinic remediation is needed when a student has been deemed to have a deficit requiring satisfactory remediation before passing the class or to have violated one of the conditions stated in the clinical disciplinary actions. The student would be placed on clinical probation, which will require a more frequent evaluation of the student aimed explicitly at the student's identified deficiencies or violation(s).

The Program Director will notify the student in writing of the final determination and any conditions for reconsideration. The plan of action will be included in the letter the student receives. Any reconsideration is contingent on space availability in the program.

A student denied reconsideration may appeal the decision by submitting a letter requesting a review by the Student Resolution Officer.

The student will not be allowed to continue in the program until this process is complete and a determination on reconsideration is made.

A student who wants to request reconsideration will need to have their written request received by the Respiratory Therapy Program Director by the following deadlines:

March 1st	for a re-admission for Summer Semester
May 1st	for a re-admission for Fall Semester
October 1st	for a re-admission for Spring Semester

Appeal Procedures for Grades

Students who wish to appeal a grade should refer to the Academic Complaint process in the College Catalog. https://www.jccmi.edu/student-resolution-advocate/academic-complaint-process/.

Insurance

Respiratory Therapy students are required to have current professional liability insurance. The College provides this insurance when a student enrolls in clinical classes. The insurance premium is assessed as a lab fee attached to the clinic classes. The student is responsible for providing hospitalization insurance.

Confidentiality of Patient Information

As part of health career clinical training, Respiratory Therapy students will have access to certain confidential information, such as patient records and conversations. Students must follow the profession's strict ethical standards, including honesty in communication, respect for the confidentiality of patients' records and discussions, and protection of patients' rights (see DISCIPLINARY ACTION - Primary Violation). This conduct is generally part of the mandate to follow HIPAA requirements from the federal government and includes:

- Maintaining patient confidentiality includes using "No Patient's Name" outside or within the hospital except with appropriately authorized medical personnel.
- Patient cases are not to be discussed with unauthorized personnel or in public areas in a fashion that discusses case details that could make obvious to unauthorized individuals within listening range of the patient's identity.

- Maintaining patient confidentiality and the right to privacy includes NOT perusing patient charts unless educationally indicated. (i.e., students are to review chart information only of patients assigned to them or as part of other activities assigned explicitly to the student by a Clinical Instructor)
- Expressly forbidden is researching a chart simply because it is for a patient with whom the student is personally acquainted. (i.e., a friend or relative)
- Students are forbidden to print any patient information that has not been properly redacted. Students are not permitted to take this information off the clinical site property and must handle the documentation in accordance with the clinical site's policy.

Exposure, Incidents, and Disease

Respiratory students need to be aware that they will be working with patients who have infectious organisms. Students must follow infection control procedures (standard precautions and special transmission precautions) at all times. Standard precautions are designed to minimize the risk of transmitting blood-borne and other pathogens from recognized and unrecognized sources. They are the basic level of infection control precautions to be used, as a minimum, in all patients' care. For additional information, please refer to https://www.cdc.gov/infectioncontrol/guidelines/index.html

Drug-Free Campus Policy

Students should refer to https://www.jccmi.edu/student-life/student-conduct/ to review the Drug-Free Campus Policy. Success in respiratory therapy, both as a student and as a practitioner, requires sound judgment and positive professional relationships with the community, clinical personnel, and clients. Behavior that threatens these relationships or alters judgment will endanger this effectiveness. Students are expected to abstain from using any illegal or mind-altering substance before or during **any** contact with faculty, staff, or clients. Students should also refrain from any prescribed drugs before or during clinical experiences that could impair judgment or function. **Students who arouse the instructor's suspicion must permit immediate laboratory screening for any substances**. Declining to do so will result in dismissal from the program. There is zero tolerance for breaches of this policy. Documented use of mind-altering and/or illegal drugs or substances in the clinic will result in immediate dismissal from the program and failure in the clinical course in which the student is enrolled. Students will be ineligible for readmission to the program under these circumstances. There are no waivers for a medical marijuana prescription as an exception to this policy due to the hospital policies concerning employee health requirements and employment and affiliate contracts.

Personal Problem Solving

If any Respiratory Therapy student experiences difficulties completing the program coursework, please consult with the Program Director for assistance. Assistance may also be obtained by visiting the Center for Student Success (or by calling CSS at 796-8415). Students requiring special assistance (including those affected by the Americans with Disabilities Act) should also contact the Center for Student Success.

The JC Financial Aid Department is available to help students identify sources of assistance related to their educational costs.

Confidentiality of Student Records Policy

Students should refer to the Jackson College Access to Student Records Policy. This information can be found on JC's webpage at https://www.jccmi.edu/student-services/consumer-information. A detailed discussion of the Family Educational Rights and Privacy Act (FERPA) may be found there.

Graduation and Commencement

For each degree or certificate, a graduation application must be completed. Students should refer to the college's Graduation and Commencement process, which is located on JC's webpage at http://www.jccmi.edu/StudentServices/Registration/graduation.htm.

Professionalism: Affective Domain Standards of Performance

As you participate in your Respiratory Therapy education, you will be expected to demonstrate that you have indeed learned what is required to become a professional Respiratory Therapy Practitioner. There are three main component areas into which your learning may be categorized: Cognitive, Psychomotor, and Affective.

When most people think of "schooling," they usually refer to the first two of these areas: Cognitive and Psychomotor. You learn your facts and theories, then practice them, perform tasks, skills, etc. All too often, the development of the attitudes, beliefs, and feelings that the profession considers appropriate toward what you are learning, what you are doing, and how you are doing it is assumed to occur automatically. A truly balanced education requires that all three component areas be mastered. Given this, an essential part of being aware of how well you are progressing in your learning will include the use of affective measurement tools within the clinical evaluation process. The evaluations will measure your progress as a Respiratory Care Practitioner and guide your mastery of the affective behavior vital to becoming a highly qualified Respiratory Care Practitioner. Affective elements that will be assessed include accountability, adaptability, assertiveness, compassion, dependability, effective communication, empathy, honesty, integrity, leadership, respect for others, and teamwork. Students exhibiting undesirable behavior in the affective domain will be dealt with under the provisions outlined in the section entitled "Disciplinary Action." **A student exhibiting such conduct may be suspended from the program, irrespective of academic achievement.**

Complaint Process – Faculty Conflicts

As bedside practitioners, we must exercise courage, a calm demeanor, and the confidence to speak up as patient advocates. In the same spirit, if students struggle in a class or have concerns with their instructor, they are encouraged to first reach out to that instructor and express their troubles. If the problem remains unresolved or persists, the next step is to contact the Program Director. If you have concerns about the PD, you can reach out to the Student Resolution Officer.

DISCIPLINARY ACTION

Respiratory Therapy students are expected and required to conduct themselves professionally at all times.

Violation of program policies can result in administrative action ranging from counseling to permanent discharge from the program. All policy deviations are considered cumulative throughout the program; discipline will be based upon the total of policy infraction occurrences, not each event of each type of deviation.

If any form of disciplinary action is taken, the student is encouraged first to discuss the alleged offense and any implied disciplinary action with the Program Director. In every case, an attempt will be made to remedy the situation at this level. If the student believes they have justification for challenging the offense or decision regarding disciplinary action, refer to the **Appeal Procedures for Grades** section of this Handbook.

Routes of Disciplinary Action for Program Policy Deviations:

A. PRIMARY VIOLATIONS

Disciplinary Action: ANY DEVIATION IN THIS GROUP RESULTS IN **IMMEDIATE** DISCHARGE FROM THE PROGRAM AND A **FAILING GRADE** IN THE RELATED CLASS.

Offenses:

1. Committing THE SAME **secondary** violation for a second documented time or a third secondary violation of any kind, whether simultaneous or consecutive.
2. Disclosing confidential information about any patient, student, hospital employee, or the hospital without proper authorization.
3. Leaving hospital premises during assigned clinical hours without proper authorization.
4. Removing any patient records or official hospital records from the hospital without proper authorization.
5. Falsifying any student, official hospital records, clinical documents, or patient charting.
    i. Covering up or not reporting a clinical error.

ii. Charting something that was not done.
iii. Altering any legal documentation.
iv. Deviation from an accepted Standard of Care or Standard of Practice.
v. Any form of lying to faculty, health team members, or others.
vi. Falsifying case study documentation.
vii. Falsifying location information during scheduled clinical days.

6. Using abusive, obscene, or threatening language to any patient, visitor, student, facility employee, or JC Faculty at both the clinical site and on campus grounds.
7. Engaging in disorderly conduct that threatens the physical well-being of any patient, visitor, student, facility employee, or JC Faculty at both the clinical site and on campus grounds.
    i. Students who violate clinical policies or cause harm to a patient by not following preceptor guidance or safety guidelines will be terminated from the program and will not be granted re-entry into the program. They will be immediately removed from the clinical site and receive a failing grade in the clinical course, as determined by the Program Director.
8. Obtaining, possessing, selling, or using drugs or other illegal or controlled substances on facility premises or on the clinical site premises. If there is reason to believe that a student is under the influence of drugs and/or alcohol, they will be required to undergo drug and/or alcohol testing. If the student refuses to submit to a test or returns a positive result, the student will be immediately removed from the program.
9. Stealing, abusing, misusing, or destroying the property or equipment of any patient, visitor, student, facility employee, the facility, or JC property or faculty.
10. Possessing weapons, wielding, or threatening to use firearms, illegal knives, etc., on the facility premises or on the clinical site premises.
11. Assaulting any patient, visitor, student, facility employee, or JC Faculty.

B. SECONDARY VIOLATIONS

Disciplinary Action: A student will receive a **first written violation** notice as the first step of the probation process for unsatisfactory performance. A **second written violation** notice is the second step of the probation process. This would remain in place until the completion of the program. A **third written violation** notice of any kind, whether simultaneous or consecutive, would count as a **primary violation** and result in the student's **immediate dismissal**. These notices will be issued as soon as possible after the problem is identified. **Severe violations** may warrant **immediate removal** from the program.

*** **NOTE** *** The commission of **THE SAME secondary violation** for a **second** documented time is considered a **PRIMARY** violation and treated as such (see Primary Violations, offense #1).

Offenses:

1. Acting in an unprofessional manner, as determined by JC RC Program personnel, while in the role of a JC RC program student.
    i. This includes engaging in negative gossip/behavior regarding the program, other students, or program faculty in public spaces, classrooms, group chats, or clinical sites. (Please refer to the complaint process.)
    ii. Working as a technician at our clinical affiliates while enrolled in the program, You are still considered a student and must adhere to these professional standards.
2. Accepting authority or responsibility beyond the level of training or demonstrated competencies in the program.
3. Incomplete required preclinical/clinical paperwork/documentation by the assigned due date.
4. Falsifying location information during scheduled clinical days.
5. Failing to exercise reasonable care in the performance of duties.

6. Smoking in restricted areas.
7. Leaving an assigned clinical area without proper authorization.
8. Failure to assume the responsibilities of a student in the Respiratory Therapy Program:
    a. Being excessively (chronically) tardy (to be determined by the instructor, but generally greater than two times in an 8-week period) or significantly tardy (greater than 10 minutes without proper notification).
    b. Being excessively (chronically) absent (to be determined by the instructor, but generally greater than two times in a 15-week semester) or
    c. Absent from either clinical or lab without proper notification.
    d. Inappropriate program behavior or inappropriate personal appearance based on Hospital and/or College policies (see p. 19 – Dress Code).
        i. This includes strongly smelling of smoke or other strong odors.
    e. Unethical behavior, i.e., lying, cheating, stealing, etc.
    f. Repeated failure to submit required written work in the clinical area or classes or repeated lateness in submitting work.
        i. Two or more missed assignment deadlines within the same course.
    g. Failure to submit two or more late submissions of clinical and other program documentation such as evaluation forms, timesheets, log sheets, journal entries, and so on.
9. Unsafe clinical practice. It is understood that unsafe clinical practice may include either a combination of several or repetitive examples of the following:
    a. Errors in the recording of pertinent clinical data.
    b. Failure to safely adopt basic patient care skills to actual patient care situations results in actual or potential patient harm. This is relative to the degree of completion of the Respiratory Therapy curriculum.
    c. Failure to demonstrate sound judgment relative to the student's degree of Respiratory Therapy curriculum completion.
    d. Unsafe or inappropriate diagnostic service to the patient.
    e. Unsatisfactory achievement of clinical objectives.
    f. Failure to follow universal precautions or blood-borne pathogens processes.
10. Failure to establish effective working relationships with classmates, faculty, patients, and other clinical site team members in providing patient services and in the classroom.
11. Using machines or equipment without proper authorization.
12. Violating safety rules and regulations or failing to use the safety equipment provided.
13. Creating or contributing to unsafe or unsanitary conditions.
14. Unapproved use of AI materials in place/in conjunction with student work or efforts.

** At their discretion, the PD or DCE may issue the student warning(s), written or verbal, to bring attention to unacceptable behavior, attitude, or situational awareness. A warning is not required as a prerequisite to issuing a Primary or Secondary violation notification.*

Dress Code

Minimally, students must conform to hospital policies in dress. At such time that a Respiratory Therapy Program student's appearance is not appropriate as defined by a Clinical Instructor, that student may be instructed to leave the hospital setting to change their appearance and may, at the discretion of the instructor, return to the clinical area when acceptable standards are met. Students are expected to wear appropriate attire (as specified in the policy below) during **lab classes**, **clinicals**, or **public events** representing the college (such as health fairs).

The standards are as follows:

1. All clothing will be clean and wrinkle-free.
2. The name tag is worn on the left chest. The hospital may also provide a photo I.D. (If you work for the hospital in another capacity, do not wear your work badge unless required by the clinical site.)
3. Clothing should promote a professional image to colleagues and patients alike

a. Scrubs:
    i. The RT Program requires gray “hospital scrubs” as standard clinical attire. Students are responsible for acquiring appropriate scrubs to wear at clinical sites. The clinical supervisor must approve exceptions to wearing scrubs during clinical sessions.
    ii. Required during all lab classes. *(Due to varying temperatures in the lab, RT or JC-themed sweatshirts are permitted. Must be clean and in good condition.)*
b. Classroom (not lab): No pajama pants or slippers. Casual attire is permitted but must be professional.

4. Shoes: rubber-heeled and soled shoes that are closed-toe, closed-heeled, and clean. No high-heeled shoes, canvas tennis shoes, or open-holed croc-style shoes.
5. Hair must be neat, clean, and restrained if necessary. Hair should never touch the patient or equipment.
    a. Shoulder-length hair (or longer) must be pulled back.
    b. Scrub caps acceptable.
6. Due to effective PPE fit, beards are not recommended. Mustaches and sideburns are to be trimmed short, neat, and clean in the judgment of the Clinical Instructor, Department Manager, and Director of Clinical Education. (If the student’s facial hair prohibits the function of PPE gear, the student is responsible for purchasing their own PAPR / P100 and passing a fit test while wearing.)
7. Jewelry should be limited to small earrings, rings that will not scratch the patient, get caught in equipment, or be porous enough to harbor excessive bacteria, necklaces of the choker type, and simple close-fitting bracelets. No political, controversial, or discriminatory symbols should be worn. During clinical time, students must follow the affiliate hospitals' policies regarding facial piercings.
8. No political, controversial, or discriminatory symbol tattoos can be visible. Students must follow the affiliate hospitals' policies regarding tattoos.
9. Fingernails shall be kept clean and trimmed. Fingernail length shall not exceed 5 mm from the nail's quick to the tip of the nail or 2 mm of visible nail past the tip of the finger as viewed from the palmar surface. False nails, dip nails, nail stickers, shellac, nail polish, or any nail adornment are not permitted for infection control reasons.
10. Perfumes, shave lotions, and other cosmetics with a noticeable fragrance should not be used. *(Even slight odors may be noxious or nauseating to the ill patient, and mild scents can still trigger respiratory exacerbations in susceptible patients.)* Similarly, body odors should be kept to a minimum by adequate bathing. There should not be any strong smells, either good or bad, witnessed on your person.
11. A stethoscope and an ink pen for charting or taking notes and notepaper.
12. A watch that allows the student to accurately time respiratory and heart rates over 1 minute or for 15-second periods. A watch with a sweep second hand or digital second counting option is the most convenient for this function.
13. A handheld device (e.g., smartphone, tablet) that can access the internet is required for clinical documentation. However, personal phone calls, texting, and emailing are only permissible during breaks and not in patient care areas. It is unacceptable to take images or videos in a clinical setting where patient care is provided unless proper permission is granted by the hospital authorities in charge of this policy.
14. No cigarettes, other smoking supplies, or vaping should be visible to patients or other personnel except in designated smoking areas. Since many hospitals now ban smoking altogether, it would be best to plan for not smoking at all while at clinical. A student cannot have the odor of smoke on clothes or their person and may be sent home as an unexcused absence subject to make-up if this is evident.
15. **Note: If these institutions' policies change, students will be informed and expected to comply.**

JACKSON COLLEGE
RESPIRATORY THERAPY PROGRAM
CLINICAL POLICIES

The purpose of these clinical policies is to:

- protect the health and safety of patients, students, and hospital personnel;
- maintain uninterrupted patient services;
- protect the Hospitals' and College's goodwill and/or property;
- promote students' professional growth and development according to the guidelines and objectives of each clinical course;
- adhere to the hospitals' Department and Policy Manuals; and
- prepare Clinical Supervisors for their roles in clinical education.

These policies should be maintained on file at each clinical agency. The Program Director and Director of Clinical Education will be the individuals responsible for clarifying and enforcing these policies.

Immunization Requirements

Jackson College follows the policies of the clinical site and will require students to comply with all policies to submit health records and immunization requirements.

According to the Center for Disease Control (CDC) they recommend, all healthcare personnel (HCP) show evidence of immunity to measles, mumps, rubella and varicella. In addition, due to the potential exposure to blood or bodily fluids and risks related to direct patient contact, the CDC recommends that HCP protect themselves with vaccinations against Hepatitis B and Tetanus/Diphtheria/Pertussis, Influenza, and be screened for Tuberculosis. Jackson College students must provide documentation of compliance with clinical partners and the CDC Healthcare Personnel Recommendations. Documentation of immunity must be a copy of an official immunization record or copies of lab reports indicating positive titers (self-reporting or parent's record of disease or vaccinations is not acceptable). See Appendix A-B

The clinical education site policy may require additional immunizations not listed on this form in order to participate in clinical education. The Allied Health/Nursing Department Coordinator will provide the student with a list of additional immunizations if they are different from the list provided on this form. This includes the Covid vaccination.

Clinical Assignments

The determination of a student's assignment to a clinical agency will be made on a variety of factors. These include the rotation topic and what hospitals the student has been to before, student address in relation to the clinical site, grades, and at the discretion of the PD and DCE. Students will not be assigned to a single clinical facility for their entire clinical training for educational reasons. Students cannot be paid for clinical time under any circumstances.

Unless otherwise noted, the time of each rotation will coincide with the shift schedule of the assigned clinical site. Before each clinical semester, students will receive a copy of and be oriented to the contents of the Semester Syllabus, Calendar, and Clinical Documents.

Under the guidance of the Clinical Instructor, the students will be responsible for arranging hospital-mandated clinical documentation systems, EMR training, modules, parking stickers/permits, identification badges, etc., depending upon the agency's policies. **Students will be responsible for all fees identified for each clinical site.**

Assessment of Student Competency Checkoffs

Students must prove clinical competency in the lab setting before attempting the skill at the clinical site in the following semester. If a student needs to be remediated after a Lab Practical Final Exam and fails a future course, the Program Director may choose to allow reentry in the first semester requiring remediation. It will be assumed that the student did not capture foundational learning materials, and they will need to begin again in that semester.

Point values are assigned to the competencies. For selected clinical skills (approximately 6/semester), student performance is evaluated in the three areas of motor skills, knowledge, and prompting required to perform a given task. This tool provides the Clinical Instructor, DCE, and PD with a way of assessing student work quality.

The sequence of clinical skills (tasks) to be assessed by the Clinical supervisor will be listed in each class's syllabus before students can successfully complete the indicated semesters.

There is no date or chronological point in the program at which the student becomes exempt from reassessment of a previously evaluated task. The most recent evaluation will be used to determine pass/fall status and letter grades.

Clinical Supervision (CS)

The assigned Clinical Preceptor in the Department supervises the students during the clinical portion of the curriculum. The Clinical Supervisor schedules the students' activities to meet the goals established for that rotation. The Clinical Supervisor is allowed to appoint selected Respiratory staff personnel who are suitably qualified as preceptors.

The students should also become familiar with the Department's chain of command and adhere to established policies and procedures in assigned practicum sections. It should be kept in mind that the supervision of ongoing activities is necessary to maintain order and accomplish Department goals.

If a student questions their participation in an activity because of an apparent contradiction between JC RT Program clinical policies and the supervision or directions supplied by a Clinical Preceptor, the student should inform the Clinical Supervisor of the contradictory issues. If the apparent contradictory directions cannot be resolved, the student should refrain from participating in the activity and arrange with the Program Director or Director of Clinical Education to discuss the matter at the earliest convenience.

Students are NOT to perform a procedure unattended and without direct supervision until a competency checkoff for that procedure is completed and on file with an assessment of Supervision Required at a level of minimal (Satisfactory) or better. Clinical Preceptors should be easily accessible and available to respond immediately if needed. High-acuity situations require direct supervision.

The PD, DCE, or adjunct instructor will visit all the active clinical agencies. During this time, they will review student records, assist with bedside teaching or supervision, maintain communication with students and hospital personnel, assist with student counseling, competency checkoffs, and any disciplinary action necessary.

During scheduled clinical rotations, the Clinical Supervisor will:

1. develop a student orientation plan specific to the clinical agency.
2. orient students to clinical agency plant, policies, and equipment used in the assigned rotation.
3. assign appropriate activities/patients to students for each clinical day.
4. assist bedside teaching responsibilities (as needed).
5. ensure adequate student ability to perform skills BEFORE clinical application (per CS discretion).
6. supervise student procedures with patients. (per CS discretion)
7. document the student's ability to perform skills without direct supervision BEFORE assigning such student activity.
8. evaluate and document student performance of the semester's assigned tasks.
9. maintain a flexible schedule to take advantage of unscheduled educational events occurring at the clinical agency.

10. assist the program in recruiting staff physicians to present lectures, rounds, etc., for students.
11. schedule physician-directed educational events and interactions.
12. collaborate with the students in maintaining records of student attendance and daily activities.
13. assume responsibility for arranging student instruction/supervision in the CS's absence.
14. contact and inform students if clinical must be canceled due to conditions at the clinical agency.
15. In a timely fashion, notify the Director of Clinical Education of student clinical absences.
16. assist the PD, DCE, or adjunct instructor in assigning clinical grades.
17. document disciplinary problems and notify the Director of Clinical Education and Program Director.
18. maintain active membership on the Advisory Board and in the Clinical Education meetings to discuss/formulate clinical policies, objectives, evaluations, and long-range planning.

Clinical Preceptors (CP)

Preceptors must have a cognitive and clinical background appropriate to the level of instruction/supervision to be given. This does not dictate any particular NBRC credential, but fluency and ability in the clinical topics of the rotation are required. It is recommended that CP have a minimum of two-years of experience. Clinical Preceptors cannot be second-year students within a Respiratory Therapy program.

The quality of instruction/supervision received by students under a preceptor is to be at a level and including content set by the College. Ensuring the appropriate level and content is being delivered is the responsibility of the Clinical Preceptor.

Preceptors may be involved, at the direction and discretion of the Clinical Supervisor and/or PD, DCE, or adjunct instructor, in the following student clinical educational activities:

- provide direct bedside instruction/supervision,
- evaluate student performance of clinical skills for purposes of mastery and documentation,
- deliver in-service lectures in an area of expertise.
- assist students in the completion of case studies.

The College recognizes preceptors as extremely valuable members of the clinical educational environment and invites them to attend Clinical Education meetings.

Student Charting

Students are to log entries in patient charts as directed by the Clinical Supervisors or Clinical Preceptors and in accordance with departmental guidelines. Clinical Supervisors or Clinical Preceptors are responsible for reviewing and indicating the documentation's acceptability by co-signing or co-initialing the student chart entries.

Attendance

We believe that for an individual to learn a profession in health science, that individual must practice and participate in the skills required of the trade. Therefore, clinical practice attendance is a requirement of this program and a departure from attendance will be reflected in the student's grade.

Absence From a Clinical Rotation

Any assigned time when a student is not at their designated clinical site is considered an absence.

For each absence, the student may be required to attend a make-up day arranged with the consensus of the DCE or PD and clinical agency before the end of the semester. In most cases, the missed day will not be approved for makeup. This will be determined by the PD, DCE, and the clinical site individually. The student will receive zero points for all grading areas of that clinical day, which will impact the course's overall attendance grade. This will be determined by the PD, DCE, and the Clinical site individually. A clinical day will be defined as being 12 hours in length to determine a single absence.

Makeup criteria: If the student's clinical class grade is 85% or greater, the student earns 85% or greater on their first clinical case study, and they have had no disciplinary actions in the program, they will not be required to make up one missed clinical day. They will still receive zero points for the missed clinical day.

Clinical attendance requirements may be modified at the discretion of the Program Director, Director of Clinical Education, and Clinical Instructor during extraordinary disability, extended illness, or extenuating circumstances.

Notification of Absence

The procedure for proper notification of an absence is as follows:

1. The student will notify the assigned Clinical Supervisor and the JC Director of Clinical Education or Program Director (class lead) twelve (12) hours before the shift, if possible, but in no case less than 2 hours. The reason for and the length of absence are to be expressed.
2. When proper notification is not possible before the beginning of the shift, the student will notify the assigned Clinical Supervisor and the DCE or PD (class lead) as soon as possible and explain why proper notice could not be given.
3. If the student cannot reach the assigned Clinical Supervisor via phone, they must notify the Respiratory Therapy Department Staff via phone for the assigned shift. **This cannot be done via text or email message.**
4. The clinical site should notify, within one working day, the DCE or PD (class lead) of a student's absence, whether or not the student followed the notification policy, and the reason for their absence.

If the student feels they must leave clinical during an assigned day, the student must request permission from DCE or PD and the Clinical Supervisor before leaving, state the reason(s), and inform the Clinical Supervisor of the status of any work assignments. Leaving the clinical setting without informing the Clinical Supervisor and the Director of Clinical Education of the status of the assigned workload is considered a **Primary violation** of Clinical Policies. At no time is a student to leave the clinical site without the knowledge and permission of the Clinical Supervisor and JC Faculty.

Suspension of Clinical Participation at a Clinical Agency

A student may be asked to leave a clinical setting, at the discretion of the Clinical Supervisor, for the following reasons:

1. illness
2. injury
3. failure to conform to the dress code
4. lack of expected preparation to perform assigned clinical activities
5. commission of a Primary Clinical Disciplinary violation

Any missed clinical time is subject to normal make-up policies as this manual outlines.

Tardiness at a Clinical Agency

Student tardiness can be more disruptive to orderly departmental function than a properly notified absence. For this reason, the maximum tardiness allowed during a clinical semester is **two (2).** Tardiness is defined as occurring when the student is not prepared to receive a report at the shift's identified starting time. This means outer garments, etc., have been appropriately taken care of, pins and stethoscopes are in place, etc.

The proper procedure for notification of tardiness is the same as for an absence.

Upon excessive tardiness in a rotation, the student will be cited for infraction of clinical policies, specifically the secondary disciplinary guideline concerning excessive tardiness. Subsequent incidents of tardiness may jeopardize a student's standing in the JC RT Program.

Illness or Other Extenuating Circumstances

Students may be eligible to shorten a clinical semester's time requirements in extreme, extenuating circumstances. The Program Director, Director of Clinical Education, and any Clinical Supervisor who may be affected by a decision to allow early completion will judge these cases individually.

- Students having a relevant physical disability may, and should, legitimately request assistance in performing heavy load operations (as defined by their physician) or may excuse themselves from such operations.

Clinical Grading Policy
PASS/FAIL COMPONENTS

Students must satisfactorily complete all the following pass-fail components:

1. completion of mandatory competency checkoffs
2. completion of Equipment List assessment
3. satisfactory completion of logs and student journals
4. satisfactory affective evaluations
5. submission of completed patient assessments (typically 2 /rotation)
6. satisfactory physician contact time
7. satisfactory attendance (also possible +/- points)
8. satisfactory completion of a special project

Competency Checkoffs and Equipment Lists

A student who does not complete all Proficiency Checkoffs or Equipment List items because the opportunity did not arise will have a limited time (two-three weeks) into the next clinical semester to make up the required evaluation or face a failing grade and subsequent expulsion from the program.

Student Logs and Journals

Students complete journal entries based on daily clinical activities and events, which instructors can read to facilitate student/program communications. Tallies of all procedures are made and entered in the logs. Entries in both logs and student journals must be made daily**.** The student must submit journals, physician contact logs, procedure/task count logs, and time tracking by the end of the clinical week. The clinical Supervisor or the DCE, PD, or adjunct instructors may add an addendum to journals or physician contact logs if needed for clarification.

Grade Point Components

The final grade for clinical will be based upon the following POTENTIAL components:

1. Competency Checkoffs
2. Equipment List
3. Activity Logs and Journals
4. Case Studies
5. Provider Contact Time
6. Clinical Exams
7. Attendance
8. Special Project

Responsibilities for the points that determine the clinical class's letter grade are as follows: the Clinical Supervisor contributes/evaluates content for clinical exams and completes affective evaluations, equipment lists, and student clinical proficiencies using appropriate Proficiency Checkoffs. The DCE, PD, or adjunct instructors will evaluate Checkoffs, logs, journals, patient assessments, physician contact time, exams, attendance, and special projects for point values. The DCE or PD will calculate the final grade for all students based on the following scale.

Activity Logs and Student Journals

Activity logs constitute documentation that records daily student activity (tasks performed). The program personnel believes that accurate, legible, concise, complete, and meaningful charting is essential for the healthcare worker. The daily Student Clinical Activities Logs, and the Student Journals will be assessed weekly to biweekly (as time permits). The PD, DCE, or appointed adjunct faculty assess the provider contact points and time tracking for points.

At the beginning of each assessment, the logs and journals will be evaluated, and points will be subtracted for infractions in each of the following categories:

- **COMPLETENESS** - ALL portions of EVERY log must be filled out COMPLETELY. A common source of lost points is failure to meet this requirement.

- **ACCURACY** - Dates, names, times, quantity and type of procedures performed, etc., will all be assessed for logs and journals.

Affective Evaluations (Assessment of Clinical Behavioral Objectives)
Student behavior is evaluated at least twice within each JC Respiratory Therapy program rotation.

An initial evaluation is given to the clinical sites approximately halfway through a rotation to assist the students in forming desirable clinical behavioral patterns. The assessment tool used for this is called, appropriately enough, the Formative Evaluation.

A final evaluation is given to students near the end of a rotation and summarizes the students' behaviors. The assessment tool used for this is called the Summative Evaluation.

Case Study
During the clinical semester, students will complete formal patient assessments using a JC Respiratory Therapy Patient Assessment form appropriate to the assigned semester. These are PASS/FAIL components of the clinical experience. If students earn a failing grade on any case study, the PD or DCE may require that case study to be redone until the student earns a passing grade. If not corrected or completed, the student will receive a failing grade in that clinical course and will not be able to proceed in the program.

Special Projects
One special project (8 hours) is required per clinical semester. The student can discuss potential topics with any program faculty to determine the acceptability of a title. Still, the project MUST receive final approval from the individual assigned as the Director of Clinical Education for the semester. Students will log their completed Special Projects in Platinum Software.

Social Media Policy
Students enrolled in the Jackson College Respiratory Therapy Program, whether participating in classroom, lab, or clinical activities, must uphold the same confidentiality standards as the college employees and staff at their assigned clinical sites. These confidentiality standards safeguard information related to patients, procedures, institutional policies, and clinical site identities. This obligation to maintain confidentiality also extends to all social media platforms, including Facebook, Instagram, X (formerly Twitter), TikTok, and others.

Students are required to follow all policies and procedures of the RES Program and clinical sites, including those related to social media postings. Students are also subject to the same penalties as college and clinical site employees, including immediate dismissal from the RES Program and clinical site resulting from a breach of the social media policy. Any violations of these policies may result in the same penalties applied to college and clinical site employees.

Students are strictly forbidden from posting any information or photography related to a clinical site, RES faculty, patients, employees, or procedures. This includes sharing the clinical site's location through posts or GPS data. Posting negative or derogatory remarks about patients, clinical sites, instructors, faculty, staff, or fellow students on social media is also strictly prohibited. Furthermore, comments that reflect poorly on the clinical site or express dissatisfaction with the RES program, clinical experience, or instruction methods are not allowed.

Additionally, posting unfavorable comments about personal matters during class or clinical hours, even during breaks or lunch, may be considered a violation of this policy. Students must avoid any identifiable posts during class or clinical hours or risk facing penalties associated with breaching the social media policy.

To avoid violations, students must familiarize themselves with the policies and procedures of their assigned clinical site, particularly its social media policy. Any breach of these policies will result in immediate dismissal from both the clinical site and the RES program. Failure to follow the clinical site's social media policy may also lead to further disciplinary actions imposed by the site itself. It is important to note that violating the program's

social media policy may also constitute a violation of federal law under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). For more information, visit: HIPAA Summary.

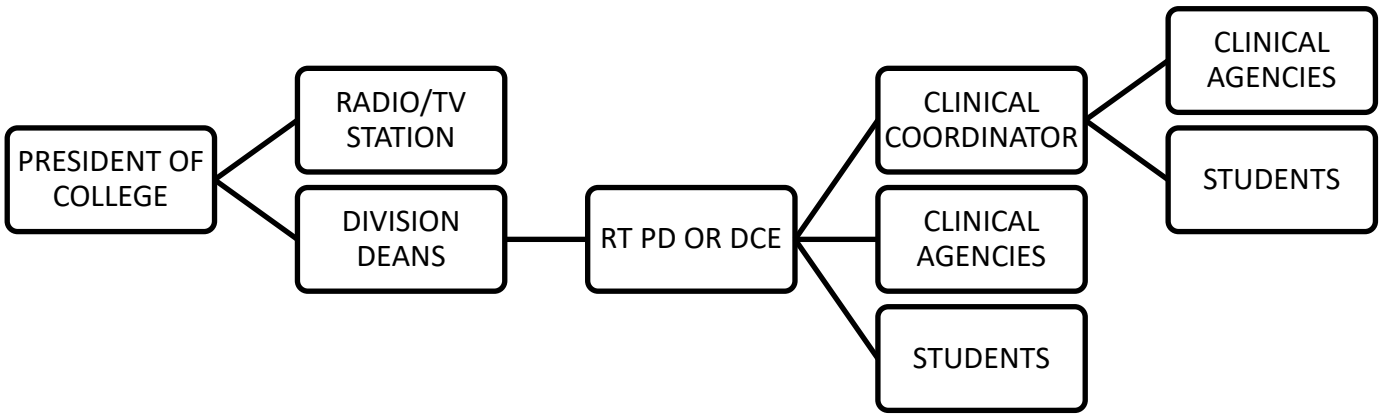
Students must not upload tests, quizzes, faculty-generated presentations, or faculty information to any website or social media platform. Students are also forbidden from claiming or implying that they are speaking on behalf of the College.

JACKSON COLLEGE
RESPIRATORY THERAPY PROGRAM
HAZARDOUS DRIVING WEATHER

Driving to a clinical assignment may become hazardous for a student to attempt during the clinical semester.

To deal with such potential situations, the following procedures should be followed:

1. If Jackson College is officially closed due to inclement weather (most commonly severe snow or ice storms), all clinic rotations not yet attended will be canceled for that day.
2. School cancellations are generally broadcast on many radio and television stations. The status of JC's class cancellations can also be checked at the college's website, http://www.jccmi.edu.
    - LiveSafe is an app that gives students, staff, and faculty an effective way to communicate with Jackson College Security via a mobile device. LiveSafe provides the campus safety & security with accurate information about your GPS location.
    - https://www.jccmi.edu/campus-security-safety/livesafe-app/
3. Clinical agencies will be notified as soon as possible of school cancellations. The normal flow of such information is shown in the following diagram:



4. Clinical agencies of the JC RT Program are encompassed in a triangular area with Lansing, Michigan, Detroit, Michigan, and Toledo, Ohio as the points. Due to the large geographic area serviced by the clinic rotations, several considerations must be made:
    a. Much of the constituency of the College resides in rural areas, which are at times more severely affected by adverse weather and for more extended periods than the urban areas.
    b. At times, weather conditions in one part of the geographic range may drastically differ from those in other regions.
    c. This being Michigan, the weather can change rapidly and severely in very short periods.
5. All of this makes it impossible to set up "black and white" guidelines for attendance responsibilities during potentially adverse weather and hazardous driving conditions. In general, use the following guidelines:

a. A student is not expected to attempt driving during an official "tornado warning" period affecting the student's driving route. During such conditions, students should follow the procedures listed under NOTIFICATION OF ABSENCE.
b. If the weather in the immediate area of a clinical agency is such that travel in that area constitutes a significant safety risk, it is requested that the Clinical Supervisor inform the Director of Clinical Education or Program Director as soon as possible. A decision can then be made on whether to cancel that day's clinical.
c. If the weather in the immediate area of a student's home is such that travel from that area constitutes a significant safety risk, it is requested that the Director of Clinical Education or Program Director be informed as soon as possible.
Considering the necessary services supplied by Respiratory Therapy personnel, they are professionally required to make all "reasonable" efforts to get to their worksite. This is also the expected behavior of clinical students. This may mean cautious and prudent driving during adverse but manageable winter conditions that might keep the casual driver indoors in our northern climate.

6. If the College is officially closed after students have already arrived at their clinical sites, a joint decision between the Director of Clinical Education, Program Director, and Clinical Supervisor will be made as to the propriety of continued student attendance for that clinical day.

JACKSON COLLEGE
RESPIRATORY THERAPY PROGRAM
COMMUNICATION TO THE COLLEGE

1. Respiratory Therapy Program
   JW 226
   2111 Emmons Rd.
   Jackson, MI 49201

2. JC Main Campus Phone numbers:
   JC Mainline 517-787-0800
   JC Toll-Free phone..... 888-522-7344

3. Offices:
   Program Director 517-796-8551
   Director of Clinical Education 517-796-8684

4. Email addresses and cell phone numbers for Program faculty:

Program Director
Sarah Parker, MAOM, RRT, RRT-NPS
ParkerSarahg@jccmi.edu
(517) 812-0079
JW-226 or HLC 204

Director of Clinical Education
Lindsay Greenstein, BS, RRT
GreenstLindsay@jccmi.edu
(734) 216-2354
JW-236 or HLC 204

JACKSON COLLEGE
RESPIRATORY THERAPY PROGRAM
CLINICAL AGENCY ADDRESSES AND PHONE NUMBERS

Clinical Affiliates	**Address**	**Phone Number**
Ascension Borgess	205 N. East Avenue Jackson, MI 49201	269-226-5972 (Sarah H.)
Henry Ford Health System - Jackson	205 N. East Avenue Jackson, MI 49201	517-788-4800 x5646 (Hannah VM) 517-783-8916 (dept. mobile)
Hillsdale Hospital	168 South Howell Hillsdale, MI 49242	517-437-5185 (dept.) 517-437-4451 (pg. House Super)
McLaren Greater Lansing	401 W. Greenlawn Lansing, MI 48910	517-975-6661 (dept.) 989-620-5456 (Mary cell)
Oaklawn Hospital	200 N. Madison Avenue Marshall, MI 49068	269-789-7936 (dept.) 269-789-7937 (Jeannie VM.)
Promedica Hickman	5640 N. Adrian Hwy Adrian, MI 49221	517-577-0192
Trinity Health - Chelsea	775 South Main Street Chelsea, Michigan 48118	734-593-5478 (Lisa) 734-593-6650 (dept. mobile)
Univ. of Mich. Hospitals Mott Children's Hospital	1540 E. Hospital Dr. Ann Arbor, MI 48109	734-763-2420 (Dept.)
Univ. of Mich. Main Hospital	B1H 230-0024 1500 E. Medical Center Ann Arbor, MI 48109	734-645-5649 (Connie)
Univ. of Mich. Sparrow Hospital	1215 E. Michigan Ave. Lansing, MI 48912	517-490-2231 (Carson) 517-364-1000 (pg. Charge)
VA-Ann Arbor	2215 Fuller Rd Ann Arbor, MI 48105	734-769-7100 x. 22603 (Sherilyn) 734-769-7100 x. 22600 (Charge mobile)
Trinity Health – Ann Arbor	5301 McAuley Dr. Ypsilanti, Michigan 48197	734-712-6857

JACKSON COLLEGE
RESPIRATORY THERAPY PROGRAM
Description of Health Certification Forms

Dear Student:

The health certification forms (including the Health Certification Form and the Technical Standards and Functions Form) must be completed by the physician of your choice for the sole purpose of determining and documenting your physical status before beginning the clinical component of your Allied Health Program.

This statement is not utilized for admission, retention, or removal from any Allied Health Program.

This medical information must be completed and returned to the Allied Health Department **before** beginning any clinical courses.

I strongly suggest that you retain a copy for your records.

Sincerely,

Sarah G. Parker, MAOM, RRT, RRT-NPS
Associate Professor, Program Director, Respiratory Therapy Program

Jackson College

Health Certification Form - Nursing & Allied Health Departments

Jackson College's Nursing and Allied Health departments require that each student furnish the following documentation:

1. A Statement of Physical/Emotional Fitness
2. Current Health Provider CPR certification from The American Heart Association
3. Verification of Immunization Status
4. Healthcare Insurance

The completed Health Certificate Form and copies of the required records must be provided before the student may begin clinical course studies. Students will not be allowed to participate in their assigned health program if current documentation is not submitted and maintained. Upload this form with the required documentation to ViewPoint.

A. Identification

Student's Name:	**Student ID Number:**

B. Statement of Physical/Emotional Fitness (MUST BE COMPLETED BY A PHYSICIAN, PHYSICIAN ASSISTANT, OR NURSE PRACTITIONER). Please review the attached technical standards and functions for _____ (insert program of study).

I have reviewed the attached technical standards and functions for this student's program of study and in my judgment this student is physically and emotionally capable of participating in the Jackson College Health Occupation program indicated above.

Signature of physician, physician assistant, or nurse practitioner

Type or print name of physician, physician assistant, or nurse practitioner

Address

Telephone Number (including area code) **Date (Required)**

Any student with a condition that could impact decision making or the physical ability to provide safe client/ patient care must discuss his/her condition with the program director for his/her program of study.

Immunization Requirements

According to the Center for Disease Control (CDC) they recommend all healthcare personnel (HCP) show evidence of immunity to measles, mumps, rubella and varicella. In addition, due to the potential exposure to blood or bodily fluids and risks related to direct patient contact, the CDC recommends that HCP protect themselves with vaccinations against Hepatitis B and Tetanus/Diphtheria/Pertussis, Influenza, SARS COVID-19, and be screened for Tuberculosis. Jackson College students must

provide documentation of compliance with clinical partners and the CDC Healthcare Personnel Recommendations. Documentation of immunity must be a copy of an official immunization record or copies of lab reports indicating positive titers (self-reporting or parent's record of disease or vaccinations is not acceptable).

The clinical education site policy may require additional immunizations not listed on this form in order to participate in the clinical education. The Allied Health/Nursing Department Coordinator will provide the student with a list of the additional immunizations if different from the list provided on this form.

All Required Documentation Must Be Submitted to ViewPoint
CPR, TB, and Flu Vaccine Must Remain Current Throughout the Duration of the Program

C. CPR Certification and Healthcare Insurance:

1. **CPR Certification (BLS for Health Care Provider via** The American Heart Association**)**
   - **Submit a copy of both the front and back of card to ViewPoint**

D. Required Immunizations: (*JC does not mandate any Vaccination. These are the requirements of our clinical partners.)

Upload Copies to ViewPoint an Official Immunization Record or Lab Reports For The Following Immunizations.

1. Rubella (German Measles)
   - Documentation of 2 doses of MMR 4 weeks apart **OR** a positive Rubella titer
2. Rubeola (Hard Measles)
   - Documentation of 2 doses of MMR 4 weeks apart **OR** a positive Rubeola titer
3. Parotitis (Mumps)
   - Documentation of 2 doses of MMR 4 weeks apart **OR** a positive Mumps titer
4. Varicella (Chicken Pox)
   - Documentation of 2 doses of Varicella given 28 days apart **OR** a positive Varicella titer
5. Diphtheria/Tetanus/Pertussis (TD or Tdap)
   - Documentation of a booster within the past 10 years. If booster is needed recommend a Tdap
6. Hepatitis B
   - Documentation of 3 dose Hepatitis B series at 0-1-6-month interval **OR** a positive Hep B surface antibody titer
7. Influenza Vaccine (Seasonal Flu Shot)
   - Documentation of current influenza which must include Lot #. Must submit EVERY FALL.
8. mRNA Covid-19 Vaccine (Optional)
   - Documentation of Covid-19 vaccine(s) which must include Manufacturer **AND** Lot #.

E. Two-Step Tuberculin Skin Test (TST):
Upload The Following to ViewPoint

1. Documentation of first negative TST
2. Documentation of second negative TST, administered within 7-21 days from the first negative TST
3. If the first TST is positive you need documentation from your health care provider of evaluation and treatment **OR** chest x-ray that has been in the past 12 months.
4. Two consecutive annual single step tests. Second test must be administered within the past 12 months
5. Negative QuantiFERON Gold blood test, administered within the past 12 months
6. Negative T-Spot blood test administered within the past 12 months

NOTE: It is the student's responsibility to keep their health record updated and evidence submitted to ViewPoint prior to the expiration date. Failure to do may result in the inability to participate in the program.

By signing below, I give my permission for Jackson College to release any and all information contained in this record to any clinical facility that I am assigned to. I also understand that I am responsible for the accuracy of the information I have provided and that I am required to notify Jackson College if there is a change in my health that could potentially impact my ability to participate in my program of study. I further acknowledge that failure to provide accurate and complete health records and/or failure to notify Jackson College of a change in my health that could potentially impact my ability to participate in my program of study could result in me being dismissed from my program of study.

Student Signature _____ **Date**_____

Technical Standards & Essential Functions Acknowledgment Form

Students who require accommodation to meet the technical standards are encouraged to disclose their needs as early as possible. To ensure that appropriate support planning is in place, students should communicate their accommodation requests before accepting a program placement. Reasonable accommodation is available to support student success, and early disclosure helps facilitate access to necessary resources.

Reasonable accommodations are provided for students with documented disabilities in accordance with the Americans with Disabilities Act. Students must be able to meet the technical standards for the profession with or without reasonable accommodation. If, after an interactive process, no reasonable accommodation can be identified that enables the student to meet these standards without fundamentally altering the program, admission or continuation in the program may not be possible

Students accepted into the Respiratory Therapy Program at Jackson College must acknowledge and demonstrate the ability to meet the Technical Standards and Essential Functions outlined in this document.

Technical Standards and Essential Functions Required to Successfully Complete an Associate in Applied Science Degree in Respiratory Therapy

The Respiratory Therapy Program (RT) defines technical standards and essential functions to ensure students possess the necessary abilities to fully engage in and succeed in all aspects of the program.

These standards apply to both admission and continued participation in the program and are essential for safe and effective respiratory care practice while adhering to the CoARC Standards.

Instructions:
By signing this form, students confirm that they:

- Have read and understand the Technical Standards and Essential Functions.
- Can perform these tasks with or without reasonable accommodations.
- Understand that Jackson College will make every effort to provide reasonable accommodations per the Americans with Disabilities Act (ADA); however, accommodations in clinical settings depend on the policies and capabilities of affiliated healthcare facilities and cannot be guaranteed.
- Acknowledge that inability to meet technical standards, even with reasonable accommodation, may impact their ability to continue in the program.
- Understand that it is their responsibility to request accommodations through the Center for Student Success promptly.
- Recognize that failure to request accommodation may affect their ability to complete the program successfully.

Health & Safety Considerations

- The RT Program is committed to ensuring the safety of students, classmates, and patients.
- If there are concerns regarding a health issue or disability, Jackson College reserves the right to require a medical release.
- Students are responsible for the cost of any required examinations.
- Students must notify instructors of any health risks that may impact their performance.

TECHNICAL STANDARDS & ESSENTIAL FUNCTIONS

Sensory Abilities

- Ability to actively engage in all demonstrations, lab exercises, and clinical experiences.
- Recognize, interpret, and respond to facial expressions, body language, and monitor the patient's physical and mental status during care.
- Ability to understand speaking voice without viewing the speaker's face; hear monitor alarms and emergency signals; hear pulses necessary for blood pressure measurement; and hear breath sounds when performing auscultation of the chest with a stethoscope.
- Sufficient hearing to monitor the patient's condition and discern fine details in many environments.
- Sufficient visual acuity to monitor the patient's condition and discern fine details in brightly lit and dimly lit environments.
- Monitor vital signs and physical responses while conducting examinations and respond accordingly.
- Ability to visualize and identify cyanosis, absence of respiratory effort, tiny print found on medication bottles or unit doses, physician orders, and various types of equipment.

Student Initials: _____

Communication Skills

- Communicate effectively in English through verbal, non-verbal, and written means with faculty, peers, patients, families, and the healthcare team.
- Gather relevant patient information, respond to questions, and interpret physician orders.
- Explain therapy, describe patient conditions, and implement patient education; write legibly or input electronically accurately and correctly in the patient's chart for legal documentation.
- Provide clear instructions to patients and relay respiratory findings accurately.
- Speech must be clear and understandable by faculty, clinical staff, and patients.
- Receive reports and instructions for procedures from physicians and providers.

Student Initials: _____

Motor Skills & Coordination

- Stamina and strength to push, pull, bend, and stoop routinely.
- Sufficient strength to lift and carry up to 55 lbs., including positioning patients and moving heavy respiratory equipment.
- Assist in moving patients into various bed positions. This requires leaning across a bed, assisting in lifting the patient, and pulling and pushing on the patient.
- Ability to exert muscle force repeatedly or continuously over time, including walking, standing, or remaining upright for 8-12 hours.
- Demonstrate manual dexterity and fine motor movements to perform life-saving measures, including BVM seal and squeeze, ETT securing, ABG punctures, and manipulating other medical equipment.
- Maintain prolonged arm positions needed for ventilation, airway security, transport, and other obligations for patient care and safety.

- Ability to work with potential hazards, such as medical diseases (such as bloodborne pathogens and tuberculosis), gases, humidifying gases, nebulized medications, odors from patients, mechanical or electrical burns, explosive and radiation hazards due to electrical and pneumatic equipment contact, as well as administration of therapy to patients with internal radiation implants and infectious disease, and exposure to latex.

Student Initials: _____

Intellectual & Decision-Making Abilities

- Sufficient psychological stability and knowledge of techniques/resources to respond appropriately and efficiently in emergent situations to minimize dangerous consequences, either patient-related or environment-related.
- Recognize and respond appropriately in emergency situations, and function safely under stressful conditions with the ability to adapt to a constantly changing environment in clinical situations involving patient care.
- Sufficient psychological stability and knowledge of techniques/resources to work with potential hazards to minimize dangerous consequences, either patient-related or environment-related.
- Ability to gather, interpret, and integrate information for informed decision-making.
- Successfully complete all academic and clinical components of the program, which requires learning technical, medical, and pathophysiological information.

Student Initials: _____

Behavioral & Social Attributes

- Maintain emotional stability and sound judgment in high-pressure environments.
- Foster professional and empathetic relationships with patients and healthcare team members.
- Adapt to evolving clinical settings and handle stress effectively.
- Demonstrate integrity, compassion, and professional behaviors at all times.
- Receive and apply constructive feedback to improve respiratory care skills.
- Adhere to ethical standards outlined in the AARC Statement of Ethics and Professional Conduct. https://www.aarc.org/wp-content/uploads/2017/03/statement-of-ethics.pdf

Student Initials: _____

Accommodation Policy

- You must be able to perform each of these tasks with or without reasonable accommodation.
- If you require an accommodation due to a disability, it is your responsibility to provide appropriate documentation and formally request the accommodation through the Center for Student Success.
- Jackson College is committed to ensuring equal access to its programs and services for qualified students with disabilities and will make every effort to provide reasonable accommodations following the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act.
- Students needing accommodations should contact the Center for Student Success as early as possible to begin the interactive process of documenting eligibility and appropriate accommodations.
- Respiratory students with disabilities are expected to meet all essential functions of the program with or without reasonable accommodations.

- While the Respiratory Therapy program strives to assist students requiring accommodations, the Program Director, faculty, and affiliated clinical facilities may review accommodation requests to ensure they do not fundamentally alter course objectives, essential competencies, or clinical requirements.

Student Initials: _____

Final Acknowledgment

I, _____ [Print Student Name], have read and understand the Technical Standards and Essential Functions required to successfully complete the Respiratory Therapy Program at Jackson College.

By signing below, I acknowledge that:

- I can meet these essential functions with or without reasonable accommodation.
- I understand my responsibility to request accommodations, if needed, through the Center for Student Success.
- Reasonable accommodations are available for students with documented disabilities per the Americans with Disabilities Act. I acknowledge that I must meet technical standards for the profession with or without reasonable accommodation. If, after engaging in the interactive process, no reasonable accommodation can be identified that enables me to meet these standards without fundamentally altering the program, I understand that admission or continuation in the program may not be possible.
- I agree to comply with all technical, behavioral, and ethical standards outlined in this document.

  Student Signature: _____
  Date: _____

Jackson College Respiratory Therapy Program Handbook

I, at this moment, acknowledge that I have received, read, and understand the Jackson College Respiratory Therapy student handbook. I further agree to follow all policies and procedures within the handbook. I understand while attending the clinical sites for the Respiratory Therapy program, I am expected to follow all reasonable rules and regulations of policies and procedures of the assigned clinical sites. I understand that failure to abide by these rules and regulations may result in dismissal from the Respiratory Therapy Program.

Date____/____/_____

Name_____

Signature_____

This acknowledgment form needs to be completed and submitted to the Respiratory Therapy Program Director by the first day of class when beginning the program.

Handbook Revisions:

8/26/2025

- Modified the complaint process directly to the Student Resolution Officer.
- Updated Prerequisite grade requirement for math and English.
- Updated to new Technical Standards.

1/21/2025

- Removed excess information from the beginning of the Handbook.
- Thorough grammar and spell check updates.
- Updated Table of Contents.
- Included AI use expectations.

8/26/24

- Added "warnings" in the disciplinary section.
- Added the use of RT or JC themed sweatshirt while in lab.

5/15/2024

- Added the highlighted verbiage to this statement: This includes engaging in negative gossip/behavior regarding the program, other students, or program faculty in public spaces, classrooms, group chats, or clinical sites.
- Clarified the requirement of wearing scrubs while in lab.
- Clarified not wearing open-holed croc-style shoes while in lab or clinical.
- Added Secondary Violation: Incomplete required preclinical paperwork/documentation by assigned due date.
-

12/13/2023

- Removed Covid requirement.
- Modified attendance policy.
- Changed 24-hour requirements for clinical documentation to clinical week.
- Added Falsifying case studies (Patient Assessments) and location falsification as a Primary Violation.
- Clarified Secondary Violations.
- Modified dress code requirements – per clinical site for tattoo and piercings.
- Modified classroom dress code.
- Clarified Clinical Supervisor, Instructor (removed), and Preceptor roles.
- Updated PD and DCE contact information.

12/20/2022

- Modified cover from Care to Therapy
- Updated curriculum to include COM 250 Intercultural Communication and changed to 75 credits.
- Reflected the 2.5-grade requirement for all prerequisite courses.
- Removed the application fee requirement.
- Added description of Lab assistant. Pg. 12

2/3/2022

- New Health Requirement Form

1/24/2022

- Immunization Requirements

12/28/2021

- Index organization
- Updated US Bureau of Labor Stats.
- CoARC Contact Information
- Admission Requirements
- Many grammatical errors throughout the document.
- Removed all he/she and replaced with they/them/their.
- Changed all “winter” semesters to “spring” and all “spring” to “summer”
- Added Complaint Process section
- Included Gossip in Secondary Violations
- Included “adjunct” instructors to the clinical portions.
- Added PD as an additional signoff for clinical documentation.
- Removed the RES 115 Skill Exam with clinical instructors. This is replaced by a simulation-based lab final consistent with the rest of the program.
- Added Donating blood/plasma and 2nd year Mentoring as a Special Project option.
- Added the mRNA Covid 19 vaccine mandate as required by our clinical partners.
- Removed the Reconsideration Committee and replaced with PD and DCE.

4/19/2021 – Additional immunization requirement pg. 37