

Jackson State Community College

Respiratory Care Program

Program Handbook

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

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

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Respiratory Care Program Pandemic/Disaster Information Disclosure

In the face of the current Coronavirus (Covid-19) pandemic (along with other possible communicable diseases), the program recognizes changes and alternatives to normal protocols and offerings may be necessary. While the following list is not exhaustive, these are items of importance that students accepted into the Respiratory Care Program must consider and be able to meet in order to successfully complete the program:

- Adhere to the policies, guidelines, and regulations of both the college and clinical sites as related to COVID 19 and/or other communicable diseases. This may include wearing personal protective equipment, being tested for COVID and reporting results, along with potential exposures, to proper authorities, having temperatures taken and monitored, completing educational modules, etc.
- Sign waivers to recognize possible and potential exposure to COVID 19 and/or other communicable diseases which may occur at either the college campus or the clinical setting while pursuing your education in Respiratory Care.
- Altered college and clinical schedules may result due to the pandemic or other communicable diseases or natural disasters, especially those which include complete closure of clinical facilities or the college campus to students. These changes may necessitate students being able to participate in virtual class meetings (at scheduled times as in normal class periods), participating in make-up days other than what is regularly published in the college catalog, travelling to various clinical sites based upon types and numbers of respiratory procedures needed, or delaying program completion from the five semesters as outlined in published materials.
- Recognize that class schedules, clinical rotations and locations, guidelines and protocols may change frequently and with little notice due to the status of the pandemic/natural disaster and based upon guidelines issued by multiple agencies such as CDC, Tennessee Department of Health, Tennessee Board of Regents, etc.
- In light of any future natural disaster or threat to national security, the Respiratory Care program will adhere to any changes in policies, guidelines, and regulations of both the TBR, the college, or multiple agencies. These may include changes to college and clinical schedules as outlined above.

Introduction

This Program Handbook is a compilation of the policies and procedures that govern all aspects of the Respiratory Care Program, and will serve as a reference and guide throughout the professional education. In order to assure our students of the best possible educational opportunity in the respiratory care sciences, the JSCC Respiratory Care program has established its curriculum based on the competencies identified by the American Association for Respiratory Care (AARC), the NBRC Therapist Multiple Choice and Clinical Simulation Examination Detailed Content Outlines, and in accordance with the standards approved by the Commission on Accreditation for Respiratory Care (CoARC). Respiratory Care students are required to read and be familiar with this material. Current copies will always be available in the respiratory care classroom, at each clinical affiliate site, and on the JSCC program website.

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

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

Accrediting, Credentialing, and Professional Organizations

Accrediting Organizations

The Commission on Accreditation for Respiratory Care (CoARC)

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

Southern Association of Colleges and Schools (SACS)

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

Credentialing Organization

The National Board for Respiratory Care (NBRC)

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

There are two established cut scores for the Therapist Multiple-Choice Examination. Candidates become eligible to take the Clinical Simulation Examination by achieving the higher cut score on the Therapist Multiple-Choice Examination. The passing point associated with RRT eligibility is higher than the passing point associated with the CRT credential. Individuals who attempt and pass the Therapist Multiple-Choice Examination at the higher cut score and attempt and pass the Clinical Simulation Examination will be awarded the Registered Respiratory Therapist (RRT) credential. The NBRC is located at 10801 Mastin Street, Suite 300, Overland Park, Kansas, 66210; 888-341-4811; www.nbrc.org.

Licensure

Board of Respiratory Care

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

Professional Organizations

The American Association for Respiratory Care (AARC)

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

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

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

Students are required to join the AARC as student members.

Advisory Committee:

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

Program Design

Program Goal:

The program goal is to prepare graduates with demonstrated competence in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains of respiratory care practice as performed by registered respiratory therapists (RRTs).

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

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

Mission Statement:

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

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

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

Program Faculty:

Medical Director

Nathan Wilds, MD

Program Director

Christie Ward, MRC,BS, RRT,RRT-NPS

Director of Clinical Education

Herb Owrey, BSN, RRT, RRT-RPFT

Clinical Faculty

Jackson-Madison County General Hospital, Jackson

Scott Laster, RRT

Clinical Preceptors to be selected

West Tennessee Healthcare – Dyersburg

Pam Sumrow, RRT, RRT-NPS

Henry County Medical Center – Paris
Thomas Kocisko, RRT

Baptist Memorial Hospital – Union City
Jim Robertson, RRT

Baptist Memorial Hospital – Huntingdon
Dawn Michelle Garrett, RRT

Methodist-Le Bonheur Healthcare, Germantown
Marla Kirk, MBA, RRT

Respiratory Care Students' Code of Ethics:

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

Integrity and Ethics:

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

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

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

- Claim or submit the academic work of another as one's own.
- Procure, provide, accept or use any materials containing questions or answers to any examination or assignment without proper authorization.
- Complete or attempt to complete any assignment or examination for another individual without proper authorization.
- Allow any examination or assignment to be completed for oneself, in part or in total, by another without proper authorization.

- Alter, tamper with, appropriate, destroy or otherwise interfere with the research, resources, or other academic work of another person.
- Alter, tamper with, appropriate, destroy or otherwise interfere with the use of institutional property, including but not limited to classroom fixtures, laboratory and/or computer equipment and supplies, and instructional materials.
- Fabricate or falsify data or results.
- Commit plagiarism if you submit as your own work:
 - Part or all of an assignment copied or paraphrased from another person's manuscript, notes or talk (lecture).
 - Part or all of an assignment copied or paraphrased from anything published.
- Act as an accomplice in plagiarism if you:
 - Allow your work, in outline, draft or finished form, to be copied and submitted as the work of another.
 - Prepare an assignment for another student which he/she submits as his/her own work.
 - Keep or contribute to a file of papers or presentations which anyone other than the author adopts and submits as his/her own work.

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

Violation of the Health Insurance Portability and Accountability Act-1996 (HIPAA) rules regarding the privacy of individually identifiable health information is grounds for dismissal from the Program, with due process, as outlined in the current version of the *Jackson State Community College Catalog and Student Handbook*.

Admission Requirements

The Respiratory Care program has specific admission requirements. Entrance into the program is competitive. All applicants must complete the following requirements by the application deadline to be considered for entrance into the program:

- Obtain regular college admission for degree-seeking status. College admission information may be found at www.jsc.edu/admissions or by calling (731) 425-8844 or 1-800-355-5722.
- Complete all required learning support competencies, if applicable, before applying to the program by the application deadline of June 1.
- Possess a high school and/or college overall GPA of 2.5 or higher on a 4.0 scale. Learning support courses are not included in the calculation of the GPA.

- Submit official ACT results if college courses have not been completed **OR** complete at least eleven (11) semester hours of college level credit with a minimum overall GPA of 2.5 on a 4.0 scale, and a grade of “C” or better in any science courses or college level math course attempted. This curriculum should include college level math and science courses such as anatomy and physiology I and II and microbiology.
- Additional points toward admission will be given for students who have completed COL 1030, College to Career Navigation, or HSC 111, Medical Terminology.
- Submit all official high school/college transcripts to the Admissions Office by the application deadline.
- College credit for Human Anatomy and Physiology I & II must be within the past five years to count toward the Respiratory Care degree or the courses must be repeated.

Admission Procedures:

- Submit a completed Respiratory Care Program application by June 1 of the desired year of entry.
- Attending a program information session is strongly encouraged. The information session provides an overview of the profession, the program selection criteria, important components of the program, and continuation criteria. Information sessions are scheduled throughout the year.
- Attend an interview, as scheduled by the program faculty, once all application requirements have been completed.

Selection for admission is based on an evaluation point system, which reflects the applicant’s ACT scores or cumulative GPA at the time of application and results of the interview. Additional points may be earned by assessments of GPA for college level science and math courses attempted. Details of the evaluation point system are available from the Health Sciences Office.

Application for admission is considered for one application period only. Applicants who wish to be considered for admission into the next entering class must submit a new application.

Transfer (Transfer from another accredited respiratory care program):

Students wanting to transfer into the program must follow the admission requirements outlined above. Additionally, the program director and the director of clinical education from the previous program must provide letters of recommendation that are mailed directly to the program director. Students must also submit a signed letter stating their reason for requesting a transfer.

Transfer into the program will be based on space availability and the circumstances of the transfer. Admission into the program based on transfer is not guaranteed. Students must make application to the program at least 60 days prior to the beginning of the semester they desire to enroll.

Students may be tested over previous Respiratory Care course material and clinical skills. A minimum of 75% must be obtained in all areas in order to be accepted. Placement will be based, in part, on didactic and skill evaluations.

Students must have completed, with a “C” or better, all required math and science courses as outlined in the program course schedule. Anatomy & Physiology I and II courses that are more than 5 years old must be repeated. Due to the rapid technological changes in respiratory care, those having a three or more-year gap in their respiratory care education must repeat all Respiratory Care courses.

Transfer students will take at least the last two semesters of Respiratory Care courses at Jackson State Community College. Twenty-five percent of the overall semester hours of credit needed for graduation must be from Jackson State. Fifteen off the last twenty-four semester hours of credit should be from Jackson State.

Technical Standards:

The Respiratory Care Program complies with all Americans with Disabilities Act requirements. Jackson State does not discriminate on the basis of disability in admission and access to academic programs, services or employment. Students with disabilities who want to request accommodations should contact the Disability Resource Center (DRC) inside the Counseling Office. It is the responsibility of the student to provide current, documented evidence of their disability to the DRC. Contact the Dean of Students, at ext. 50354 for additional ADA information, or go to the JSCC website at <http://www.jsc.edu/student-services/disabled-student-services/the-disabled-student.html>.

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

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

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

Retention Requirements:

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

1. Earn a "C" or higher grade in each respiratory care course.
2. All math and science courses must be completed with a "C" or higher grade no later than the semester listed in the program of study.
3. Maintain a cumulative 2.0 GPA or better.
4. Satisfactorily complete each clinical skill evaluation.
5. Maintain professional conduct as outlined in the program's student handbook.
6. Prior to the start of clinical rotations each student must provide documentation regarding a physical exam, current immunization, proof of health insurance, possession of malpractice insurance, criminal background check, and drug screening.
 - a. Health Requirements: All students must submit evidence of good health by returning a completed Physical Examination form. Forms are given to students once admitted into the Respiratory Care program.
 - b. All students must have:
 - 1) Documented initial two-step negative TB skin test or chest x-ray. TB skin test must be repeated annually.
 - 2) Evidence of immunity for:
 - a) Mumps, Measles, and Rubella - positive titer results or proof of two (2) shots.
 - b) Varicella zoster (chicken pox) – positive titer results or proof of two (2) shots; or physician proof of history.
 - c) Tetanus/diphtheria booster within the past ten (10) years.
 - d) Hepatitis B series – proof of series completion or signed declination.

- 3) CPR Requirement: All students must submit evidence of completion of an American Heart Association Healthcare Provider Basic Life Support course (AHA, BLS-HCP) which does not expire until after graduation.
 - 4) Malpractice Insurance: Malpractice insurance is required for all clinical courses. A group policy is provided with the fee assessed with tuition each fall.
 - 5) Health Insurance: Students are responsible for all costs incurred related to health problems, including injuries occurring during clinical practice. Students are required to maintain health insurance while in the program and provide verification prior to the start of clinical practice.
 - 6) Criminal Background Check: All students must have a criminal background check performed within 30 days prior to the start of clinical training. Depending on the finding of the background check, a student may not be allowed to start clinical training requiring the student to withdraw from the program.
 - 7) Drug Screening: All students must have a drug screen performed within 30 days prior to the start of clinical training. Depending on the results of the drug screen a student may not be allowed to start clinical training or continue in the program.
- c. Meet/comply with the requirements of clinical affiliates regarding students.

Student Progress:

To keep students informed of their progress in respiratory care courses, program faculty provide a report to each student with a total of their grades and current averages at mid-term during the semester. If any student falls below the 75% benchmark, they are asked to meet with the instructor to discuss various options that may be implemented to improve learning.

To demonstrate mastery of didactic course material, all students must make a score of at least 75% on each examination during the semester. If a student does not score 75% on an exam, he/she will meet with the instructor to determine options to improve the student's mastery of the material. However, the original exam score is the grade that will be recorded for the exam.

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

Students who do not meet the retention requirements described above will be unable to continue in the program and are required to withdraw. Students who withdraw from the Respiratory Care program may still be eligible to continue as a student of Jackson State Community College.

Readmission into the Program:

Depending on the circumstances, students may have the option to apply for readmission to the program at a later date. A maximum of two program admissions is allowed.

Students will not be allowed to reapply for the Program following a clinical dismissal based on either clinical course failure, clinical dismissal based on Written Reprimands, dismissal due to cheating, or violation of HIPAA rules.

Readmission into the program is not guaranteed. Readmission is based on available space and the circumstances of withdrawal or dismissal. Students seeking readmission must submit a formal, written request to the program director and an updated program application at least 60 days prior to the beginning of the semester for which they desire to enroll. Didactic knowledge and clinical skills may be retested in order to determine placement. Previously completed classes may need to be repeated. Other activities may need to be completed as a condition for readmission depending on the circumstances of withdrawal. Consult with the program director for further details.

All admission and continuation requirements apply to those seeking readmission. Due to the rapid technological changes in respiratory care, a gap of three or more years will necessitate repeating all respiratory care education courses. Additionally, Anatomy and Physiology I & II courses which are more than 5 years old must be repeated.

Graduation Requirements:

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

Respiratory Care Program 2021/2022 Curriculum

Semester	Course	Credits
Fall 1st Year	BIOL 2010 Human Anatomy & Physiology I	4
	ENGL 1010 English Composition I	3
	MATH 1530 (and above) Statistics and Probability	3
	RESP 1225 Cardiopulmonary Pharmacology	2
	RESP 1320 Cardiopulmonary Physiology	3
	RESP 1410 Fundamentals of Respiratory Care - 1	4
	Semester Total	19
Spring 1st Year	BIOL 2020 Human Anatomy & Physiology II	4
	BIOL 2230 Microbiology	4
	RESP 1220 Introduction to Clinical Practice	2
	RESP 1310 Cardiopulmonary Pathophysiology	3
	RESP 1420 Fundamentals of Respiratory Care - 2	4
	Semester Total	17
Summer	RESP 2339 Introduction to Clinical - 2	3
	RESP 2440 Mechanical Ventilation	4
	RESP 2442 Cardiopulmonary Diagnostic Testing	4
	Humanities Course	3
Semester Total	14	
Fall 2nd Year	RESP 2444 Critical Care Practice - 1	4
	RESP 2445 Advanced Concepts of Mechanical Ventilation	4
	RESP 2455 Pediatric Respiratory Care	4
	PSYC 1030 General Psychology	3
	Semester Total	15
Spring 2nd Year	RESP 2456 Comprehensive Credentialing Preparation	4
	RESP 2465 Critical Care Practice - 2	4
Semester Total	8	
Total Hours		73

Course Descriptions

RESP 1220 Introduction to Clinical Practice (2 credit hours)

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

RESP 1225 Cardiopulmonary Pharmacology (2 credit hours)

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

RESP 1310 Cardiopulmonary Pathophysiology (3 credit hours)

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

RESP 1320 Cardiopulmonary Physiology (3 credit hours)

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

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

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

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

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

RESP 2339 Introduction to Clinical 2 (3 credit hours)

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

RESP 2440 Mechanical Ventilation (4 credit hours)

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

RESP 2442 Cardiopulmonary Diagnostic Testing (4 credit hours)

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

RESP 2444 Critical Care Practice 1 (4 credit hours)

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

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

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

RESP 2455 Pediatric Respiratory Care (4 credit hours)

Pediatric Respiratory Care studies the etiology, pathophysiology, presentation and treatment of common neonatal and pediatric cardiopulmonary diseases and disorders. Various mechanical ventilation techniques will be discussed. Pediatric Advanced Life Support, PALS, training will be provided.

RESP 2456 Comprehensive Credentialing Preparation (4 credit hours)

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

RESP 2465 Critical Care Practice 2 (4 credit hours)

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

Grading Scale:

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

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

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

Academic Support Services:

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

Student Grievance/Complaint Process:

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

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

College Campus

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

Clinical Setting

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

There are specific grievance policies established by the college and the program. These policies are located in the respective handbooks for each organization. Jackson State Community College publishes grievance policies related to academic grades, ADA, college disciplinary procedures, etc. The *Jackson State Community College Catalog and Student Handbook* for each academic year is listed on the institution’s website.

Each grievance policy has timelines and chain of command listed. Likewise, the respiratory care program has a Clinical and Program Disciplinary Policy to direct students on the grievance process for these actions.

Financial Information

Fees and Expenses:

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

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

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

Student Health and Communicable Disease Policy

Student Health:

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

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

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

**Infectious Disease/Bloodborne Pathogen Exposure Control Plan:
(CoARC Standard 5.08 – The health, privacy, and safety of patients, students, and faculty associated with the educational activities and learning environment of the students must be adequately safeguarded.)**

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

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

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

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

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

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

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

Engineering Controls:

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

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

Work Place Controls:

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

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

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

Personal Protective Equipment:

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

- Gloves
- Gowns
- Masks
- Face shields

- Eye protection

Post-Exposure Evaluation and Follow-Up:

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

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

Communication of Hazards to Students:

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

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

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

SOCIAL MEDIA POLICY

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

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

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

Notes

- Remember that laws and JSCC policies governing inappropriate conduct such as sexual (or other) harassment, bullying, discrimination, defamation, infringement of copyright and trademark rights, and other confidential and private information

apply to communications by JSCC students, faculty, and staff through social media.

- Carefully consider the accuracy, clarity, length, and tone of your comments before posting them. Posts on social media should be professional in tone and in good taste. Remember, your posts may last forever.
- Respect the views of others, even if you disagree.
- Follow the rules. Displaying behavior that violates federal and/or state law could have serious consequences that could affect your future.
- Do not be rude or argumentative, or use inappropriate language; avoid negative exchanges whenever possible.
- Do not post pictures or videos of another person without first obtaining permission to do so.
- Postings should not reflect negatively on the college, the clinical institution, or any individual; comments that could be considered disparaging or morale lowering among classmates and/or clinical staff should be avoided.
- Remember to be respectful, be careful, be responsible, and be accountable.

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

Clinical Practice

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

Clinical Experience Supervision:

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

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

Proposed Master Clinical Plan

Semester and Clinical Course	Course Content	Competency Evaluations
FIRST TERM (Fall)	NA	NA
SECOND TERM (Spring)		
RCT 214 Clinical Practice I 1 Credit Hour/ 8-12 Clock Hrs Rotations: # of students JMCGRH: 7 WTH-Dyersburg: 2 BMH-UC: 2 Henry Co. MC: 2 BMH-Huntingdon: 1 Methodist-Le Bonheur: 1	Adult Floor; ER; EKG; Sleep lab Major Emphasis on: <ul style="list-style-type: none"> • Respiratory Care Department • Patient Care • Hospital Policies/Procedures • Ethics/Legal Issues • Infection Control Procedures • Pulse Oximetry 	Handwashing Personal Protective Equipment
THIRD TERM (Summer)		
RCT 225 Clinical Practice II 3 Credit Hours/24 Clock Hours Rotations: # of students JMCGRH: 16 students	Adult Floor; ER; ABG Major Emphasis on: <ul style="list-style-type: none"> • Medical Gas Therapy • Aerosol and Humidity Therapy • Equipment Cleaning & Sterilization • Charting Procedures • Patient Assessment • Lung Expansion Therapy • Hospital Policies/Procedures • Aerosolized Medication Delivery • Rapid Response Team 	Oxygen Therapy Pulse Oximetry Incentive Spirometry Hand Held Nebulizer
FOURTH TERM (Fall)		
RCT 234 Clinical Practice III 4 Credit Hours/24 Clock Hours Rotations: # of students JMCGRH: 16	Adult Floor; ER; ABG; Intubation; Adult ICU Major Emphasis on: <ul style="list-style-type: none"> • Arteriotomy and Analysis • Airway Management Techniques • Charting Procedures • Airway Clearance Therapy • Aerosolized Medication Delivery • Intra-hospital Transport • Lung Expansion Therapy Introduction to Mechanical Ventilation	Arteriotomy Closed Suction Open Suction Lung Expansion Therapy Airway Clearance Therapy

FIFTH TERM (Spring)		
<p>RCT 260 Clinical Practice IV 4 Credit Hours/24 Clock Hours</p> <p>Rotations: # of students JMCGH: 16</p>	<p>Adult ICU; Pediatric Floor; Neonatal ICU; PFT's; Home Care; Pulmonary Rehab</p> <p>Major Emphasis on:</p> <ul style="list-style-type: none"> • Intubation • Mechanical Ventilation • Noninvasive Mechanical Ventilation • Neonatal Mechanical Ventilation • PFT's • Home Care • Pulmonary Rehab 	<p>Pulmonary Rehab Portfolio</p> <p>MV Monitoring MV Initiation MV Airway Care MV Respiratory Parameters MV Liberation CPAP/BiPAP Evaluation</p>

Drug/Alcohol Testing Policy

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

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

Testing Prior to Clinical Participation:

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

1. informing the student of the requirement.
2. providing the student with information on obtaining the required testing.
3. receiving the laboratory report of the results of the testing.
4. informing clinical affiliate officials of the results of the testing. In the event of a positive result, the college will, without identifying the student, provide all available information related to the positive finding.
5. receiving the clinical affiliate's decision regarding the student's eligibility to participate in clinical education activities at that affiliate.
6. informing the student of the affiliate's decision.

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

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

Testing for Cause in Clinical Setting:

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

1. Student is immediately removed from patient contact areas; respiratory care department director notifies program director of request/need to test student.

2. Program director will ask for hospital HR to be contacted and follow the protocol as outlined in the affiliate handbook.
3. Program director will be notified of the result of screen; if student denies screening, continue to follow policies as outlined for employees in affiliate handbook.
4. Based on result of screening, student may be asked to leave hospital and/or return to normal duties.

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

Procedure for Drug/Alcohol Testing on Campus:

1. Respiratory Care students will sign consent to drug/alcohol testing/release form during program orientation.
2. When reasonable suspicion exists, Campus Security will be called and the student will be confronted and requested to submit to testing. If the student is uncooperative and/or refuses testing, law enforcement will be activated.
3. A cab will be called at the expense of the college to take the student to Medical Center Laboratory (MCL) in Jackson. A friend or family member of the student will be notified to pick them up at the MCL. A designated college representative will notify MCL of the situation and will follow the cab to MCL. The college representative will verify the identification of the student to laboratory personnel and will remain at MCL until specimen collection is completed. The student may then wait in the MCL waiting room until someone arrives to transport the student home. Jackson-Madison County General Hospital Security will be notified. The student will not be allowed to leave the facility unaccompanied.
4. Drug screening may be performed on substances which may include, but are not limited to, the following: alcohol, amphetamines/methamphetamines, cocaine metabolites, cannabinoids, opiates, oxycodone, phencyclidines, barbiturates, benzodiazepines, PCP, and propoxyphenes.
5. The college will utilize MCL's approved urine tests as appropriate to the student's situation. A testing protocol will be selected to ensure accuracy. The confirmatory tests will be performed at the same testing site following the standard protocol. The collection of specimens will be performed under reasonable and sanitary conditions and individual dignity will be preserved to the extent allowable by standard protocol.
6. Appropriate collection, storage, and transportation procedures will be followed and maintained to preclude contamination or adulteration of the sample. In the case of urine screening, the student may be asked to remove all unnecessary outer clothing before entering the collection area. There will be no direct observation of the act of urination.

7. Students will receive a written copy of the test results. Should the student wish to challenge the results, a portion of the specimen will be provided to the student for further testing at the student's expense. Positive results will result in the student being responsible for the cost of testing. Negative test results will be paid by the college.
8. Records regarding results of all tests will not be released to any person other than the student and appropriate college personnel.
9. A student's refusal to submit to testing or positive test results may result in disciplinary actions up to and including dismissal from Jackson State Community College.

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

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

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

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

My signature below indicates that:

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

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

Student's Signature

Date

CRIMINAL BACKGROUND CHECK POLICY

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

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

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

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

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

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

Clinical Guidelines

Attendance:

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

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

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

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

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

Inclement Weather Policy:

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

Holidays:

Students are not scheduled for clinical education on the following holidays/breaks:

Dr. Martin Luther King Jr. holiday, college recognized spring semester mid-term break, Memorial Day, Independence Day, Labor Day, college recognized fall semester break, Thanksgiving Day and the Friday immediately following. Christmas Day and New Year's Day are not listed because they are between terms.

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

Punctuality:

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

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

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

Leaving Early:

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

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

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

- First (1st) incidence = no deduction in his/her semester grade;
- Second (2nd) incidence = 5% deduction in his/her semester grade and the student will be counseled.
- Third (3rd) incidence = the student will receive a Written Warning and 5% deduction in his/her semester grade.
- Fourth (4th) incidence = the student will receive a Written Reprimand and an additional 5% deduction in his/her semester grade.

Unscheduled leaving early from clinical:

- First (1st) incidence = 5% will be deducted from the semester grade.
- Second (2nd) incidence = an additional 5% will be deducted from the semester grade and the student will receive a Written Warning.
- Third (3rd) incidence = an additional 5% will be deducted from the semester grade and the student will receive a Written Reprimand.

- Fourth (4th) incidence = the student will receive another Written Reprimand and an additional 5% deduction in his/her semester grade.

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

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

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

Professional Manner:

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

Clinical Dress Code and Rules:

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

1. Uniforms and lab coats for both male and female students may be of the scrub variety and the color will be determined by program faculty after consulting with each clinical affiliate. Footwear, color and type, will also be determined after consultation. Uniforms and shoes must be clean and neat in appearance.
2. Students should maintain personal hygiene standards appropriate for those working in healthcare and in compliance with hospital policies.
3. Hair styles for both male and female students should be neat and clean. Long hair should be styled or kept pulled back so as not to contaminate sterile procedures and/or cause harm to self or patients.
4. Ornate and/or excessive jewelry such as multiple rings, necklaces, and/or earrings should not be worn. Rings should be limited to wedding bands. If earrings are worn there must be one in each ear lobe. Necklaces should

not be of the long, dangling type. Bracelets should not be worn unless for medical information. No jewelry can be worn in the tongue and or on the face.

5. Student hospital identification tag is to be worn at all times during clinical education hours.
6. Nail polish should not be worn during clinical due to the chance of chipping and harboring microorganisms. Nails should be manicured and kept short or slightly over fingertips. You will be expected to cut nails without having to be asked if they are interfering with patient care. No artificial nails and/or wraps and/or tips are permitted.
7. No colognes or perfumes should be worn at clinical including perfumed hair sprays or deodorants.
8. Visible tattoos must be covered.
9. Cell phones must be left on silent and never used in patient care areas.
10. Facial hair that interferes with the wearing of protective masks should be shaved.

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

Personal Clinical Equipment:

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

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

Clinical Instruction

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

Grading Policy:

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

- Professional Behavior Assessment(s)
- Quizzes

- Assignments

Workload Assignments:

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

Performance Evaluations:

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

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

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

Regarding second attempt at Performance Evaluation:

- The Program clinical faculty will note a (F) for failure in the blank by the critical item and both the evaluator and the student will sign and date the performance evaluation form noting the second attempt.

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

Regarding third attempt at Performance Evaluation:

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

Students are also required to sign all performance evaluation forms and date them. The completed performance evaluations are to be completed in **black ink** and will be placed in the student's clinical folder and returned to the Director of Clinical Education.

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

Lab Competencies:

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

Professional Behavior Assessments:

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

Daily Clinical Summary Sheet and Weekly Summary Sheet:

The student is expected to fill out a Daily Clinical Summary **for each day he/she performs clinical**. This should include an overview of the day's activities including classroom lecture time and any contact with physicians. This paperwork will be the responsibility of the student to complete with a very detailed description of the activities performed. The student is also expected to complete a weekly summary of activities for all semesters when attending 2 or more days of clinical per week.

- The daily log serves as documentation regarding observation, instruction, and practice during the clinical day.
- The daily log includes a 5-1 evaluation scale for the overall experience for the day.
- The student should document on the daily log the activities that were taught and practiced each day the student is at clinical.
- Totals and summaries of weekly activities should be documented on weekly summary sheets.

It is mandatory that the student complete the daily summary sheets during each clinical day and each weekly summary prior to the next week of clinical. The DCE will check to see if the paperwork is organized, legible, complete, grammatically correct and clean.

Quizzes/Assignments:

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

Paperwork:

All paperwork will be kept on file at JSCC.

Clinical Incident Report:

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

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

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

Medical Errors:

Students should report errors to the clinical program faculty immediately.

ABG Rotation:

Students may be assigned days to be at clinical earlier than normal in order to perform ABG analysis on patients. Typically, the ABG rotation begins at 5:45 a.m. Students will be notified ahead of time which days he/she is to be there and the time. The previously stated guidelines for the student being tardy or absent will be in effect for these days.

Other Clinical Affiliate Activities:

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

WRITTEN WARNINGS & WRITTEN REPRIMANDS

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

WRITTEN WARNING

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

Student's name _____ Incident Date _____

Date form completed _____

Program faculty's signature _____

Some Examples:

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

One of these should be marked.

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

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

Date: _____ Student Signature: _____

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

Date: _____ Instructor Signature: _____

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

Date: _____ DCE Signature: _____

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

Date: _____ Program Director Signature: _____

WRITTEN REPRIMAND

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

Student's name _____ Incident Date _____

Date form completed _____

Program faculty's signature _____

Some Examples:

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

One of these should be marked.

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

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

Date: _____ Student Signature: _____

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

Date: _____ Instructor Signature: _____

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

Date: _____ DCE Signature: _____

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

Date: _____ Program Director Signature: _____

No. of Prior Written Reprimands _____

Program Disciplinary Procedure

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

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

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

Guidelines for Program Probation:

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

Program Dismissal:

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

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

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

Guidelines for Program Dismissal:

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

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

Appendix A

Respiratory Care Program Daily Log

Record the number of procedures/activities *you performed*.

Student Name:		Clinical Affiliate:			Date:
Oxygen/humidity therapies:	Pt. Monitoring:	Therapies:	Adult ICU & Ventilator related:	Pediatrics & Ventilator related:	Neonatal ICU & Ventilator related:
AFM hi flow:	ABG Puncture:	SVN:	Set-up:	Set-up:	Set-up:
AFM low flow:	A-Line:	MDI:	check:	check:	check:
Face tent:	Cap gas:	DPI:	Sx-closed:	Sx-closed:	Sx-closed:
NRB:	Observe abg analysis:	IS:	Sx-open:	Sx-open:	Sx-open:
Nasal cann:	Capnography:	IPPB:	Wean Para:	IPV:	Retape tube:
H.F.N.C-heated:	Pulse ox:	IPV:	SBT:	HIT Therapy:	Circuit chg.:
Simple mask:	PF Screen:	EZ-PAP:	Cuff pres.:		Extubation:
T-piece:	ECG:	CPPD:	Retape/Repo:	Retape/Repo:	Jet/HFV:
Trach mask:	Suctioning:	Vest:	Circuit chg.:	Asthma Score:	NCPAP:
Vent mask:	Closed:	Acapella:	Extubation:		C-Section:
O ₂ Rounds:	Open:	Cough assist:	BiPAP:	Extubation:	Delivery:
	NT:	Transport:	CPAP:	Croup tent:	Oxyhood:
Equipment:		CPR:	H.F.N.C-heated:	BiPAP:	Bubble:
MD interaction:		Intubation:	Maint of flow sensor:	H.F.N.C:	
Summarize the most significant activities of the day.			Student is being sent home for:		
			Clinical daily workload: Complete ; Incomplete		
Summarize your physician contacts during the day.			Faculty, staff or supervisor signature on the line below		
Specialty area(s):			Time in:	/ Time out:	Date:

Appendix B

Program Evaluation Plan for Clinical Sites and Preceptors

Timeline for Evaluation of Clinical Sites and Preceptors

Fall Semester:

- DCE completes the Clinical Facility Assessment Form for each clinical affiliate and when new affiliates are added.
- DCE, or designee, conducts the Preceptor Training Course for all new preceptors.
- DCE conducts refresher training for preceptors.
- Students complete the Clinical Affiliate Evaluation Form at the end of the semester.

Spring Semester:

- Students complete the Clinical Affiliate Evaluation Form at the end of each rotation and at the end of the semester.
- Students complete the CoARC Student-Program Resource Survey.
- PD and DCE review clinical evaluations to identify any issues.

Summer Semester:

- Students complete the Clinical Affiliate Evaluation Form at the end of the semester.
- PD and DCE review clinical evaluations to identify any issues and formulate a plan for corrective actions.

**Respiratory Care Program
Clinical Facility Assessment Form**

CRITERIA	YES/NO								
1. Do the types of patients provide opportunities for learning of specified objectives?									
2. Is there adequate equipment to meet the specified objectives for the clinical rotation?									
3. Is the standard of care within the facility reflective of accrediting requirements?									
4. Is there a classroom, or space, available for instruction during the day?									
5. Is there a room that allows for confidential discussions between the student and the clinical instructor?									
6. Is there a space for students to securely leave personal articles while in clinical practice?									
7. Is the clinical instructor familiar with the principles of adult learning and evaluation?									
8. Does the clinical instructor have effective communication and negotiation skills to resolve problems with faculty, students, and facility staff regarding problems in the clinical area?									
9. Does the clinical instructor have effective inter-professional collaboration with other members of the healthcare team?									
10. Is there someone who is equally qualified to provide clinical instruction in the event the scheduled CI is out sick or not available?									
11. What types of services are available at the facility? <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> General Medicine</td> <td><input type="checkbox"/> Pulmonary/Cardiac Rehabilitation</td> </tr> <tr> <td><input type="checkbox"/> Sleep Studies</td> <td><input type="checkbox"/> Critical Care</td> </tr> <tr> <td><input type="checkbox"/> Maternal/Child Health</td> <td><input type="checkbox"/> ED</td> </tr> <tr> <td><input type="checkbox"/> Other (please specify)</td> <td></td> </tr> </table>		<input type="checkbox"/> General Medicine	<input type="checkbox"/> Pulmonary/Cardiac Rehabilitation	<input type="checkbox"/> Sleep Studies	<input type="checkbox"/> Critical Care	<input type="checkbox"/> Maternal/Child Health	<input type="checkbox"/> ED	<input type="checkbox"/> Other (please specify)	
<input type="checkbox"/> General Medicine	<input type="checkbox"/> Pulmonary/Cardiac Rehabilitation								
<input type="checkbox"/> Sleep Studies	<input type="checkbox"/> Critical Care								
<input type="checkbox"/> Maternal/Child Health	<input type="checkbox"/> ED								
<input type="checkbox"/> Other (please specify)									

**Respiratory Care Program
Clinical Affiliate Evaluation Form**

Semester: _____ Clinical Site: _____ Date: _____

Respond to the statements regarding your clinical experience.

1. I was oriented to the facility with respect to the following items:

#	Question	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	Physical environment					
2	Supplies & equipment					
3	Patient care / routines					
4	Members of the health care team					
5	Documentation					

2. The staff:

#	Question	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	Greeted me openly and were friendly.					
2	Were aware of the learning objectives.					
3	Supported the achievement of learning objectives.					
4	Were available for assistance when needed.					
5	Were helpful when assistance was needed.					
6	Demonstrated professional competence in communications.					
7	Demonstrated professional competence in delivery of care.					

3. The clinical setting:

#	Question	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	Offered a variety of learning experiences.					
2	Provided me with the opportunity to gain new knowledge and skills.					
3	Supported meeting the learning objectives of this course.					

Questions on the Instructor Evaluation:

4. The Instructor:

#	Question	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	Communicated learning objectives clearly.					
2	Provided me with a variety of learning experiences to help meet clinical objectives.					
3	Demonstrated professional competence in the clinical area.					
4	Was an effective teacher in the clinical area.					
5	Was available for assistance when needed.					
6	Was helpful when assistance was needed.					
7	Communicated evaluation procedures clearly.					
8	Provided me with sufficient feedback					

	about my clinical performance.					
--	--------------------------------	--	--	--	--	--

The instructor, continued:

#	Question	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
9	Promoted a learning environment where questions, and different points of view, ideas and methods, were encouraged.					
10	Promoted a humane, supportive and mutually respectful learning environment.					
11	Facilitated my awareness of clinical resources, policies and procedures.					

5. Overall:

#	Question	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	I was satisfied with this experience.					

Appendix C

RESPIRATORY CARE PROGRAM PROFESSIONAL BEHAVIOR ASSESSMENT

Student's Name	Course/Semester	Mid-term ____ Final _____	Date
----------------	-----------------	------------------------------	------

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

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

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

Score _____ Comments: -----

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

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

Score _____ Comments: -----

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

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

Score _____ Comments: -----

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

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

Score _____ Comments: -----

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

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

Score _____ Comments: -----

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

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

Score _____ Comments: -----

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

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

Score _____ Comments: -----

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

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

Score _____ Comments: -----

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

Instructor's Comments:	
<ul style="list-style-type: none"> • Summary of Strengths: 	
<ul style="list-style-type: none"> • Plans for Improvement: 	
Student's Comments:	
Instructor's Signature:	Student's Signature:

Appendix D

Faculty Grievance Procedures

Jackson State Community College follows the employee grievance procedures as outlined in the Tennessee Board of Regents (TBR) Policies and Guidelines.

Employee Grievance-Complaint Guideline: P-110

Guideline Area

Personnel Guidelines

Applicable Divisions

TCATs, Community Colleges, Universities, System Office

Purpose

The purpose of this guideline is to establish the process regarding employee grievances and/or complaints at the System Office and institutions governed by the Tennessee Board of Regents.

Definitions

- Grievance (Committee review available) – An employee may only grieve actions the institution has taken against the employee which:
 - Violates institution or TBR policy, or involves an inconsistent application of these same policies;
 - Violates any constitutional right. The most likely areas of concern are the First, Fourth or Fourteenth Amendment of the federal constitution when that action hampers free speech, freedom of religion, the right to association, provides for improper search and seizure, or denies constitutionally required notice or procedures; or
 - Violates a federal or state statute not covered by TBR Guideline P-080.
- Complaint (Committee review not available) – A complaint is a concern which an employee wants to discuss with supervisory personnel in an effort to resolve the matter. Personnel actions such as performance evaluations, rates of pay, position re-classifications, or position terminations due to reduction in force do not fall under the definition of complaint.
- Employee - For purposes of the grievance and complaint procedures, an employee is defined as faculty (though not including faculty on adjunct contracts), executive, administrative, or professional staff. Probationary employees, student workers and graduate assistants are not included in the definition of employee.
- Employment Action – Employment action is the demotion, suspension without pay, termination of an employee, or work assignments or conditions of work which violate statute or policy.

Guideline

1. Application of Guideline

1. This Guideline applies to employees of an institution and has been developed to assist in drafting procedures for addressing grievances and complaints filed.
 1. There shall be two types of procedures, which each institution shall address through policies developed pursuant to this Guideline.
 2. The two types are:
 1. Grievances, which are subject to committee review; and
 2. Complaints, which must be resolved without committee review.
 3. Standard grievance forms shall be made available to employees at each work site, but no grievance may be denied because a standard form has not been used.
2. The following is a minimum which must be incorporated in the institutional grievance and complaint procedures. The procedures may vary from institution to institution, but may not establish any right to a hearing except as set out herein.
3. This Guideline has no application to a termination procedure initiated against a tenured faculty member under TBR policy No. 5:02:03:60 Section IV.1., or 5:02:03:70 Section V.1.2.
 1. This Guideline is not to be used for support staff employees who are demoted, suspended without pay, or terminated.
 2. In accordance with T.C.A. § 49-8-117, Support Staff Grievance Procedure, support staff employees who are demoted, suspended without pay, or terminated must follow the grievance process contained in Guideline P-111.
 1. Support staff employees who wish to challenge other employment actions not covered by P-111, however, may utilize the procedures set forth in the guideline, as applicable.
 2. If the grievance involves or is based on unlawful discrimination or unlawful harassment, the process set out in Guideline P-080 must be utilized; however, if the President's/Director's/Chancellor's, as appropriate, decision includes demotion, suspension without pay, or termination, the employee so disciplined may use this procedure or the procedure described in TBR policy 1:06:00:05.

4. An employee may choose to utilize the procedure for review by the grievance committee established pursuant to this Guideline in actions relating to the suspension of employees for cause or termination in violation of an employment contract which fall under TBR Policy No. 1:06:00:05 (Cases Subject to UAPA), or TBR Policy No. 5:02:03:60 Section IV.I.1.b or 5:02:03:70 Section V.I.b.(2) (suspension of tenured faculty) or TBR Policy No. 5:02:03:10 Section III (O)(2) (suspension of tenured faculty at TCATs).
 5. The institution may choose to utilize the procedure for review by the grievance committee (established pursuant to this Guideline) when resolving a complaint initiated pursuant to TBR Policy No. 5:02:02:10 (Faculty Promotion at TCATs), 5:02:02:20 (Faculty Promotion at Universities), or 5:02:02:30 (Faculty Promotion at Community Colleges).
2. Complaint Procedure
1. The complaint procedure should state a time limit within which a complaint must be presented after the date the employee received notice or becomes aware of the action which forms the basis of the complaint.
 1. If the complaint arises from a repeated or continuing occurrence, the time limit begins from the date of the last such occurrence.
 2. Any complaint not presented within the time limit is waived and shall not be considered.
 3. Once a final determination is made, the employee may not later present the same complaint in an attempt to gain a more favorable outcome.
 2. The institution policy shall indicate with whom a complaint is to be filed. It should also indicate that a complaint must be submitted in writing.
 3. Resolution of complaints at a minimum requires the institution to:
 1. Allow the employee to present facts and/or materials;
 2. Investigate the dispute; and
 3. Attempt to find a solution.
 1. The President/Director or his/her designee shall be the final decision maker.
 2. Complaints do not include a right to any type of hearing, adversarial proceeding, nor the right to appeal to the Chancellor.

3. Grievance Procedure

1. Procedure

1. A grievance must be initiated within fifteen (15) workdays after the employee receives notice or becomes aware of the action which is the basis for the grievance.
2. The administrator considering the grievance at each step shall issue a written decision with specific reasons stated for the decision.
3. If the employee is not satisfied with the decision at any step, he/she must carry the grievance forward to the next step within fifteen (15) workdays after receiving the written decision.
 1. If the employee does not carry the grievance forward within fifteen (15) workdays, the grievance procedure shall be terminated and the grievance disposed of in accordance with the last written decision.

1. For purposes of this procedure, the term "workdays" refers to Monday through Friday.

4. Any party involved in the grievance proceeding may request an extension of any deadline set forth in the policy. The institution shall establish procedures for consideration of extension requests.
5. Once a grievance is initiated, the grievant may not later present the same grievance again in an attempt to gain a more favorable outcome.

2. Testimony, Witnesses and Representation

1. At every step, the employee may testify and present witnesses and materials in support of his/her position.
 1. The testimony of an employee, given either on his/her own behalf or as a witness for another employee, will not subject an employee to retaliatory action.
2. At every step, the employee may be accompanied by a representative as defined by the institution which may also specify the parameters of participation by the representative during the hearing process.
 1. a. At the discretion of the panel chair, additional employees from the unit may be allowed to attend the employee panel hearing conducted as the final step.

3. Steps of Review

1. Step 1-- Supervisor or Administrator Instituting Employment Action:

1. Within fifteen (15) workdays after the employee receives notice or becomes aware of the action which is the basis for the grievance, the employee completes a Grievance Form (which may be obtained from Human Resources), submits it to Human Resources and provides a copy to his/her supervisor or the administrator instituting employment action. While a particular form is not required to file a grievance, the employee must make it clear that she/he intends to utilize the grievance procedures for resolution of the employment action.
 2. Within fifteen (15) workdays after receipt of the grievance, the supervisor or administrator initiating employment action and the employee meet and discuss the grievance in a face-to-face meeting.
 3. If the supervisor or administrator was not the one who recommended the original employment action, or is recommending a change from the original employment action, the supervisor or administrator will make a recommendation to the administrator who made the original employment action.
 4. Any changes from the original employment action must be approved by the President or Director, as appropriate, before being communicated to the employee.
 5. Within fifteen (15) workdays after the face-to-face meeting, the supervisor or administrator must communicate the decision in writing to the grievant with specific reasons stated for the decision.
 6. If the supervisor or administrator fails to respond or if the decision is not satisfactory to the employee, the employee may carry the grievance forward to Step 2.
2. Step 2--Next Higher Level of Management:
1. Within fifteen (15) workdays after receiving the written decision at Step 1, if the employee is not satisfied with the result of Step 1, the employee must notify Human Resources that he/she wants further review.
 1. Human Resources schedules a face-to-face meeting to occur within fifteen (15) workdays after receiving notice that the employee wants further review of the next level administrator.

2. Within fifteen (15) workdays after the face-to-face meeting, the next level administrator issues a written decision that includes specific reasons for the decision.
 3. Any changes from the original employment action must be approved by the President or Director, as appropriate, before being communicated to the employee.
3. Step 3--Hearing:
1. Within fifteen (15) workdays after receiving the written decision at Step 2, the employee can request a grievance hearing before a panel of employees.
 2. The employee must notify Human Resources in writing whether he/she wants a hearing before an employee panel.
 3. Alternatively, the employee may request a hearing under TBR Policy No. 1:06:00:05 (Cases Subject to UAPA), if applicable.
 4. If the employee requests a hearing before an employee panel, Human Resources or the appropriate institutional person as defined by the institution policy selects the panel members, convenes the hearing and arranges for the grievance to be heard.
 5. The employee grievance panel may include non-exempt staff employees, exempt staff employees, or a combination of both exempt and non-exempt employees.
 6. The panel members representing the unit where the employee works may not serve on the grievance panel.
 7. Every effort should be made to include minorities, i.e. ethnic minorities and women, in the composition of the committee.
 8. The grievance panel shall hear the grievance within fifteen (15) workdays, if practicable, after the date on which the employee submits his/her written request to Human Resources.
 9. The written recommendation of the institutional panel or commission is subject to review by the President, Director, or in the case of grievances at the TBR System Office, the Chancellor.
4. Step 4--Review by the President/Director/Chancellor, as appropriate:

1. The written recommendation of the grievance panel will be forwarded to the President, Director, or Chancellor, as appropriate.
 2. Within fifteen (15) work days, if practicable, the President, Director, or Chancellor, as appropriate, or a designee will notify the grievant of the final decision.
4. Grievances which are processed through the grievance committee and upon which the President/Director has made a decision are appealable to the Chancellor only where the grievance falls within the parameters set out in TBR Policy 1:02:11:00.
4. Non-Retaliation
1. No employee shall retaliate or discriminate against another employee because of the latter employee's filing of a grievance or complaint.
 2. In addition, no employee shall coerce another employee or interfere with the action of another employee in the latter employee's attempt to file a grievance or complaint.
 3. Administrative, academic and supervisory personnel should also be informed that they are responsible for ensuring that the employee is free from retaliation, coercion and/or discrimination arising from the employee's filing of or intent to file a grievance or complaint.
5. Responsibility for Implementation
1. The President/Director/Chancellor, as appropriate or his /her designee of the institution has ultimate responsibility for implementation of the grievance and complaint procedures.
 2. Administrative, academic, and supervisory personnel are responsible for insuring that they inform and make available to all employees information concerning their right to file a grievance or complaint and their right to be protected from retaliation.
6. Maintenance of Records
1. Copies of written grievances and complaints, and accompanying responses and documentation should be maintained at a specified location(s) at the institution for at least two years after the date of the employment decision.
 2. If a finding adverse to the grievant/complainant is made, the finding shall be maintained in the grievant/complainant's personnel file.

Sources

Presidents Meeting: August 18, 1987; May 16, 1989; August 21, 2001; February 13, 2002; February 13, 2008, May 21, 2013.

Appendix E

Sex Discrimination, Sexual Harassment or Sexual Misconduct

Jackson State Community College follows the employee grievance procedures as outlined in the Tennessee Board of Regents (TBR) Policies and Guidelines.

Sex Discrimination, Sexual Harassment or Sexual Misconduct: 6:01:00:00

Policy Area

Sexual Discrimination/Harassment/Misconduct

Applicable Divisions

TCATs, Community Colleges, Universities, System Office

Purpose

It is the intent of the Tennessee Board of Regents that the institutions under its jurisdiction shall fully comply with Title IX of the Education Amendments of 1972, §485(f) of the HEA, as amended by §304 of the Violence Against Women Reauthorization Act of 2013, the regulations implementing these Acts found at 34 CFR §668.41, §668.46, and Appendix A to Subpart D of Part 668; and Sections 799A and 845 of the Public Health Service Act and Regulations issued pursuant thereto found at 45 CFR Parts 83 and 86. The policies in this area are adopted to address such compliance.

Definitions

For purposes of this policy area the following definitions shall apply:

- Sex Discrimination is treating someone less favorably because of that person's sex, sexual orientation or gender identity/expression.
- Sexual Harassment is conduct based on a person's sex, sexual orientation or gender identity/expression that:
 - Adversely affects a term or condition of an individual's employment, education, participation in an institution's activities or living environment;
 - Has the purpose or effect of unreasonably interfering with an individual's employment or academic performance or creating an intimidating, hostile, offensive or abusive environment of the individual; or
 - Is used as a basis for or a factor in decisions that tangibly affect that individual's employment, education, participation in an institution's activities or living environment.
- Sexual Misconduct for purposes of this policy area includes dating violence, domestic violence, sexual assault, and stalking, as they are defined in Policy 6:03:00:00.

Policy

I. Applicable Policies and Procedures

A. Complaints of sex discrimination or sexual harassment by or against students, faculty or staff shall be governed by Policy 6:02:00:00 and P-080. Complaints of sexual misconduct shall be governed by Policy 6:03:00:00.

Sources

NEW: Board Meeting September 26, 2014

Sex Discrimination and Sexual Harassment: 6:02:00:00

Policy Area

Sexual Discrimination/Harassment/Misconduct

Applicable Divisions

TCATs, Community Colleges, Universities, System Office

Purpose

It is the intent of the Tennessee Board of Regents that the institutions under its jurisdiction shall fully comply with Title IX of the Education Amendments of 1972, Sections 799A and 845 of the Public Health Service Act and Regulations issued pursuant thereto (45 C.F.R. Parts 83 and 86). The following policy and procedures are adopted by the Board to assist the institutions in such compliance.

Policy

1. Sex Discrimination

1. It is the policy of the Tennessee Board of Regents that, pursuant to Title IX of the Education Amendments of 1972, Sections 799A and 845 of the Public Health Service Act, and Regulations adopted pursuant thereto, no institution shall discriminate on the basis of sex in the education programs or activities of the institution, including health-related training programs.
2. Institutions shall ensure that equal opportunity and nondiscrimination exist on the basis of sex for students in all education programs and activities, including but not limited to, the following:
 1. Recruitment and admission;
 2. Academic, extracurricular, research, occupational training, health-related training, and other education programs;
 3. Rules on student life activities;
 4. Housing;
 5. Facilities;
 6. Access to course offerings;
 7. Counseling;
 8. Financial assistance;
 9. Employment assistance;

10. Health and insurance benefits and services;
11. Rules on marital or parental status; and
12. Athletics.

3. In addition, in conjunction with Board Policy No. 5:01:02:00, each institution shall ensure that no person, on the basis of sex, is excluded from participation in, denied the benefits of, or subjected to discrimination in employment under any education program or activity.
4. Nondiscrimination in employment on the basis of sex shall include, but not be limited to, the following areas:
 1. Employment criteria;
 2. Recruitment and hiring;
 3. Promotion, tenure, demotion, transfer, layoff, termination, nepotism policies, and rehiring;
 4. Compensation;
 5. Job assignments, classifications, and descriptions, lines of progression and seniority lists;
 6. Leave;
 7. Fringe benefits; and
 8. All other terms, conditions, and privileges of employment.

2. Sexual Harassment

1. It is the policy of the Tennessee Board of Regents that pursuant to Title IX of the Education Amendments of 1972 and regulations adopted pursuant thereto, no institution shall condone sexual harassment of students, applicants for employment or employees and each institution shall affirmatively address all allegations of sexual harassment.
2. Compliance with this policy shall be effectuated through procedures established in accordance with Section III.B. of this policy and Guideline P-080.
3. Procedures
 1. Designation of Responsible Employee.
 1. Each institution shall designate at least one employee who will coordinate the efforts of the institution to comply with the Acts and the Regulations.

2. The designated employee or employees should have sufficient time and ability to evaluate the compliance efforts of the institution, coordinate such efforts, and investigate complaints by employees or students arising under the Acts and the Regulations.
 3. The names of the designated employee or employees of each institution should be submitted to the Chancellor.
2. Complaint Procedures.
 1. Students and employees shall utilize the complaint and investigation procedure set forth in TBR Guideline P-080 Discrimination and Harassment- Complaint and Investigation Procedure (or the institution's corresponding policy) when filing complaints arising under the Acts or the Regulations.
 3. Statement and Dissemination of Policy.
 1. Each institution shall designate a policy statement reaffirming the fact that it does not discriminate on the basis of sex in the educational programs or activities which it operates and that it is required by Title IX of the Educational Amendments of 1972, Sections 799 A and 845 of the Public Health Service Act, and 45 C.F.R. Parts 83 and 86 not to discriminate in employment or in admission to education programs or activities.
 2. The policy statement shall include the name and address of the employee or employees designated pursuant to Section III. A. 1., to whom inquiries concerning the application of the above Act or the Regulations adopted pursuant thereto may be directed.
 3. Each institution shall adopt specific and continuing measures whereby applicants for admission and employment, students, employees, and sources of referral of applicants for admission and employment will be notified of the policy adopted pursuant to subsection 1. of this item.
 4. The policy statement adopted pursuant to section 1. of this item shall be published in the following publications:
 1. Local newspapers;
 2. Newspapers and magazines operated by the institution or by student or alumni groups; and

3. Memoranda or written communications to every student and employee of the institution.
 5. In addition, each institution shall include the policy statement in each announcement, bulletin, catalog, and application form which it makes available to any person herein described, or which is used in connection with the recruitment of students or employees.
4. Self-Evaluation.
 1. Each institution shall modify any policies and practices which do not meet the requirements of Title IX, the Public Health Service Act, or the Regulations issued pursuant thereto, shall take appropriate remedial steps to eliminate the effects of any discrimination which resulted from such policies and practices, and shall recommend to the Chancellor amendment of any state legislation which inhibits compliance with Title IX, the Public Health Service Act, and the Regulations issued pursuant thereto.
 2. Each institution shall modify any policies and practices which do not meet the requirements of Title IX, the Public Health Service Act, or the Regulations issued pursuant thereto, shall take appropriate remedial steps to eliminate the effects of any discrimination which resulted from such policies and practices, and shall recommend to the Chancellor amendment of any state legislation which inhibits compliance with Title IX, the Public Health Service Act, and the Regulations issued pursuant thereto.

Sources

TBR Meetings, October 17, 1975; September 30, 1983; December 14, 1984; March 28, 2008; June 19, 2009 to take effect on July 1, 2009. TBR Board Meeting, September 26, 2014 policy renumbered from former policy 2:02:10:01 and revised

Sexual Misconduct : 6:03:00:00

Policy Area

Sexual Discrimination/Harassment/Misconduct

Applicable Divisions

TCATs, Community Colleges, Universities, System Office

Purpose

It is the intent of the Tennessee Board of Regents that the institutions under its jurisdiction shall fully comply with Title IX of the Education Amendments of 1972, §485(f) of the HEA, as amended by § 304 of the Violence Against Women Reauthorization Act of 2013, the regulations implementing these Acts found at 34 CFR §668.41, §668.46, and Appendix A to Subpart D of Part 668. This policy is adopted specifically to address the offenses defined herein. All other sexual harassment is also strictly prohibited and any allegations of such shall be governed by TBR Guideline P-080, and the applicable institutional policy.

The Tennessee Board of Regents intends for each institution to provide a single, easily accessible and user-friendly document to advise students, employees, and others affected by sexual misconduct of each institution's rules and procedures. Institutions under the Tennessee Board of Regents system shall ensure that the sexual misconduct policy is in a format or formats that make it readily available. The following policy and procedures are adopted by the Board to assist the institutions in such compliance.

Definitions

For the purpose of this policy, the following definitions shall apply:

- Consent - an informed decision, freely given, made through mutually understandable words or actions that indicate a willingness to participate in mutually agreed upon sexual activity. Consent cannot be given by an individual who is asleep; unconscious; or mentally or physically incapacitated, either through the effect of drugs or alcohol or for any other reason; or, is under duress, threat, coercion, or force. Past consent does not imply future consent. Silence or an absence of resistance does not imply consent. Consent can be withdrawn at any time.
- Dating violence - violence against a person when the accuser and accused are dating, or who have dated, or who have or had a sexual relationship. ("Dating" and "dated" do not include fraternization between two (2) individuals solely in a business or non-romantic social context. Violence includes, but is not necessarily limited to,
 - inflicting, or attempting to inflict, physical injury on the accuser by other than accidental means;
 - placing the accuser in fear of physical harm;

- physical restraint;
- malicious damage to the personal property of the accuser, including inflicting, or attempting to inflict, physical injury on any animal owned, possessed, leased, kept, or held by the accuser; or,
- placing a victim in fear of physical harm to any animal owned, possessed, leased, kept, or held by the accuser.
- Domestic violence - violence against a person when the accuser and accused:
 - are current or former spouses;
 - live together or have lived together;
 - are related by blood or adoption;
 - are related or were formally related by marriage; or,
 - are adult or minor children of a person in a relationship described above.
 - Domestic violence includes, but is not necessarily limited to, the following:
 - inflicting, or attempting to inflict, physical injury on the accuser by other than accidental means;
 - placing the accuser in fear of physical harm;
 - physical restraint;
 - malicious damage to the personal property of the accuser, including inflicting, or attempting to inflict, physical injury on any animal owned, possessed, leased, kept, or held by the accuser; or,
 - placing the accuser in fear of physical harm to any animal owned, possessed, leased, kept, or held by the accuser.
- Sexual assault - the nonconsensual sexual contact with the accuser by the accused, or the accused by the accuser when force or coercion is used to accomplish the act, the sexual contact is accomplished without consent of the accuser, and the accused knows or has reason to know at the time of the contact that the accuser did not or could not consent. Sexual contact includes, but is not limited to, the intentional touching of the accuser's, the accused's, or any other person's intimate parts, or the intentional touching of the clothing covering the immediate area of the accuser's, the accused's, or any other person's intimate parts, if that intentional touching can be reasonably construed as being for the purpose of sexual arousal or gratification.

- Stalking - a willful course of conduct involving repeated or continuing harassment of another individual that would cause a reasonable person to feel terrorized, frightened, intimidated, threatened, harassed, or molested, and that actually causes the accuser to feel terrorized, frightened, intimidated, threatened, harassed, or molested. Harassment means conduct directed toward the accuser that includes, but is not limited to, repeated or continuing non-consensual contact that would cause a reasonable person to suffer emotional distress, and that actually causes the accuser to suffer emotional distress. Harassment does not include constitutionally protected activity or conduct that serves a legitimate purpose.

Policy

1. Prohibition of Sexual Misconduct

1. Sexual misconduct is a form of sex discrimination prohibited by Title IX. TBR is committed to helping its institutions rid their campuses of any and all acts of sexual misconduct and discrimination. As set forth in this policy, sexual misconduct includes dating violence, domestic violence, stalking, and sexual assault. TBR and its institutions strictly prohibit these offenses. Any allegation of sexual misconduct as defined herein will be investigated and adjudicated according to this policy. Each institution shall adopt its own policy that is consistent with this policy.

1. Scope of the Policy

1. These procedures shall be utilized by any employee or student who has been a victim of sexual misconduct.
2. Former employees or students may file complaints concerning conduct which took place during the time of employment or enrollment and the conduct has a reasonable connection to the institution.
3. Any employee or student who has knowledge of an act of sexual misconduct against another person shall report the crime to campus security and/or the institution's Title IX coordinator subject to the confidentiality policy set forth below.
4. This policy applies to all third parties. An example of a third party is a vendor with whom the institution contracts to provide services.
5. This policy applies to all students and employees, regardless of sexual orientation or gender identity.

2. Title IX Coordinators

1. Each institution shall designate one Title IX Coordinator. Institutions may designate deputies to assist the Title IX Coordinator; however, the Title IX Coordinator shall be responsible for overseeing all Title IX incidents reported to the institution and for implementation of this policy. It is the intent of TBR that each Title IX Coordinator will have the ability, opportunity, and responsibility to identify and address any systemic gender-based harassment, discrimination, or misconduct. Each institution shall clearly identify its Title IX Coordinator's name, contact information, and a comprehensive list of the Title IX Coordinator's duties. Each institution shall initiate a campaign to inform all students, faculty, and staff of such information. In addition, each institution shall report at the beginning of each new school year to TBR's Office of General Counsel the name of, and contact information for, the institution's Title IX Coordinator.

2. Reporting Sexual Misconduct

1. Confidentiality Policy

1. Each institution shall adopt a confidentiality policy that clearly sets forth a victim's options for reporting sexual misconduct. TBR encourages victims of sexual misconduct to talk to someone about what happened, whether they want their report to be investigated or not. Institutions should offer victims someone to talk to confidentially, so that they can get the support they need. Therefore, each institution shall clearly identify, by name and contact information, those employees to whom a student can disclose sexual misconduct in confidence. Institutions shall also either:
 1. Clearly identify responsible employees who must report incidents to the Title IX coordinator; or
 2. Clearly state that all other employees of the institution are required to report any allegation of sexual misconduct to the Title IX Coordinator.
2. For employees required to report allegations of sexual misconduct to the Title IX Coordinator, those employees shall be trained on their responsibility to report. The training shall include the name and contact information of the person to whom they should report the allegation. Employees required to report shall also be trained to inform victims of their obligation to report as soon as the employee

realizes the victim is about to report an incident of sexual misconduct.

2. Reporting Pursuant to the Nottingham Act

1. Unless the victim of a sexual assault does not consent to the reporting of an offense, the chief security officer or chief law enforcement officer of each institution shall immediately notify the local law enforcement agency with territorial jurisdiction over the institution if the officer is in receipt of a report from the victim alleging that any degree of rape has occurred on the property of the institution. The chief security officer or chief law enforcement officer shall designate one (1) or more persons who shall have the authority and duty to notify the appropriate law enforcement agency in the absence of the chief security officer or chief law enforcement officer. In the case of an alleged rape, the institution's law enforcement agency shall lead the investigation. After notifying the local law enforcement agency, the institution shall cooperate in every respect with the investigation conducted by the law enforcement agency. T.C.A. § 49-7-129.
2. If the victim does not consent to the reporting, the chief security officer or chief law enforcement officer of each institution shall not report the offense to the local law enforcement agency. T.C.A. § 49-7-2207; T.C.A. § 49-7-129.

3. How to File a Report of Sexual Misconduct

1. TBR institutions shall clearly identify formal reporting options for Complainant of sexual misconduct. Formal reporting options may include criminal complaints, institutional complaints, anonymous complaints, and alternatives to reporting, such as privileged or confidential disclosures. Policies shall explain how each of these formal reporting options work and include contact information for the people to whom a report can be made. Subject to the institution's confidentiality policy, the Title IX Coordinator shall be notified of all complaints of sexual misconduct.

3. Investigation and Outcomes

1. Institutional Procedures

1. Each institution shall adopt procedures that are consistent with this policy and that clearly explain the institution's process for investigating and resolving complaints of sexual misconduct. The procedures shall include the specific rights outlined in this policy and shall be clearly communicated to all students, faculty, and staff. At a minimum, each institution's procedures shall require the following:

1. Each institution shall attempt to get the Complainant to provide the complaint in writing. The complaint shall include the circumstances giving rise to the complaint, the dates of the alleged occurrences, and names of witnesses, if any. The Complainant may fill out a complaint form or submit a detailed written report of the incident. When the Complainant chooses not to provide or sign a written complaint, the matter will still be investigated and appropriate action taken;
2. Complaints made anonymously or by a third party must also be investigated to the extent possible;
3. All proceedings will include a prompt, fair, and impartial investigation and result. It is the intent of the Tennessee Board of Regents that institutions shall provide the respondent and complainant equitable rights during the investigative and institutional hearing processes as further described in this policy;
4. The complainant and respondent shall be provided with the same opportunities to have others present during any proceeding, including the opportunity to be accompanied to any related meeting which they are allowed to attend by the advisor of their choice. Nothing in this policy shall be read to require an institution to allow the respondent to attend an interview of the complainant or other witnesses;
5. The institution shall not limit the choice of advisor for either the complainant or respondent;
6. The Complainant and Respondent will be simultaneously notified in writing of the result of the investigation, the institutional hearing, and any disciplinary matters, unless the complainant or respondent requests not to be informed of this information; the institution's procedures for the Respondent and the Complainant to appeal the result of the disciplinary proceeding; any change to the result of the disciplinary matter; and when such results become final;
7. The Complainant and the Respondent shall be timely notified of all meetings which they are allowed to attend and will be provided with timely access to any information that will be used during any disciplinary proceeding;

8. The preponderance of the evidence standard (i.e., more likely than not) shall be used in all stages of the complaint proceedings, including any investigation, hearings, and disciplinary matters;
9. Mediation between the Complainant and the Respondent is never an appropriate resolution in sexual misconduct cases;
10. All investigation, hearing, and disciplinary actions shall be conducted by officials who do not have a conflict of interest or bias for or against the Complainant or the Respondent. Each institution shall adopt a process by which either party may raise issues related to potential conflicts of interest of such individuals.
11. Legal Counsel shall always be consulted prior to investigation. Hereinafter, references to "Legal Counsel" shall mean either the Office of General Counsel or on-campus legal counsel, as appropriate.
12. In situations that require immediate action because of safety or other concerns, the institution may take any administrative action which is appropriate. Examples of such interim actions include, but are not limited to:
 1. providing an escort to ensure that the Complainant can move safely between classes and activities;
 2. ensuring that the Complainant and Respondent do not attend the same classes;
 3. moving the Complainant or Respondent to a different residence hall;
 4. providing counseling services;
 5. providing medical services;
 6. providing academic support services, such as tutoring; and
 7. arranging for the Complainant to re-take a course or withdraw from a class without penalty, including ensuring that any changes do not adversely affect the Complainant's academic record.
13. Students may be placed on interim suspension under the appropriate circumstances pending the outcome of the investigation. Institutions shall follow the procedures set forth

in TBR Policy 3:02:00:01-General Regulations on Student Conduct & Disciplinary Sanctions (and applicable institutional policies) before placing any student on interim suspension.

14. Institutional policies shall clearly state actions a Complainant of sexual assault should take to preserve evidence. A Complainant should not change or destroy clothes, take a shower or bath, wash his/her hands, use the toilet, brush his/her teeth, or clean up in any way. If the attack occurred in the Complainant's home or dorm room, the victim should not rearrange and/or clean up anything. It is very important for the Complainant to seek medical attention immediately so that the Complainant can be screened for sexually transmitted diseases/pregnancy/date rape drugs, obtain emergency contraception, and receive treatment for any physical injuries. Valuable physical evidence can be obtained from the Complainant and the Complainant's clothing.
15. Institutional policies shall set forth parameters and clarify what information may and may not be shared during a parallel investigation with law enforcement (e.g., via a Memorandum of Understanding with local law enforcement).
16. Institutions shall not create a separate procedure for investigating and resolving complaints of sexual misconduct involving athletes or any other subgroup of students.

2. Appointing the Investigator

1. All complaints of sexual misconduct shall be presented to the Title IX Coordinator or designee. After consultation with legal counsel, if the Title IX Coordinator determines that the complaint contains an allegation of dating violence, domestic violence, sexual assault, or stalking, the Title IX Coordinator shall follow the procedures set forth in this policy and the applicable institutional policy to investigate and adjudicate the complaint. The Title IX Coordinator may appoint a qualified, sufficiently trained person to investigate the allegations made in the complaint. Only one person shall be identified as the Investigator. The Investigator shall, at a minimum, receive annual training on the issues related to domestic violence, dating violence, sexual assault, and stalking and on how to conduct an investigation and hearing

process that protects the safety of victims and promotes accountability.

3. What the Investigation Should Entail

1. Once the Investigator receives the complaint, the Investigator shall notify the Complainant in writing of his/her rights and request a meeting. The investigator shall also notify the Respondent in writing of the complaint and his/her rights and request a meeting with the Respondent.
2. The investigation shall include interviews with both the Complainant and Respondent, unless either declines an in-person interview. The investigation shall also include interviews with relevant witnesses named by the Complainant and Respondent or any other potential, relevant witness made known to the Investigator. The investigation shall also include the gathering and reviewing of any documentary, electronic, physical, or other type of relevant evidence. The Investigator is expected to request a list of relevant witnesses and evidence from Complainant and Respondent and take such into consideration. It is the responsibility of the Investigator to weigh the credibility of all individuals interviewed and to determine the weight to be given to information received during the course of the investigation. The Investigator shall not consider any evidence about the Complainant's prior sexual conduct with anyone other than the Respondent. Evidence of a prior consensual dating or sexual relationship between the parties by itself does not imply consent or preclude a finding of sexual misconduct.
3. The Investigator shall notify the Complainant, the Respondent, and all individuals interviewed during the investigation that retaliation is strictly prohibited and may be grounds for disciplinary action.

4. Outcome of Investigation

1. Upon completion of the investigation, the Investigator shall draft a written report that includes the allegations made by the accuser, the response of the accused, and a summary of the investigation. The report shall be delivered to the Decision Maker designated by the institution. The Decision Maker shall, at a minimum, receive annual training on the issues related to domestic violence, dating violence, sexual assault, and stalking and on how to conduct an investigation

and hearing process that protects the safety of victims and promotes accountability.

2. After review of the report, the Decision Maker shall make a determination as to whether or not a violation of this policy occurred. This determination shall be based on the preponderance of the evidence standard. The Decision Maker's determination and the justification shall be made in writing and provided simultaneously to the accuser and the accused. The Decision Maker's written report shall also contain a notice to both parties of their right to request an institutional hearing on the determination that a policy violation did or did not occur.

5. Institutional Hearing Procedures

1. Either party may request an institutional hearing on the determination that a policy violation did or did not occur by providing written notice of the request to the Investigator within ten (10) days of receipt of the Decision Maker's decision. If a request is not received within ten (10) days, the Decision Maker's determination is final. Each institution shall adopt procedures for institutional hearings that are consistent with this policy.
2. The hearing may be held before either a hearing officer or hearing committee. All hearing officers and hearing committee members shall, at a minimum, receive annual training on the issues related to domestic violence, dating violence, sexual assault, and stalking and on how to conduct an investigation and hearing process that protects the safety of victims and promotes accountability.
3. Institutions are not required to allow formal discovery to occur between the parties.
4. Each party is entitled to have an advisor of their choice available; however, institutions may limit the involvement of the advisor during the hearing or any meeting related to the hearing.
5. The hearing officer or committee shall use a preponderance of the evidence standard.
6. The hearing officer or committee shall issue a written determination as to whether or not a violation of this policy occurred and the justification for this decision.

7. Each party shall be simultaneously notified of the hearing officer or committee's decision in writing. The parties shall also be simultaneously notified of their right to appeal the hearing officer or committee's determination to the President/Director.
6. Appeal of Hearing Decision
 1. If either party chooses to appeal the hearing officer/committee's decision, the party shall notify the Investigator in writing of their decision to appeal within five (5) business days of receipt of the hearing officer/committee's determination. If a written request for appeal is not received within five (5) days, the decision of the hearing officer committee is final. Each institution shall adopt procedures to appeal the decision to the President/Director. The President/Director shall simultaneously notify the parties in writing of their decision and the justification for it. The President/Director's decision as to whether or not a violation occurred is final.
7. Campus-Wide Environment
 1. If a final decision has been made that a policy violation occurred, the Title IX Coordinator or designee shall determine any remedies needed to address the campus-wide environment. It is the intent of TBR that institutions will consider the impact of an incident of sexual misconduct on the campus as a whole and on specific groups or areas on campus. For example, if Title IX Coordinator or designee may determine that specific training is needed for a student group whose members have been accused of sexual assault.
8. Institutional Disciplinary Action
 1. If a final decision has been made that a policy violation occurred, the Respondent shall be referred to the appropriate personnel for a determination of discipline. The appropriate personnel will be determined by the status of the Respondent. For example, if the Respondent is a student, then the matter may be referred to the student conduct officer. If the Respondent is an employee, the matter may be referred to the Human Resources Department. Each institution shall adopt a policy that clearly outlines the procedures for referring the matter to the appropriate

personnel for discipline. The policy shall include, at a minimum, the following rights for the Complainant:

1. The Complainant shall receive sufficient notice of and be allowed to attend any meeting or hearing during the disciplinary process.
 2. The Complainant shall be allowed to have an advisor of their choice attend any meeting or hearing.
 3. The Complainant shall be allowed to testify at any hearing during the disciplinary process, even if neither party intends to call the Complainant as a witness for their case-in-chief.
 4. The Complainant shall be allowed access to any evidence presented during any disciplinary meeting or hearing.
 5. The Title IX Coordinator or designee shall be appointed as the Complainant's contact person for any questions or assistance during the disciplinary process.
 6. The Complainant shall receive written notice of the outcome of the disciplinary process.
 7. The Complainant and Respondent will be simultaneously notified in writing of the result of any proceeding related to the investigation and institutional hearing, unless the complainant or respondent requests not to be informed of this information; the institution's procedures for the Respondent and the Complainant to appeal the result of the disciplinary proceeding; any change to the result; and when such results become final.
9. Timeframe for Conducting the Investigation and Resolving the Complaint
1. Every reasonable effort shall be made to conclude the investigation and resolve the complaint within sixty (60) calendar days following receipt of the complaint. Within this sixty (60) day timeframe, it is expected that the Investigator will conclude the investigation, that the Investigator will present a report to the appointed Decision Maker, and that the Decision Maker will notify the parties in writing of the determination. This timeframe does not include a hearing as

the result of a request by either party. If such a hearing is requested, every reasonable effort shall be made to conclude the hearing and resolve the appeal, including any appeal to the President/Director, within thirty (30) days following the institution's receipt of the party's request for a hearing. If the Investigator, Decision Maker, or Hearing Officer determine that additional time is needed, both parties shall be notified in writing of the delay, the anticipated date that the investigation or hearing will be concluded, and the reasons for such delay. If either party determines that additional time is needed, that party shall request such in writing to either the Investigator (if the Decision Maker has not yet made a determination) or Hearing Officer (if a request for hearing has been received by the institution). The written request for additional time shall include the reasons for the requested delay and the number of additional days needed. The Investigator or Hearing Officer shall make every reasonable effort to respond to the request within two (2) business days following receipt of the request and shall notify both parties in written as to whether or not the request is granted.

4. Victim Services

1. TBR intends for each institution to provide resources and assistance to victims of sexual misconduct.

1. Institutions Without On-Campus Services

1. For institutions without medical, counseling, or law enforcement services on their campuses, these institutions should partner with local community organizations that may be able to provide these services for victims of sexual misconduct.
2. Any such partnership shall be clearly communicated to students, faculty, and staff.
3. Any victim presenting to an institution without on-campus resources shall be informed about the agreement and encouraged to seek services from the partnering community organizations.

2. Victim Services Policy

1. Each institution shall adopt a policy describing the assistance and services it provides to victims. Each policy shall include, at a minimum, the following:

1. The identity and contact information for any trained on- and off-campus advocates and counselors who can provide an immediate confidential response in a crisis situation;
2. Emergency numbers for on- and off-campus safety, law enforcement, and other first responders, including the Title IX coordinator;
3. A description of the institution's sexual assault response team (SART) process and resources SART members can offer. If an institution does not have a SART, that institution should coordinate with local, community-based SARTs and describe their process, if any are available;
4. A list of health care options, both on- and off-campus, including options to seek treatment for injuries, preventative treatment for sexually transmitted diseases, and where and how to get a rape kit or find a Sexual Assault Nurse Examiner (SANE);
5. A statement of the importance of seeking medical treatment in order to preserve evidence;
6. A list of locations, including contact information, for any available advocate (e.g., a local rape crisis center, on-campus advocacy program) who can accompany a victim to the hospital or health provider;
7. A statement that these services are available for victims of sexual misconduct whether or not a victim chooses to make an official report or participate in the institutional disciplinary or criminal process; and,
8. A description of interim measures an institution may be able to take to ensure the safety and well-being of the victim and interim measures pending the outcome of the investigation, including examples of interim measures.

3. When a Victim Presents

1. Each institution shall adopt a policy describing the procedures victims should follow if a crime of dating violence, domestic violence, sexual assault, or stalking has occurred. At a minimum, institutions shall provide to victims written information regarding the following:

1. The importance of preserving evidence that may assist in proving that the alleged criminal offense occurred or may be helpful in obtaining a protection order;
2. How and to whom the alleged offense should be reported;
3. Options about the involvement of law enforcement and campus authorities, including notification of the victim's option to-
 1. Notify proper law enforcement authorities, including on-campus and local police;
 2. Be assisted by campus authorities in notifying law enforcement authorities if the victim so chooses; and
 3. Decline to notify such authorities;
4. Where applicable, the rights of the victim and the institution's responsibilities for orders of protection, no contact orders, restraining orders, or similar lawful orders issued by a criminal, civil, or tribal court or by the institution; and
5. Options for, and available assistance in, changing academic, living, transportation, and working situations.

5. Education and Awareness

1. It is the intent of TBR that its institutions will offer educational programming and training to their students, faculty, and staff that are intended to end dating violence, domestic violence, sexual assault, and stalking.
2. TBR institutions shall create user friendly materials to explain the policy and how victims can get help, and provide those materials online and through other strategies appropriate for the campus. Institutional education related to sexual misconduct shall be provided to all incoming students. Institutions shall promote awareness of rape, acquaintance rape, domestic violence, dating violence, sexual assault, and stalking. Education will also include information on how to prevent sexual assault, such as information on bystander intervention, as well as how to recognize abusive behavior and avoid potential abusive relationships. Students shall be trained on the procedures for filing a report, as well as procedures for

institutional disciplinary action in cases of alleged sexual violence. Institutional education will also inform students of the sanctions and protective measures that the institution may impose once a report of sexual violence has been made.

6. Training

1. TBR institutions shall develop a plan for implementing and widely publicizing the sexual misconduct policy to the entire campus and provide mandatory training on the policy. Institutions shall establish procedures for regularly reviewing, evaluating, and updating the policy. At a minimum, institutions shall provide training for the Title IX coordinator, law enforcement, responsible employees, victim advocates, and anyone else involved in responding to, investigating, or adjudicating sexual misconduct. Institutional training may provide training to all employees likely to witness or receive reports of sexual violence, including professors, school law enforcement, school administrators, school counselors, general counsels, athletic coaches, health personnel and resident advisors.
2. Training should ensure that responsible employees with the authority to address sexual violence know how to appropriately respond to reports of sexual violence, that responsible employees know that they are obligated to report sexual violence to the Title IX coordinator or other designated official, and that all employees understand how to respond to reports of sexual violence. Training should also ensure that professional counselors, pastoral counselors, and non-professional counselors or advocates also understand the extent to which they may keep a report confidential.

7. Title IX Coordinators

1. To view a list of Title IX Coordinators by Institution, follow this link: <http://www.tbr.edu/oesi/title-ix-officers>

8. Retaliation

1. TBR, its institutions, officers, employees, or agents are strictly prohibited from retaliating, intimidating, threatening, coercing, or otherwise discriminating against any individual for exercising their rights or responsibilities under any provision of this policy. Retaliation will result in disciplinary measures, up to and including termination or expulsion.

Sources

NEW Policy approved at Board Meeting, September 26, 2014