Nondiscrimination Notification
Background Check
Health Policy and Drug Screening
Technical Standards/Requirements

SECTION I
Introduction and Welcome
Radiography Program
History
Philosophy
Guidelines
Sponsorship
DCH Mission Statement
Program Accreditation
Joint Review Committee on Education in Radiologic Technology (JRCERT)
Program Complaint Resolution
Alabama Department of Postsecondary Education Administration
Radiologic Technology Administration and Faculty
Clinical Education Listings
  DCH Regional Medical Center – Inpatient
  DCH Regional Medical Center – Outpatient
  DCH Northport Medical Center – NMC
  Fayette Medical Center – FMC
  Ruby Tyler Parkway Imaging
  The Radiology Clinic
Clinical Instructors
  DCH Regional Medical Center
  DCH Northport Medical Center
  Fayette Medical Center
  The Radiology Clinic
Advisory Committee
Student Advisory Committee
Advisory Committee Members
Advisory Committee Responsibilities
Assessment Committee Members
Assessment Committee Responsibilities
Program Mission Statement
Program Purpose & Goals
Measurable Program Outcomes
Nondiscrimination Notification

DCH Regional Medical Center and the School of Radiologic Technology are equal opportunity employers and educators. Federal and state law prohibits discrimination in employment and student selection practices because of race, color, sex, disability and national or ethnic origin to all of the rights, privileges, programs, benefits, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, age and disability, national or ethnic origin in administration of its educational policies, admission policies, and scholarship and loan programs. At no time will any student or faculty applicant be excluded from consideration of acceptance to the program or employment on the basis of the above criteria.

Background Check

As part of its application process, DCH Health System routinely obtains reports on applicants and interns. DCH Health System, through an independent contractor acting on the behalf of DCH Health System, obtains reports which may include, but are not limited to: driving history; education; employment history; social security number verification; criminal history/records; and/or any other public record. Students may request a written summary of rights under 15 U.S.C. § 1681 et. seq.

Health Policy and Drug Screening

It is the policy of the DCH Health System to make offers to those applicants otherwise qualified for admission into the Radiologic Technology Program contingent upon passing an employment physical, which includes a drug screen. Should an applicant be offered a position in the Program, the student will be expected to take an employment physical and drug screening. Failure to pass the physical and drug test will result in the contingent position in the Program to be withdrawn.

Technical Standards/Requirements

A student must possess the following to perform as a radiology student:

1. Verbal and written skills sufficient to respond promptly in communications with patients, staff and physicians.
2. Sufficient sight to read requisitions and charts, observe conditions of the patient in low levels of light and to evaluate medical images on computer screens.
3. Sufficient hearing to interact with and respond to patients as well as to the audible sounds of equipment.
4. The ability to stand and walk for 80% of clinical time.
5. The ability to lift, assist and maneuver patients in/on wheelchairs, stretchers and imaging tables without injury to patient, self or other health care workers and to respond to medical emergencies.
6. Sufficient motor skills to manipulate, lift and reach equipment and to operate small controls on equipment.
7. Intellectual and emotional skills to exercise discretion in handling confidential medical information.
8. Cognitive ability to perceive and deal appropriately with environmental threats and stresses and continue to function safely and effectively during high stress periods.
9. The ability to protect oneself and others from hazards in the health care environment, such as infectious disease, contaminated equipment, sharp instruments, chemical fumes and radiation.
SECTION I:
Introduction and Welcome

Welcome to the DCH School of Radiologic Technology. We are excited you have chosen the profession of radiology as your career choice. In this handbook, you will find sections which contain specific information concerning the DCH School of Radiologic Technology program policies and serves as a guide for students in understanding policies, procedures and requirements; all which must be satisfied to remain and graduate from the program.

This handbook is prepared specifically for students in the DCH School of Radiologic Technology program and is used in conjunction with the DCH departmental protocols.

Section I Includes, but is not limited to, an introduction to the Program, to Administration for the hospital and Medical Imaging. Here you will find our mission statement, purpose and goals.

Section II Includes, but is not limited to, policies such as tuition and fees, dress code, inclement weather plan, HIPAA and FERPA, Safety and Health, and web based communication.

Section III Program disciplinary actions, both academic and non-academic in nature are discussed here, along with attendance and Student Appeals and Grievance Procedure.

Section IV Academic standards and requirements, student achievement program, quarter schedule and holiday breaks.

Section V Clinical Standards and requirements; syllabi for each quarter, Radiation Protection, ARRT requirements are listed in addition to rotation evaluations and rotational information.

Section VI Information regarding JRCERT, ARRT, ALDPE, DCH Health System, Emergency Codes and other supportive information.

Section VII DCH policies, documentation, emergency codes, and Program forms.

Section VIII Quick reference of phone numbers and contacts.

The information in this handbook is current at the time of printing but may be subject to change. If a change occurs, students will be notified in a timely and efficient manner. However; final interpretation of program policy and procedures will be made by the Program Director (PD).

*It is the responsibility of each student to read the Radiography Program Catalog/Handbook very closely and adhere to all policies.* It is also the responsibility of the student to request clarification of any policies or policy changes.

Information about the radiology program is also available on the DCH Imaging intranet page. An electronic version of this handbook and the accompanying forms are accessible by clicking on the internet icon. This will take you straight to the DCH intranet Home page; across the top select Departments and then Imaging. On the “Welcome to Imaging” page, you will find department protocols and policies and procedures. On the vertical menu on the left, clicking on Rad School will take you to all things pertaining to the Radiology School.
Radiography Program History

The DCH School of Radiologic Technology, Radiography Program, is a hospital based; 24-month, JRCERT accredited school. The program is based at DCH Regional Medical Center. The radiologic technologist to whom a student is assigned is responsible for that student’s clinical activity and for providing technical, clerical and patient care instruction to that student.

The DCH Radiography Program began in 1955. Since its inception, the school has graduated over 550 radiologic technologists.

In 2013, the DCH Radiography Program was granted a private school license which allows us to grant an associate’s degree to our graduates upon graduation.

Our physical address is: 408-C Bryant Drive
Tuscaloosa, AL 35401

Phone: 205.759.6009
Admissions: 205.750.5169
Fax: 205.759.7011

Our mailing address is: 809 University Blvd. E
Tuscaloosa, AL 35401

Program Philosophy

This program is committed to the practice of ethical standards in education. The policies, procedures, and regulations of the program reflect this commitment and comply with those of the DCH Regional Medical Center System. This program expects an acceptable quality of work and mature behavior from each student and will accept no less. Students are regarded as adults and are expected to conduct themselves in a manner which meets the accepted standards of health care professionals.

Program Guidelines

The guidelines for appropriate student behavior, academic standards and requirements, and procedures for resolving student problems rest with the sponsoring institution and shall be approved by administration. Requirements of individual courses shall be given to the student at the beginning of each quarter. The Student Appeals Procedure shall be given to each student upon enrollment. The right of the student to due process shall be protected.

Sponsorship

The School of Radiologic Technology is sponsored by DCH Regional Medical Center, which is a member of the DCH Health System. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) accredits the DCH Health System.

The DCH Mission Statement

DCH Health System provides high quality, community-based healthcare services to West Alabama through our employees, physicians and volunteers. We are committed to providing compassionate, cost-effective
services to meet the needs of our patients, improve the health of the communities we serve and maintain our financial viability.

The basic beliefs of DCH are:
- Customer needs are critical
- Anything can be improved
- Quality is everyone's job
- The person doing the job knows it best
- People deserve respect
- Teamwork works
- There is value in differences
- Involvement builds commitment
- Support builds success
- You make the difference

In consonance with these beliefs, DCH Regional Medical Center sponsors the School of Radiologic Technology and assumes the responsibility for documenting completion of the program and the granting of the certificate of completion. DCH Regional Medical Center's School of Radiologic Technology follows the guidelines set forth in the JRCERT "Standards for an Accredited Educational Program in Radiologic Sciences". The established curriculum follows "The Curriculum Guide for Radiography Programs" published by The American Society of Radiologic Technologists (ASRT) (current revision). Using these publications as a guide, the program faculty determines the content, goals and objectives of the curriculum. This is accomplished through advice and consent from the Advisory Committee.

Program Accreditation

Joint Review Committee on Education in Radiologic Technology (JRCERT)

The Joint Review Committee on Education in Radiologic Technology (JRCERT) promotes excellence in education and elevates the quality and safety of patient care through the accreditation of educational programs in radiography, radiation therapy, magnetic resonance, and medical dosimetry. The JRCERT is the only agency recognized by the United States Department of Education (USDE) and the Council for Higher Education Accreditation (CHEA), for the accreditation of traditional and distance delivery educational programs in radiography, radiation therapy, magnetic resonance, and medical dosimetry.

Program Complaint Resolution

The program recognizes the rights of students and prospective students in assuring timely and appropriate resolution of complaints and other allegations regarding non-compliance with the JRCERT STANDARDS. Copies of the Standards for an Accredited Educational Program in Radiologic Sciences, and published by the Joint Review Committee on Education in Radiologic Technology (JRCERT) located at 20 North Wacker Drive, Suite 2850, Chicago, IL 60606-2901; are available in Section VI of this handbook and in MediTech.

Alabama Department of Postsecondary Education

The School of Radiologic Technology is licensed by the State Board of Education through the Alabama Department of Postsecondary Education. Private School Licensure is under the State Board of Education policy number 720.01 and the guidelines of operation are located at the end of Board policies under the
same policy number. Private School regulations are also located in the *Code of Alabama § Section 16-46-1 through 16-46-10, (1975).*

**Administration**

Under local ownership and leadership for more than 90 years, the DCH Health System has continually evolved to offer advanced caring to West Alabama. Today, the DCH Health System includes DCH Regional Medical Center, Northport Medical Center, and Fayette Medical Center.

**DCH Health System President/CEO:** Bryan Kindred  
**DCH Regional Medical Center Administrator:** Bill Cassels  
**Northport Medical Center Administrator:** Luke Standeffer  
**Fayette Medical Center Administrator:** Donald Jones

**Radiologic Technology Administration and Faculty**

Deborah Shell, M.Ed, ARRT (R)  
Program Director  
[Deborah.shell@dchsystem.com](mailto:Deborah.shell@dchsystem.com)  
205-759-6009

Leonetta Jackson, MSHA, ARRT (R)  
Clinical Coordinator  
[Leonetta.jackson@dchsystem.com](mailto:Leonetta.jackson@dchsystem.com)  
205.759.6012

Ashley Long, M.S., CHES, ARRT (R), (CT)  
Didactic Instructor  
[heather.long2@dchsystem.com](mailto:heather.long2@dchsystem.com)  
205.759.7039

Kim Wiggins  
School Agent & Admissions  
[kimberly.wiggins@dchsystem.com](mailto:kimberly.wiggins@dchsystem.com)  
205.750.5169

**Clinical Education Listings**

**DCH Regional Medical Center**

**Inpatient**  
809 University Blvd E  
Tuscaloosa, AL 35401  
205.759.7338  
205.759.7453 Fax

**DCH Regional Medical Center**

**Outpatient**  
809 University Blvd E  
Tuscaloosa, AL 35401  
205.759.6014  
205.750.5590 Fax

**DCH Northport Medical Center – NMC**

2700 Hospital Drive  
Northport, AL 35476  
205.333.4500  
205.333.4522 Fax

**Ruby Tyler Parkway Imaging**

1050 Ruby Tyler Parkway  
Tuscaloosa, AL 35404  
205.750.5895  
205.759.7570 Fax

**The Radiology Clinic**

208 McFarland Circle North  
Tuscaloosa, AL 35406  
205.345.7000  
205.345.2494 Fax

**Fayette Medical Center – FMC**

P.O. Drawer 710  
Fayette, AL 35555  
205.932.1168  
205.932.1108 Fax
Clinical Instructors

DCH Regional Medical Center
Kathy Shuttlesworth, ARRT (R)
Kelly Holmes, ARRT (R)
Jill Wilson, ARRT (R)
Crystal McKenzie, ARRT (R)

Northport Medical Center
Dana Brehm, ARRT (R)

SpineCare Center
Charles Crawford, ARRT (R)

Fayette Medical Center
Christi Nelson, ARRT (R)
Jonathan Files, ARRT (R)

The Radiology Clinic
Rhonda Cockrell, ARRT (R) Acting CI

Advisory Committee

The Program Advisory Committee consists of members from education, the Program, and administration. Member’s names are published in the Program Catalog/Handbook. The purpose of the committee is to review and make suggestions for improvement in the instructional program. The committee provides a means of communication between students, the community, and the sponsor; which is essential to the success of the Radiography Program.

Student Advisory Committee

Each class is expected to form a student advisory committee consisting of one or more members from their representative class. The membership should be voted on by the class to ensure agreed-upon representation. The committee chairperson will direct the meetings and activities of the committee and ensure that all such meetings are recorded. The purpose of the committee will be to provide a means of communication between the Program and the students. Meeting days and hours will be posted at the beginning of each quarter, and all meetings are open to all enrolled students. Any student desiring to bring a matter to the attention of the committee may present his/her concerns in written form during the regular committee session. The committee will determine whether or not the concerns or information are relative to the STANDARDS and whether or not the complaint should be presented to Program officials. It should be apparent to all students that this committee is the official body for acting upon the expressed wishes of all students or an individual student enrolled in the program.

Advisory Committee Members

- Dr. Howard Holley, Medical Advisor
- Mr. Jim Smith, MBA, R.T. (R), Director of Imaging Services
- Mr. Barry Ingle, B.S., R.T. (R), Department Manager
- Mrs. Stacy Avery, B.S., R.T. (CT)(R), Department Manager
- Mrs. Tracy Barnett, R.T. (MR)(R), Department Manager
- Mr. Jeff Harless, R.T. (R), 7 – 3 Supervisor
- Ms. Deborah Shell, M.Ed., R.T. (R), Program Director
- Ms. Leonetta Jackson, MSHA, R.T. (R), Clinical Coordinator
- Mrs. Ashley Long, M.A., CHES, R.T. (CT) (R), Didactic Instructor
- Mrs. Kim Wiggins, Radiology School Agent /Administrative Coordinator
- Clinical Instructors
- Junior Class Representative
- Senior Class Representative
Advisory Committee Responsibilities

The Advisory Committee's responsibilities are to:
1. Review applications from prospective students and select those best qualified for admission.
2. Determine the goals and objectives of the program.
3. Perform program evaluation regularly to ensure program outcomes are acceptable.
4. Implement measures to improve the program whenever possible.
5. Appoint a grievance committee to hear student complaints and resolve student appeals.
6. Appoint faculty to the program.
7. Maintain programmatic accreditation with the JRCERT.
8. Make recommendations and suggestions regarding program governance & organization.
9. Perform periodic review of program outcomes to ensure goals and objectives are met.
10. Review and approve the program outcomes assessment plan.
11. Assist program faculty in preparing and submitting the self-study and preparing for the JRCERT accreditation site visit.
12. Review and approve program scholarships and other financial aid opportunities.
13. Review and approve program documentation related to course offering and application materials.
14. Advise program officials and make recommendations regarding program policies and procedures.

Assessment Committee Members

Ms. Deborah Shell, M.Ed., R.T. (R), Program Director
Ms. Leonetta Jackson, MSHA, R.T. (R), Clinical Coordinator
Mrs. Ashley Long, M.A., CHES, R.T. (CT) (R), Didactic Instructor
Mrs. Kim Wiggins, Radiology School Agent /Administrative Coordinator
Mr. Barry Ingle, B.S., R.T. (R), Department Manager
Mrs. Dana Brehm, R.T. (R), Clinical Instructor
Ms. Jill Wilson, R.T. (R), Clinical Instructor
Mrs. Tanya Lister, R.T. (R) Staff Technologist
Stacy Avery, B.S.R.T. (R) (CT) Department Manager

Assessment Committee Responsibilities

The Assessment Committee's responsibilities are to:
1. Determine the goals and objectives of the program.
2. Perform program evaluation regularly to ensure program outcomes are acceptable.
3. Submit suggestions to improve the program to the Advisory Committee.
4. Assist with programmatic accreditation with the Joint Review Committee on Education in Radiologic Technology (JRCERT).
5. Review, recommend and suggest regarding program governance and organization.
6. Perform periodic review of program outcomes to ensure goals and objectives are met.
7. Review and approve the program outcomes assessment plan.
8. Assist program faculty in preparing and submitting the self-study and preparing for the JRCERT accreditation site visit.
9. Review documentation related to course offering and application materials.
10. Assist program officials and make recommendations regarding program policies and procedures.

The Program Director, Clinical Coordinator and the Didactic Instructor coordinate classroom instruction and clinical education. These two components of the student's education are scheduled such that they provide each student the opportunity to receive adequate instruction in both didactic and clinical areas. The program
is designed in a manner that allows didactic and clinical topics to be concurrent. The clinical instructors and clinical staff provide supervision and instruction to the students in the clinical education sites to ensure that the assignments are educational. At no time are students used as replacements for registered technologists or staff. The Clinical Education section of the Program Catalog/Handbook outlines the plan for clinical education, contains a description of the competency based clinical education portion of the program along with policies, services available to student, and competency objectives.

All students are provided with a Program Catalog/Handbook. This handbook contains a description of the program, its mission and goals, course descriptions, course schedule, criteria for successful completion of the program and competencies and other requirements necessary for graduation.

Program Mission Statement

The DCH School of Radiologic Technology is committed to prepare students to be competent, entry level radiographers, and provide high quality health care professionals to any medical community.

Purpose & Goals

The purpose of the program is to provide educational opportunities in the radiologic sciences to members of the communities supported by the sponsor. To that end, the goals of the program and its curriculum are designed to:

1. Graduate students with the professional skills necessary to perform competently in the clinical setting.
2. Provide students with opportunities to develop and then acquire problem-solving and critical thinking skills.
3. Graduate students that will demonstrate values and ethical behaviors of a radiographer.
4. Graduate students that will practice effective communication skills.
5. Provide the healthcare community with entry-level competent radiographers.

Measurable Program Outcomes

The program should have an ongoing, systematic process to assess its outcomes. The assessment plan provided to the JRCERT should incorporate the program's goals, supported by specific desired outcomes.

1. Graduate at least 80% of matriculated students.
2. Average at least an 80% pass rate on the ARRT certification exam for the previous five years.
3. Average at least a 90% job placement rate within twelve months of graduation over the previous five years.
4. Ensure that program graduates earn degree within 150% of the published program length from the date of matriculation.
5. Program must be completed within a 36 month time frame from beginning of matriculation.
SECTION II

Policies
Advanced Placement/Transfer Credit Policy
Policy of Reasonable Accommodation
Textbooks and Course Fees
Refunds Policy
Student Withdrawal
Library
Parking
Name Badges & Markers
Dress Code and Appearance
  Purpose
  Policy
  Violations
Cafeteria
Removal of Hospital Property
Personal Property
Inclement Weather/Emergencies/Disasters
Drug & Alcohol Policy
Unlawful Discrimination and Harassment
How to Report Instances of Harassment
How DCH Will Investigate Complaints
Our Commitment to an Effective Harassment Policy
Pregnancy Policy
Venipuncture/Injections
Cardiopulmonary Resuscitation
Student Employment Policy
Confidential Information
  HIPAA
  FERPA
  Student Records Policy
    General Policy
    Definition of Student
    Definition of Educational Records
    Records Security
  Disclosure of Student Records to the Student
  Providing Records to Third Parties
  Length of Time Records Are Kept
  Academic Student Record Privacy Release and Authorization Form
  Changes in the Policy
  Disclosure of Student Records to the Student
Evaluations and Surveys
  Evaluations
  Clinical Performance Surveys
  Clinical Instructor/Faculty Surveys
  Program Effectiveness Survey
  Employer Surveys
Safety and Health Care
Student Health Services
Access to Health Care
Exposure Incidents / Accidents
  During School Hours Exposure
  After Hours Exposure
Guidelines for Students with Infectious Diseases
Hepatitis "B" Immunization
Counseling and Guidance
Communications
  Web Based Communications
  Personal Electronic Device Policy
Attendance Policy
  Attendance
  Attendance Hours
Tardiness
AWOL
Bereavement Leave
Other Excused Absences
Unexcused Absences
Requesting Time Off
Scheduled Holidays
**Advanced Placement/Transfer Credit Policy**

DCH School of Radiologic Technology does not offer an Advanced Placement classification for students applying to the program. The components of the didactic and clinical education are very structured and coordinated; therefore, advanced placement would be detrimental to the goals and objectives of the program.

**Policy of Reasonable Accommodation**

It is the policy of DCH to ensure that all individuals are provided with equal educational and employment opportunities without regard to disability. A qualified individual with a disability will be afforded the same opportunity based upon the same performance standards and requirements expected of persons who are not disabled.

When an individual with a disability needs accommodation in the educational and clinical setting, DCH will consider under appropriate circumstances whether a reasonable accommodation exists that will enable the individual to perform the necessary essential functions. Determining whether a reasonable accommodation is appropriate is an individualized process; decisions will be made on a case by case basis, depending upon the individual involved and essential functions of the job in question. No specific form of accommodation is guaranteed for all individuals with a disability.

The responsibility for seeking a reasonable accommodation begins with the employee or applicant. If you believe that a disability is preventing equal educational and employment opportunities, it is your responsibility to inform your direct supervisor or Program Director and to request a reasonable accommodation. Upon notification that a disability may exist, DCH may need to contact your physician(s) to obtain medical information and records relevant to determining an appropriate reasonable accommodation. DCH will work with you to determine an appropriate reasonable accommodation, but it cannot identify an accommodation without active participation on your part.

This is an interactive process that requires participation by DCH and the employee or applicant. Although DCH cannot guarantee that it will provide the accommodation that is most desired by the student, DCH will do its part to ensure that individuals with disabilities have an equal opportunity to compete in the workplace with those who are not disabled.

**Textbooks and Course Fees**

Tuition to include the cost of books for the program is approximately $12,000. The first quarter’s tuition is due and payable upon acceptance into the program. The remaining tuition will be paid per quarter for the remaining seven quarters. Each quarter’s tuition is due a week before the next quarter begins. **Students will not be allowed to start the next quarter if tuition is not paid.**

**Refund Policy**

Refunds of unearned prepaid tuition, fees and other charges shall be made in the following manner within thirty (30) days of termination:

1. If cancellation occurs within seventy-two (72) hours of enrollment date, all money paid by the prospective student shall be refunded.
2. If cancellation occurs after seventy-two (72) hours of enrollment date, but before classes begin or correspondence materials are delivered; a refund shall be made of all money paid except the application and activity fee.

3. If cancellation occurs after classes begin or after shipment of correspondence materials, a pro rata refund will be made of all unearned prepaid tuition, fees and charges for books and supplies not issued to the student. Once books and supplies are issued and received by students, these become the property of students and refunds may be made only at the discretion of the private school.

4. A full refund is due to students whose contracted educational services are denied by the school as a result of economic or academic fraud as defined in the Code of Alabama § 16-46-1 (7) and (8) (1975).

Student Withdrawal

Students wishing to withdraw from the program should notify the Program Director in writing. Every effort shall be made to assist the student with this decision.

If a student withdraws from the school or is dismissed, the name badge and radiation badge must be returned to the PD.

Library

The student is encouraged to use the library facilities of the program. To obtain complete understanding of Radiography, the student may need additional reading. The program's library is located in the school.

Students also have access to the UA's Library which is located at The College of Community Health Sciences located at 850 5th Avenue East, Tuscaloosa, AL 35401. The general information number is 205.348.1360. Hours of operation are Monday through Thursday from 8:00 a.m. to 9:30 p.m. and Friday from 8:00 a.m. to 4:45 p.m.

A catalog for the library collection found at the Health Sciences library can be located at http://library.ua.edu

Parking

All students, regardless of reason for being at the school, should absolutely be parking across the street in the laundry lot in the lower portion. This lot is the big lot directly across Bryant Drive and the lower portion is located across from the Fire Station.

Parking in any of the spaces in front of any of the DCH departments in the area of the school, is strictly prohibited and you will be subject to ticketing and possible towing at your expense.

Name Badges & Markers

The ID badge is to be worn at all times as a part of the uniform. ID badges are to be worn in the upper chest area and should be worn vertically, only in a DCH provided badge holder with the picture and name displayed prominently. Only DCH service and award pins, badges or patches and professional school and certification pins, may be worn on the uniform. No political, religious or message buttons, stickers or pins not issued by DCH, may be worn.
Students who report to school/clinic without their ID name badge have the possibility of accruing two tardies for that day. If the student reports to school without their ID name badge, they must immediately contact the CC or PD. In the event the student acquires a replacement immediately from HR, only one tardy will be issued.

In the event the student is missing their lead markers, they must report immediately to the CC or PD. Student will be subject to disciplinary action which may include being sent home and charged an absence.

Subsequent occurrences may result in additional disciplinary measure which may include dismissal from the program.

If a student withdraws from the school or is dismissed, the name badge and markers should be returned to the PD.

Dress Code and Appearance

Radiology Program students are to remember that you are training to be professionals. The first impression that the public has of you, DCH and the Profession is projected by your appearance.

I. PURPOSE

The dress and personal appearance of DCH employees and volunteers and all other representatives associated with DCH is vitally important in our relationships with patients and visitors. By the nature of our industry, most employees are expected to wear uniforms. Clothing, whether a uniform or street-wear, must conform to safety and infection control requirements and be appropriate for the professional work and the image that DCH desires to project to its patients and visitors. Hair styles, clothing and jewelry should conform to the best standards of business and professional modesty.

II. POLICY

As adopted from the HR Dress and Personal appearance policy with Radiology specific guidelines as indicated in bold.

<table>
<thead>
<tr>
<th>Guideline</th>
<th>Allowed</th>
<th>Not Allowed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beards &amp;</td>
<td>✓ Beards and mustaches that are neat, clean and well groomed.</td>
<td>X Beard and mustaches are discouraged in areas where masks are routinely worn.</td>
</tr>
<tr>
<td>mustaches</td>
<td></td>
<td>X Beards and mustaches are discouraged in patient care areas requiring N-95 mask fit testing.</td>
</tr>
<tr>
<td>Shoes &amp; socks</td>
<td>✓ Shoes must be:</td>
<td>X Shoe covers outside the work area</td>
</tr>
<tr>
<td></td>
<td>1. In compliance with safety and infection prevention standards</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Provide safe footing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Offer protection against hazards</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Quiet for the comfort of the patients</td>
<td></td>
</tr>
</tbody>
</table>
5. Radiology students must wear black or white shoes.
   ✓ Socks must be:
   1. Worn with pants only
   2. Color appropriate to the uniform or attire being worn.

<table>
<thead>
<tr>
<th>Fragrances</th>
<th>✓ Deodorant</th>
<th>✓ Hair Care</th>
<th>✓ Personal hygiene products</th>
<th>✓ Smoke odors or tobacco residue</th>
<th>✓ Aftershave, cologne, perfume and scented lotions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hair &amp; Head covers</td>
<td>✓ Hair that is neat, clean and well groomed</td>
<td>✓ Long hair that is secured so as not to interfere with patient care</td>
<td>✓ Hair of abnormal coloration is not allowed.</td>
<td>✓ Excessive hair ornaments</td>
<td>✓ Disposable head covers worn outside of work area</td>
</tr>
<tr>
<td>Ornemental jewelry</td>
<td>✓ Small necklaces of short length worn under the uniform</td>
<td>✓ Earring studs or rings no larger than ½ inch in diameter</td>
<td>✓ Up to two (2) earrings per ear</td>
<td>✓ Bracelets, dangling earrings and large rings worn in patient areas</td>
<td>✓ Jewelry that interferes or distracts the work from being performed</td>
</tr>
<tr>
<td>Fingernails</td>
<td>✓ Fingernails that are clean and at the active length or shorter</td>
<td>✓ Artificial nails (only where permitted in departmental guidelines)</td>
<td>✓ Nail polish colors that interfere with the performance of job duties</td>
<td>✓ Chipped nail polish</td>
<td>✓ Artificial nails in direct patient care areas</td>
</tr>
<tr>
<td>Undergarments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food &amp; Drink</td>
<td>✓ Eating and drinking in designated areas only</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uniforms</td>
<td>✓ Required for all staff members involved in direct patient care.</td>
<td>✓ Radiology students must wear Royal Blue scrubs.</td>
<td>✓ Cotton or knit tops worn under scrub tops may be black, white, gray or must be coordinated to the scrub color.</td>
<td>✓ Cotton or knit tops worn without a coordinated scrub top or jacket.</td>
<td>✓ Tops that are low cut, too form fitting and/or too revealing.</td>
</tr>
</tbody>
</table>
Employees working in surgical suites and procedural areas must also follow the dress code for procedural areas referenced at RMC DCH System Policies and Procedures; I.B. Surgical Services & I.B.2. Dress Code for Procedural Areas. Hospital issued scrubs may only be worn under approved emergency situations.

III. VIOLATIONS

1. Violations of the dress and personal appearance policy will be as follows:

   1st offense = Sent home to change, time to be made up.
   2nd offense = Progressive Discipline Policy and sent home to change, time to be made up.
   3rd & after = Progressive Discipline Policy and sent home to change, time to be made up.

2. Violations of the jewelry, nails or cologne policy will be as follows:

   1st offense = Progressive Discipline Policy and sent home to remove or wash off, if applicable.
   2nd offense = Progressive Discipline Policy and sent home, time to be made up.
   3rd & after = Progressive Discipline Policy and sent home, time to be made up.

Cafeteria

The DCH Regional Medical Center provides a cafeteria for the use of the students, employees, and visitors. Students will receive an employee discount if the ID badge is present; however, students cannot use their badge to charge meals or snacks unless they are working at DCH for pay. When you swipe your badge to pay for meals, the amount is taken out of your paycheck. DCH does not send invoices for charged meals or snacks.
Removal of Hospital Property

Hospital property shall not be removed from DCH premises for personal use. A dated, written permission form by the Department Managers, Director of Imaging Services or the Division VP shall accompany any hospital property, regardless of value, being taken from the hospital for work-related use.

Personal Property

Students are responsible for all personal property. DCH Health System will not be responsible for lost or stolen items. Lockers are provided free of charge at the school for the students; however, students are responsible for the lock if they wish to use one. Textbooks, which are lost or stolen, must be replaced at the owner’s expense.

Inclement Weather/Emergencies/Disasters

Should a student not be able to get to class or clinical during times of severe weather, (declared as such by the National Weather Service) s/he can take an absent weather day. There is no penalty to this, but the day has to be made up by the end of the quarter. The student can schedule the eight-hour shift on 3 – 11 or on a weekend 7 – 3 or 3 – 11 shift. Any make-up time has to have prior approval of the PD or Clinical Coordinator.

In case of weather conditions that render hazardous traveling, students are urged to use their best judgment. If there is no declaration of severe weather by the NWS, the school will operate under the regular attendance policy.

If the Program is closed due to inclement weather or disasters, students are not required to attend class or clinic; however, any missed days deemed a necessary educational assignment may be re-assigned or may result in addition of allotted time at the end of the quarter to ensure academic and/or clinical requirements are fulfilled.

Drug & Alcohol Policy

It is the goal of DCH to have a work environment that is free from the use of illegal drugs, non-prescription drugs, alcohol and unauthorized prescription drugs. Being impaired or under the influence of drugs or alcohol while working poses serious safety and health risks to employees, patients, family members, and visitors. Located in the Policy Section of the Handbook/Catalog is the Drug and Alcohol Policy for review and signage.

Unlawful Discrimination and Harassment

DCH Health System is committed to maintaining a work environment that is free from unlawful discrimination and harassment where employees at all levels are able to devote their full attention and best efforts to the job. Unlawful harassment, either intentional or unintentional, has no place in the work environment. Accordingly, it is and shall continue to be the policy of DCH that its employees and their work environment shall be free from all forms of unlawful harassment and intimidation. DCH prohibits unlawful discriminatory practices and harassment on the basis of sex, age, race, color, national origin, religion, genetic information, disability or any other factor protected by law, whether the harassment is caused by a co-worker, management, physician, or other individual (whether employed by DCH or not). Unlawful harassment can include, but is not limited to: slurs, epithets, threats, derogatory comments and unwelcome jokes which would make a reasonable person experiencing such harassment uncomfortable in the work environment or which would interfere with the person’s job performance. Some examples of conduct that could be considered sexual harassment include:
• unwanted sexual advances  
• offering employment benefits in exchange for sexual favors  
• making or threatening reprisals after a negative response to sexual advances  
• visual conduct: leering, making sexual gestures, displaying sexually suggestive objects or pictures, cartoons or posters  
• verbal conduct: making or using derogatory comments, epithets, slurs, sexually explicit jokes, comments about an employee’s body or dress  
• verbal sexual advances or propositions  
• verbal abuse of a sexual nature, graphic verbal commentary about an individual’s body, sexually degrading words to describe an individual, suggestive or obscene letters, notes, or invitations  
• physical contact: touching, assault, impeding or blocking movements  

The purpose of this policy is not to regulate our employees’ personal morality. It is to assure that in the workplace, each employee is able to accomplish his or her job without being subjected to unlawful harassment.

How to Report Instances of Harassment

DCH cannot resolve matters that are not brought to its attention. Therefore, everyone will be held accountable for accomplishing our goal of a harassment free workplace. Any employee who believes he or she is being subjected to unlawful harassment or discrimination by a co-worker, management, physician or other individual (whether employed by DCH or not), or believes that his or her employment is being adversely affected by such conduct, should report such incidents and any other observations of unlawful harassment or discrimination to such employee’s Department Director/Manager. If an employee is uncomfortable bringing a complaint to the attention of his or her Department Director/Manager, the employee should contact the Human Resources Department or the Employee Liaison. If the complaint or observation involves someone in the employee’s direct line of command, or if the employee is uncomfortable discussing the matter with his or her direct supervisor, the employee is urged to go to the Human Resources Department, Employee Liaison, or any senior member of administration.

Additionally, any employee, supervisor, or manager who becomes aware of any possible unlawful harassment is directed to advise his or her superior, the Human Resources Department, or any senior member of administration. All complaints are to be forwarded to the Vice President of Human Resources.

How DCH Will Investigate Complaints

DCH will conduct through the office of the Vice President of Human Resources a prompt and thorough investigation of the complaint or observation of all possible unlawful harassment or discrimination. The Vice President of Human Resources will meet with the complaining employee to discuss the results of the investigation and, where appropriate, review the proposed resolution of the matter. Since allegations of harassment or discrimination are serious matters for all concerned, discretion will be utilized in investigating and, where appropriate, remedying improper conduct. Information will be kept as confidential as possible and will be released only on a “need to know” basis. In addition, DCH will not tolerate any retaliation against an employee for making a good faith harassment complaint or for cooperating in a harassment investigation. Violations of this policy will not be permitted and will result in discipline up to and including discharge.
Our Commitment to an Effective Harassment Policy

Finally, if you feel that your report or complaint of a possible violation of this policy has not been promptly or properly addressed or you otherwise feel that DCH has not met its obligations under the policy, you should contact the President/CEO or Corporate Compliance Officer. An effective harassment policy depends on all of us, working together, to address this very important subject.

Pregnancy Policy

As a student radiographer, you may be exposed to more radiation than the general public. The Nuclear Regulatory Commission (NRC) Guide #8.13 has established a basic exposure limit for occupationally exposed students of 25 mrem (.25 mSv) (per calendar quarter, e.g., (Jan, Feb and Mar) or 100 mrem (1 mSv) per calendar year. Because it is required that radiation levels in the clinical facility be kept as low as reasonably achievable (ALARA), there is no significant health risk to individual adult students.

The development of radiation exposure standards reflects the sensitivity of cells to radiation damage. This radiation sensitivity is related to the reproductive activity of the cells; embryos and fetuses are more radiosensitive than children and adults. Because of the sensitivity to an unborn fetus, the National Council on Radiation Protection (NCRP), (Report number 105, p. 13, 1989) has recommended that the dose equivalent limit to the unborn fetus from occupational radiation exposure of the expectant mother be limited to 5 mSv (.5 rem) for the entire pregnancy. It is the option of the student to inform program officials of her pregnancy. If the student chooses to voluntarily inform program officials of her pregnancy, it must be in writing, indicating that you are a declared pregnant student, and indicate the estimated delivery date. In the absence of this disclosure, in writing, a student will not be considered pregnant. It is your responsibility to decide whether the exposure you may receive is sufficiently low to protect your unborn child. The advice of the radiation safety officer (RSO) may be obtained to determine whether the radiation levels are high enough that the unborn child could receive 5 mSv (.5 rem) or more before birth. The alternatives you might want to consider if you are now pregnant or expect to become pregnant include the following:

**Option 1:**
You may continue in your current status as student radiographer without modification or interruption with the understanding that the radiation exposure to the fetus must be limited to 5 mSv (.5 rem) during the 9-month gestation period. This option may only be selected if prior badge readings indicate that less than 5 mSv (.5 rem) should be accumulated over the 9-month period. You should reduce your exposure as much as possible by practicing all ALARA concepts.

**Option 2:**
You could decide not to continue assignments or modify assignments in the areas where radiation is present, which could affect your graduation date. Should you choose this option, you may ask the PD or Clinical Coordinator to reassign you to areas involving less exposure to radiation. Didactic and clinical schedules shall be modified to enable you to continue in the program while minimizing exposure to ionizing radiation. There are no restrictions necessary for radiology (general, fluoro, portables, specials and CT). However, there are exceptions for some surgical procedures and brachytherapy.

**Option 3:**
If the above options are not possible, you might consider taking a leave of absence until the child is born, which again, could affect your graduation date. You may also choose to withdraw from the program until your physician permits you to return. You will be allowed to re-enter the program at the beginning of the subsequent quarter in which you left, providing no more than one year has passed.
passed since the time you left or withdrew. If you desire to continue your education after the one year time frame, you will have to re-apply for admission into the program.

- A declared/undeclared pregnant student continuing in the program will be required to complete all program requirements (didactic courses and clinical education missed) as a result of any absence. Student disability and/or duration of excused absence must be determined by a physician and requires written verification.
- Students who choose to acknowledge pregnancy must make up any missed clinical time due to maternity prior to graduation from the program.
- At any time a declared pregnant student may un-declare her pregnancy by submitting a written withdrawal request to the Program Director and Clinical Coordinator.
- Additional information regarding federal guidelines for prenatal radiation exposure may be found at www.nrc.gov/NRC/08/08-013.html.

**Venipuncture/Injections**

Students are not allowed to inject medications or contrast media without an RN or RT present. Objectives in the lecture course “IV Therapy Training for Radiology Technologists” are:

1. theory of venipuncture
2. procedure and patient care
3. venipuncture on patient simulators
4. Didactic assessment of knowledge
5. complete a simulated venipuncture competency as required by the ARRT for the certification exam

During venipuncture procedures at the Clinical Education Setting the student is only permitted to assist by setting up for the procedure and handing supplies to the qualified individual performing the puncture.

**Cardiopulmonary Resuscitation**

In order to provide proper patient care in the clinical setting, students assigned to the clinical education center must be certified in cardiopulmonary resuscitation (CPR) and maintain certification throughout the program.

**Student Employment Policy**

1. DCH Health System will not be responsible for any negligence, malpractice, illness or injury associated with radiography students during their employment at locations outside the DCH Health System.
2. Students who elect to work in any capacity must do so after the normal academic and/or clinical day.
3. There should be no clocking in for pay while you are on academic and/or clinical time.
4. The program neither encourages nor recommends that students work while attending school because of the rigors of the curriculum.
5. Students who elect to work should do so only after careful consideration due to the demands of the educational program. Financial hardship and extenuating circumstances would be the exceptions.
6. Radiography examinations performed during employment hours may not be substituted for satisfying clinical education competencies.

7. Students employed within the DCH Health System will not have scheduled hours that would interfere with the time they are required to devote to didactic, laboratory and clinical hours.

8. When a scheduled class is cancelled for any reason or is let out early, the student cannot work in a clerical or technologist position at a DCH facility for the time frame of the class. There should be no clocking in on student time. After the time that the class should have been concluded, the student is then free to work if they are needed and only then with supervisor approval.

9. For those that work and are scheduled to be on the late shift as a student, you are allowed to work only after your student shift has ended.

Confidential Information

HIPAA
The Health Insurance Portability and Accountability Act (HIPAA) was passed by Congress in 1996 to assure that individuals’ health information is properly protected.

DCH Health System develops, stores, maintains and releases patient information for the treatment of patients and the management and payment of their accounts and for Health System operations. Access to patient information shall only be granted to student technologists who have a need to access patient information in order to do perform exams. Failure to comply with confidentiality obligation may result in disciplinary action or termination of educational affiliation by DCH Health System and its affiliates, or corrective action in conformance with current medical staff bylaws, rules and regulations.

FERPA
The Family Educational Rights and Privacy Act (FERPA) of 1974, as amended, is a federal law that protects the privacy and confidentiality of personally identifiable information contained within student education records. DCH School of Radiologic Technology complies with FERPA’s confidentiality protections and adheres to procedures dealing with student education records.

Student Records Policy

Public Law 93-380: Protection of Rights and Privacy of Parents and Students

I. General Policy
No information from records, files, or electronic data directly related to a student, other than public information, will be disclosed to individuals, or agencies outside the school without the written consent of the student, except pursuant to a lawful subpoena or court order, or except in the case of educational or government officials as provided by law. Information contained in such records may be shared within the school. Students will have access to all such information with the exceptions set forth below in accordance with the procedure outlined within this policy statement.
II. Definition of Student
For the purposes of this policy, a student is defined as, any individual currently or previously enrolled in any course(s) offered by the DCH Regional Medical Center School of Radiologic Technology.

III. Definition of Educational Records
Student educational records are defined as those records, files, documents, electronic data, and other materials that might contain information directly related to a student and are secured by the program or by a person acting on behalf of the school.

IV. Records Security
All student records are secured in locking filing cabinets located in the school offices. The school has designated the following individuals as being responsible for student records within their respective areas:

1. Program Director (PD) – has the overall responsibility of ensuring that each student entering the program has an established academic, laboratory and clinical record. The records must be current and secured by all provisions as set forth in this policy and governed by Public Law 93-380.

2. Clinical Coordinator (CC) – responsible for establishing, securing, and maintaining student clinical records in accordance with this policy and the Privacy Act of 1974.

3. Didactic Instructor – responsible for assisting in establishing, securing and maintaining student records with information provided by students and faculty in accordance with the Privacy Act of 1974.

Disclosure of Student Records to the Student
The student has the right to inspect, in the presence of the appropriate record official, his or her records, files and electronic data primarily and directly related to the student. In order to inspect one’s record, the student must first report to the office where the records are kept and initiate a written request. The right of inspection does not include financial statements of parents or confidential recommendations placed in the record prior to January 1, 1975. Students may also make verbal requests to inspect their academic records for any worthwhile reason.

Providing Records to Third Parties
The general policy is to refuse access to student records to third parties without the written consent of the individual student. Should a student wish to have such records released, a written request must be directed to the proper records official specifying the records to be released, the person to whom the records are to be released to, and a request for copies to the student, if desired. The program will then transfer or grant access to the information. The established service fee for producing photocopies of the records will be assessed against the person whose record is involved.

Length of Time Records are Kept
The program is required to maintain a permanent transcript for each student enrolled in the program. This includes grades in addition to clinical competencies. The DCH Radiography Program maintains and retains
detailed student records for the duration of the student’s enrollment. The DCH Radiography Program will retain tests, grades, etc. for up to one year after the student has passed their boards.

Academic Student Record Privacy Release and Authorization Form

Student records are maintained and protected in accordance with the Family Education Rights and Privacy Act (Buckley Amendment). A signed copy of this form is maintained in each individual student's file.

Changes in the Policy

This policy statement is subject to change by any additional federal regulations or court decision that may modify and/or negate any portion of these regulations. This statement of policy will be published in the appropriate school publications and/or bulletins.

Disclosure of Student Records to the Student

The student has the right to inspect, in the presence of the appropriate record official, his or her records, files and electronic data primarily and directly related to the student. In order to inspect one’s record, the student must first report to the office where the records are kept and initiate a written request. The right of inspection does not include financial statements of parents or confidential recommendations placed in the record prior to January 1, 1975. Students may also make verbal requests to inspect their academic records for any worthwhile reason.

Evaluations and Surveys

Evaluations

Students will be evaluated on a regular basis during didactic, laboratory and clinical sessions. Didactic evaluations include tests, laboratory practicum's, homework assignments, presentations and final exams. Clinical evaluations consist of two forms: the clinical competency evaluation form and the clinical progress evaluation form. These forms can be found in Section V, Clinical Education.

Clinical Performance Surveys

Students are evaluated regularly in regard to competency and clinical performance. An example and further explanation of the surveys will be discussed in the Clinical and Form section of the Handbook/Catalog.

Clinical Instructor/Faculty Surveys

Students evaluate program faculty and clinical instructor performance regularly to assure instructional responsibilities are performed. This evaluation process is to assure instructional responsibilities are performed and provides administration and faculty with information to evaluate performance. Evaluation promotes proper educational methodology and increases program effectiveness.

Program Effectiveness Survey

Before graduation, students have the opportunity to evaluate program effectiveness to assure instructional, administrative, and support responsibilities are performed. This evaluation process also allows students to state areas of improvement within the program as well as areas of excellence.


**Employer Surveys**

Our accreditation agency requires us to conduct employer follow-up studies on our graduates. Employer surveys will be sent to your employer approximately 6 months after graduation.

**Safety and Health Care**

**Student Health Services**

Each student accepted into the program is required to have a physical examination by the Medical Center’s Occupational Health nurse/physician. This will be accomplished during the admissions process at no cost to the student.

Students also have access to the Employee Assistance Program (EAP) for short term counseling. DCH EAP is located in Wellington Town Center, just off McFarland Boulevard. The location is easily accessible and designed to provide our clients and their families a feeling of comfort and confidentiality.

**Access to Health Care**

Access to health care is restricted to injuries sustained while attending school only. Illness or injuries not related to school or any follow-up care is the responsibility of the student. Students are not eligible for monetary worker’s compensation for any loss of hours but will be covered under the hospital worker’s compensation policy for treatment.

DCH Health System provides employees and students with health services through the facility employee health nurse. The health nurse is available at Regional Medical Center Monday - Friday from 7:00 a.m. to 5:00 p.m. The health nurse is located on the second floor of the medical tower in Suite 205. The phone numbers are 205.750.5905 or 205.759.7698. The health nurse is also available at Northport Medical Center on Tuesday from 7:00 a.m. - 3:30 p.m. and Thursday from 1:00 p.m. - 5:00 p.m. The health nurse is located in Room 205 of the Medical Office Building.

Should a student be injured or become ill while in student status and require these services, the CI will be notified immediately. If the CI is not available, then the next person in charge; i.e. Supervisor should be notified. S/he will ensure that the student completes an Employee Work Injury Form and is then referred to the Employee Health nurse. If the injury or illness occurs after hours, then they should be referred to the Emergency Department. If the student refuses treatment, or treatment is not needed, the student should go to the Employee Health nurse.

The Employee Health nurse will notify the PD and/or Clinical Coordinator regarding the status of the student within 24 hours of the filing of the incident report unless the report occurs after normal hours or on a weekend. The Employee Health nurse will provide a copy of the incident report to the PD within 24 hours of receipt.

Should the facility Employee Health nurse not be available at the time of the injury or illness, the CI/supervisor will be responsible for advising the student as outlined above. The incident report and final disposition of the student will be forwarded to the facility Employee Health nurse for review by close of the next business day.
Exposure Incidents / Accidents

During School Hours Exposure

Between the hours of 7:00 a.m. and 4:30 p.m., students who have or may have experienced an exposure incident or an incident involving personal injury must complete the DCH Employee Work Incident/Injury Report and Authorization Form and immediately report to the supervising technologist, Employee Health, and Program Officials.

After Hours Exposure

After 4:30 p.m. or during weekends and holidays, and/or at a facility other than Northport or Regional; students must immediately report to the supervising technologist, complete the Employee Work Incident/Injury and Authorization Form and submit to the emergency room at DCH for medical evaluation if necessary. Subsequent notification of Program Officials should occur when school resumes session.

An exposure incident is defined as follows:

- Injury with a contaminated sharp object (e.g., needle-stick, scalp-cut).
- Spills or splashes of blood or other potentially infectious material onto non-intact skin or onto a mucous membrane (e.g., mouth, nose, eye).
- Exposure to TB

A personal injury is defined as follows:

- Harm or damage to the body while performing a work involved action

If a student has an exposure to blood/bodily fluids as described above, the student must first wash the injury site with soap and water, and immediately notify the faculty or preceptor.

Action Steps:

1) Report incident to supervising technologist.
2) Complete the Employee Work Incident/Injury Report and Authorization Form.
3) Report to Employee Health or Emergency Room.
4) Notify Program Officials
5) DO NOT LEAVE THE FACILITY unless directed to do so by the supervising technologist, Employee Health, Emergency Room physician and/or Program Officials.

NOTE: All students are required to participate in Bloodborne Pathogens training prior to clinical experiences

Guidelines for Students with Infectious Diseases

It is vital that students be aware of the importance of preventing the spread of infectious diseases. Students are exposed to patients that will either be a carrier of an infectious disease or be susceptible to acquiring an infectious disease. The student must keep in mind that our goal is to help our patients, not complicate their illness. If a student should contract a specified infectious disease, the PD will be notified immediately and the correct action for the protection of the patient and co-workers will be taken. A list of infectious diseases and the complete policy may be found on the DCH Intranet.
Hepatitis "B" Immunization

It is the policy of DCH Health System that employees classified at reasonable risk for exposure to Hepatitis B receives education, blood (titer) screening, or vaccinations according to their history. More information is found under the Policy and Procedure Section of this Handbook/Catalog.

Counseling and Guidance

Scheduled academic counseling and guidance will be held with each student at the end of each quarter. The faculty will provide the student with academic guidance and help with problems related to the program. In the event the student is having personal problems that the program staff cannot resolve, the student will be referred to EAP who is qualified in these matters. Faculty will post office hours each quarter for student counseling and will be available to meet at other times by appointment.

Web based communications

DCH students are expected to comply with all DCH policies, Behavioral Standards and federal and state laws when participating in social media activities.

No student shall post photos, comments, or other forms of web based/social media material of faculty, students, clinical personnel, clinical education settings, schedules or patients to their web based/social media communication sites such as, but not limited to platforms such as Facebook, Message Boards, Personal Blogs, Instagram, Snapchat, Twitter, etc. In addition, no student shall supply or forward photos, comments or other web based/social media materials to anyone for posting on any web based communication/social media sites.

Failure to comply with DCH policies may subject the student to the provisions of the positive discipline process up to and including dismissal. More information may be found in the Policy and Procedure section of the Handbook/Catalog.

Personal Electronic Device Policy

The use of personal cell phones, other portable electronic devices including camera phones and wearable electronic devices should be turned off or silenced and not seen during clinical and didactic hours. Cellular phones and other portable electronic devices may be used during breaks or lunch periods. Employees are to ensure that friends and family members are aware of DCH’s policy. Cell phone use is prohibited in the classroom; therefore, these phones MUST be turned off while in class. Further information is listed in the Policy and Procedure section of the handbook/Catalog.

Attendance Policy

Attendance

The attendance policy is effective for both academic classes and clinical rotations. Attendance to all RAD didactic courses and labs is mandatory. Poor attendance and tardiness appears to others as a lack of cooperation and respect. Poor attendance implies that a student technologist is insensitive to co-workers, unaccountable for his/her responsibilities and uninterested in not only their personal success but the success of their chosen career. Any class sessions missed, regardless of cause, reduces the academic opportunities of the student. Instructors reserve the right to reduce the final academic grade assigned for excessive absences. An excessive absence is defined as any time missed beyond that which is allotted by the attendance policy.
Extended absences due to severe illness, injury or family emergency will be reviewed on an individual basis by the Advisory Committee to determine if disciplinary action will be incurred or if makeup time will be allowed. Should the Advisory Committee recommend continuation in the program, then insufficient clinical/academic hours will result in receiving a grade of **incomplete** for that quarter. The incomplete cannot be changed until all clinical hours and/or class remediation has been completed. Extraordinary circumstances will be reviewed on a case-by-case basis. The Advisory Committee will ensure fair treatment of the student regarding continuation in the program or voluntary withdrawal or dismissal.

Laboratory sessions, hospital and clinical experiences and outpatient imaging experiences are considered as clinical education. It is expected that the student will assume responsibility for punctual and regular attendance to all class, laboratory and clinical assignments. If it becomes impossible for the student to meet assignment obligations, it is the student’s responsibility to notify the proper school official prior to the beginning of the assignment.

If you are unable to attend class, lab or clinic; you must **CALL** in as soon as possible before 7:00 a.m. You must speak to the PD, Class Instructor or Clinical Coordinator directly if at all possible. If not, then the student must leave a message with a number where you can be reached. The student is responsible for calling both the clinical site and program officials.

Program disciplinary action will be taken whenever a student fails to comply with the following:

- Lateness is unprofessional and irresponsible.
- Reporting to the assigned area of the clinical site/class sessions after assigned time is considered tardy.
- Tardy is up to one hour late.
- Any time over one hour is considered an absence.
- The amount of time tardy is added to the assigned departure time for that day. Failure to stay for the time tardy will result in one absence. For example; assigned time is 7 a.m. – 3 p.m. Student arrives at 7:45 a.m. Then the departure time will be 3:45 p.m.
- Students are permitted to take two days per academic quarter for personal time off.
- The student is responsible for all tests and lesson material missed while out sick or on leave. Missed tests will be made up at the discretion of the instructor or PD.
- Three tardies constitutes one absence and must be made up if it occurs during clinic time.
- Students are required to do make-up time during the quarter break as scheduled by the Clinical Coordinator. Make-up time can only be made up during break week.
- Students will not be assigned make-up time during DCH recognized holidays.
- Student will not be able to return from quarter break until all time has been made up. **No exceptions!**
• Weekend shift assignment call-in’s will be made up on the next weekend. Evening shift 3 p.m. – 9 p.m. or 3 p.m. – 11 p.m. assignment call-in’s must be rescheduled.

• Students becoming ill while in attendance at the clinical site will not be permitted to remain at the clinical site.

• Leaving the clinical site prior to completing assigned hours will result in an 8-hour absence.

• Failure to contact program officials and clinical site for call-in will result in a 16-hour absence.

• After two failures to clock in or out is considered an absence and failure to clock in is considered a tardy.

• Three violations of not properly documenting time in a quarter will result in a one-day suspension.

**Incident of lab absence**: An occurrence when a student does any of the following:
- Misses 30 minutes or greater of scheduled lab time

**Incident of lab tardy**: An occurrence when a student does any of the following:
- Misses 29 minutes or less of scheduled lab time

Completion of clinical and didactic hour’s account for a student’s learning experience in the Radiologic Technology program; therefore attendance is **crucial** to the success of the student. There are occasions when an absence is necessary and we do understand. HOWEVER, frequent absences cause the student to miss critical learning opportunities. **If a student misses 20% of any course, the instructor will initiate dismissal procedures and the student will not progress in the program. This attendance policy applies to all students.**

If a student misses more than four (4) lectures in a class, the instructor will initiate dismissal procedures and the student will not progress in the program.

If a student misses more than five (5) clinical days, the Clinical Coordinator or Program Director will initiate dismissal procedures and the student will not progress in the program.

**Attendance Hours**

The average school day consists of eight (8) hours with the student involved in a combination of didactic, laboratory and clinical education activities. Assignments to shifts other than day shift will not exceed eight (8) hours. Total school time will not exceed forty (40) hours per week. The PD, Clinical Coordinator, Didactic Instructor or preceptor staff will assign breaks and meals each day.

**Tardiness**

A student is considered tardy if s/he arrives after the start time of the assignment. Students who arrive early but are found not reporting to their assigned class/area on time will receive a tardy. **Three (3) tardies equals one (1) absence.**
AWOL

If a student is unable to attend class or clinic and does not call in as soon as possible (before 7:00 a.m.), they are considered AWOL and are subject to disciplinary action as outlined in this manual under Program Disciplinary actions.

Bereavement Leave

Students are eligible for a maximum of three (3) scheduled days leave in the event of a death of an immediate family member. These days can be taken within 14 days of the loss, are not required to be consecutive and are not required to overlap with the death and/or funeral. These days are excused absences and will not be deducted from the two time off/sick days.

For the purpose of bereavement leave, immediate family is defined as father, mother, spouse, brother, sister, child, father-in-law, mother-in-law, grandparents, grandchildren, legal guardian of the employee, step children, step parents and step siblings. It is the responsibility of the student to request the number of days s/he will need when they report the death to the Program Director. Bereavement leave will only be granted for days the student is normally scheduled for class/clinic. If the three days fall on off days or scheduled time off, they will be deducted from the three days. Should the student desire to attend a funeral for someone other than an immediate family member, the student will use normally assigned personal days for that quarter.

Other Excused Absences

The program recognizes an excusable leave of absence as one of the following categories:

- **Jury Duty** – The student must notify the PD and Clinical Coordinator of the impending jury duty immediately upon receipt of notice to serve. A copy of this notice must be provided.

- **Reserve Military** – A maximum of ten days per year is allowed for training in accordance with the Alabama Statute on such.

Any of the above listed absences may be required to be made up if the student’s normal educational process is hindered or impended. Student must be responsible for and make up any academic class work during this absence.

Unexcused Absences

Unexcused absences will not be tolerated. If the student is unable to attend school for any reason, the PD or other school official must be notified directly. Unexcused absences must be made up as outlined by PD. The following are considered as unexcused absences/behaviors:

A. failure to notify the PD or other school official (classroom instructor/clinical coordinator) if unable to attend.

B. failure to provide a doctor’s excuse if absent for more than three consecutive days or for a second or subsequent call-in.

C. being absent for more than two days in a quarter unless under the care of a physician.

D. abusing the time off/sick day privilege, e.g., asking for every Friday/Monday off.
E. arriving at or leaving a clinical assignment other than the scheduled time without prior approval by the PD, Clinical Coordinator or Instructor.

Unexcused absences of two (2) or more days are considered excessive and will result in disciplinary action as outlined in this manual. Disclaimer: The program reserves the right to change attendance hours for both clinic and classes for the benefit of the student’s education.

Requesting Time Off

Students may pre-schedule a whole or half personal day. Requests for time off are subject to approval by the PD. Approval for time off is based on the student’s progress both clinically and academically. Time off will not be approved during final exams, quarterly counseling, weekend or evening clinical rotations. Three or more consecutive days missed requires a physician’s statement verifying that the student was under his/her care. Extenuating circumstances can be discussed with program officials and the student must request time off with the appropriate form.

Scheduled Holidays

DCH Health System observes six nationally recognized holidays. Students will not attend classes or clinical sessions on these holidays:

- New Year’s Day
- Memorial Day
- Fourth of July
- Labor Day
- Thanksgiving Day
- Christmas Day
SECTION III
Program Disciplinary Actions, (Academic and Non-Academic)
Student Appeals & Grievance Procedure

Reporting Procedure for Students
Decisions Related To Nonacademic Matters
Program Disciplinary Procedure
Student Appeals Procedure for Nonacademic Matters
Decisions Related To Academic Matters
Program Disciplinary Procedure
Student Appeals Procedure for Academic Matters
Grievance Committee and Procedures
Grade Appeal Procedure
Informal Appeals Process
Formal Appeals Process
Cheating and Plagiarism
Pregnancy Policy
**Reporting Procedure for Students**

Any student may report misconduct or address a concern or event, and every effort will be made to resolve the alleged problem using the policies and procedures in the handbook/catalog. Referring to the organizational chart, alleged problems are to be reported to the Program Director, Clinical Coordinator, Didactic Instructor, preceptor staff, and Radiology Department Manager.

The Organizational chart should also be used when addressing the correct person.

Examples:

1. In the event the problem is with a didactic instructor, it is suggested that the student discuss the problem with the instructor first, before going to the PD. If the problem is not resolved, then the Programs organizational chart should be used.

2. In the event the problem is with the Program Director, it is requested that the student discuss the problem with the Clinical Coordinator first, and then may speak with the Imaging Director if the problem is not resolved.

3. In the event the problem is with a technologist, it is requested that the student discuss the problem with the Clinical Coordinator first, and then may speak with the PD if the problem is not resolved.

This procedural system is in place to ensure minimal disruption to the daily operation of the Program. It is inappropriate behavior and against behavioral standards for a student to discuss alleged problem openly in the clinical area, classroom or lab setting, or in any public forum which includes, but is not limited to social media.

**Decisions Related to Nonacademic Matters**

Misconduct is a behavior which interferes with the educational process or which jeopardizes the welfare of the patient, fellow students, and/or faculty. The following non-academic matters will be subject to disciplinary action as outlined in this document but are **not limited to**:

- Insubordination to instructors, supervisors, and staff.
- Disrespectful, disruptive or lackadasical behavior.
- Excessive tardiness or unexcused absences.
- Violation of any specified honor code or code of professional ethics.
- Possession of or being under the influence of alcoholic beverages or illegal drugs while assigned to a clinical education center, attending class or laboratory sessions.
- Participation in activities threatening the safety of others in a clinical site, lab or classroom.
- Illegal possession of dangerous weapons while in a clinical site, lab or classroom.
- Stealing from any individual or DCH Regional Medical Center entity.
- Exhibiting unprofessional behavior by
  a) Falsification of patient records,
  b) Improper practice of the profession,
  c) Willful neglect of a patient
  d) Improper use of equipment or participation in activities which potentially damage equipment, supplies, and/or private and public property.
Program Disciplinary Procedure

Student misconduct shall be reported to the Program Director, Clinical Coordinator, Didactic Instructor, preceptor staff, Radiology Department Manager or legal authority. Any person may report student misconduct.

Every effort shall be made to resolve the alleged problem using the prescribed program policies and procedures.

If a student is reported for misconduct and disciplinary action is recommended, the Program Director will give written notification to the student specifying the charges and citing the disciplinary action to be taken. A copy of this notification will be forwarded to the appropriate DCH Regional Medical Center administrative personnel. Decisions made by the program may include but not be limited to the following disciplinary actions:

1. Grade adjustment
2. Probation
3. Suspension
4. Expulsion
5. Option of voluntary withdrawal by the student

In cases where personal or public property has been stolen, defaced, disfigured, damaged or destroyed; the disciplinary action may also include an appropriate monetary reimbursement for compensatory damages.

The procedures outlined further in this policy will go into effect only if the student wishes to appeal the decision of the Program Director. It will be the decision of the Program Director whether the student shall remain in the academic portion of the program during the appeals process. This decision will be based on the nature of the misconduct.

Student Appeals Procedure for Nonacademic Matters

The student may request a hearing with the Grievance Committee after receiving notification citing the Program Director's decision. The student must inform the Program Director in writing of the request for a hearing. If the student does not request a hearing within three (3) working days, the action cited by the Program Director will become final. Should the student request a hearing, the Grievance Committee will hold a hearing in which the student may be present and examination of witnesses may take place. After the hearing, the Grievance Committee will formulate its decision regarding the appropriateness of the program's disciplinary action. This decision will be final.

Decisions Related to Academic Matters

Any grievances, which arise from complaints of the student with respect to academic matters, are covered under this category. It should be noted that assignment of grades is the prerogative of the individual faculty member, and unless assigned arbitrarily or capriciously, are not subject to appeal. The following academic matters will be subject to action as outlined in this document but are not necessarily limited to:

- Failure to meet academic standards or requirements of a course or the program.
- Dishonesty in assignments or examinations, or falsification or alteration of official documents such as transcripts or admissions forms.
- Plagiarism.
- Violation of any specified honor code.
• Failure to fully disclose required information and/or documentation during the admissions process.

Program Disciplinary Procedure: Academic

The faculty member or Program Director will notify the student of any proposed changes in the student's academic status, or charges made against the student. The student shall be given an opportunity to meet with the instructor or Program Director to discuss the proposed change in academic status or to explain or refute the charges. Every effort shall be made to resolve an alleged problem using the prescribed program policies and procedures. If action is recommended, the Program Director will give written notification to the student specifying the reason(s) for a change in the student's academic status and citing the action to be taken. A copy of this notification shall be forwarded to the appropriate DCH Regional Medical Center administrative personnel. Decisions made by the program may include but not be limited to the following actions:

1. Grade adjustment
2. Probation
3. Suspension
4. Dismissal from the program
5. Option of voluntary withdrawal by the student

The procedures outlined further in this policy will go into effect only if the student wishes to appeal the decision of the Program Director. The student may remain in his/her academic program during the appeals procedure unless the safety of patients or other persons is jeopardized.

Student Appeals Procedure for Academic Matters

The student may request a hearing after receiving written notification citing program action. The student must request such a hearing in writing to the Program Director. If the student does not request a hearing within three (3) working days, the action cited by the Program Director will become final.

Should the student request a hearing, the Grievance Committee will hold a hearing in which the student may be present. After the hearing, the Grievance Committee will formulate its decision regarding the appropriateness of the program's disciplinary action. This decision will be final. The usual course of action for disciplinary procedures is as follows:

1. Counseling with the Program Director with written documentation.
2. Probation for a length of time determined by the Program Director.
3. Suspension for a length of time determined by the Program Director.
4. Dismissal from the program.

Grievance Committee and Procedures

The purpose of the grievance committee is to provide fair and equitable treatment to all students. The committee and its members are available to resolve complaints presented by the Student Advisory Committee or by individual students. Such complaints or grievances are not restricted to those related to the STANDARDS or program policies. During a student's enrollment, there may be instances when s/he feels that they have received unfair treatment regarding the STANDARDS or other program policies and procedures. Sometime in the relationship between students and faculty, dissatisfactory actions can develop.

Often these are the result of misunderstandings or a lack of information. Before a grievance or complaint can be resolved, it must be expressed. Any time a student feels that s/he has been unfairly treated or if they have
a complaint or grievance related to the STANDARDS or program policies and procedures, s/he should refer to the following steps to ensure due process in a timely and just manner. These steps apply to, but are not limited to, grievances/complaints related to the JRCERT STANDARDS and program policies and procedures.

1. Students should try to resolve problems at the lowest possible level. This means first discussing your complaint/grievance with your immediate supervisor or instructor. More than one attempt at this level may be required before a resolution is reached. The initial grievance/complaint should be discussed with your immediate supervisor/instructor within 72 hours of the grievance or complaint.

2. If you have not received a satisfactory response to your grievance/complaint from your immediate supervisor or instructor within five (5) class days, you are encouraged to take your grievance/complaint to the PD. A written complaint detailing the circumstances of the problem, and your attempt to resolve it through your immediate supervisor or instructor should be presented to the PD. If the complaint is related to a STANDARD or program policy, you must include reference to the specific STANDARD/program policy. The PD may consult the Student Advisory Committee for input regarding the complaint within ten (10) class days of the initial complaint. If the PD was involved in Step 1, the written complaint will be presented to the Grievance Committee within ten (10) class days of the initial complaint. If the PD was not involved in Step 1, s/he will meet with you within ten (10) class days of the initial complaint and respond to your complaint in writing within five (5) class days of that meeting.

3. If you are not satisfied with the response from the PD, you should; within three (3) class days of her response, file your written complaint with the Grievance Committee. You should include copies of all written material sent to or received from the PD and your instructor/supervisor. The Grievance Committee will convene a meeting within five (5) class days from the receipt of your complaint to discuss and review. The Grievance Committee may request that you be present during the meeting. The committee will make a recommendation to the appropriate hospital administrator within three (3) class days after their meeting. The Administrator may or may not take the recommendation of the Grievance Committee.

   The Administrator will meet with you within five (5) class days after receiving the recommendation from the Grievance Committee. S/he will render a final decision at that time. No other appeals process is available at this point with the exception of program non-compliance.

4. In the event your complaint/grievance is solely related to program non-compliance, you may contact the JRCERT directly by letter, phone or email with your non-compliance complaint within sixty (60) class days of the initial complaint. A non-compliance allegation form is available on their web site at www.jrcert.org. Their address and phone number is:

   JRCERT
   20 North Wacker Drive
   Suite 2850
   Chicago, IL  60606-2901
   (312) 704-5300
   E-mail: mail@jrcert.org

Grade Appeal Procedure

The grade appeals procedure is designed to give the student the opportunity to correct an injustice. It should be utilized only when the student contends that the final course grade assigned by the instructor is arbitrary,
capricious or an error. It is not to be used to challenge grades on individual assignments. The terms arbitrary or capricious implies that:

- The student has been assigned a grade on the basis of something other than his/her performance in the course, or;
- Standards utilized in the determination of the student's grade are more exacting or demanding than those applied to other students in the course, or;
- The grade is based upon standards that are significant, unannounced and unreasonable departures from those articulated in the course description distributed at the beginning of the course.

The assessment of the quality of the student's academic performance is one of the major responsibilities of faculty members and is solely and properly their responsibility. A grade appeal is not appropriate when a student simply disagrees with the faculty member's judgment about the quality of the student's work. A student who is uncertain about whether or not a grade should be appealed or who needs additional information about the grade appeals process can contact the PD.

The burden of proof is always on the student appellant to prove that a change of grade is an appropriate action in his/her case. Students must adhere to the timelines delineated in this policy or the right to appeal may be lost. The PD may, under extreme circumstances, extend timelines at his/her discretion. The Notice of Intent to Formally Appeal a Grade can be found in the Appendix section of this handbook.

**Informal Appeals Process**

The student must begin the grade appeals process by contacting the instructor in an attempt to resolve the disagreement in an informal and cooperative atmosphere. This discussion should take place within the first ten class days after the beginning of the following quarter. If the student and instructor cannot, after consultation, reach a satisfactory resolution within the first ten days from the beginning of the following quarter, the student may begin the formal grade appeals process.

**Formal Appeals Process**

1. Following the failure to reach resolution through the informal grade appeals process and not later than the 15th class day of the quarter, the student must complete the Notice of Intent to Formally Appeal a Grade form.

On the form, the student will be asked to:
- verify that s/he has been unsuccessful in reaching a resolution through the informal appeals process;
- precisely and specifically state the reasons for the appeal; and
- offer suggestions as to what the student would consider a fair resolution of the appeal, with supporting reason(s);
- The form should be submitted to the PD. After all signatures are obtained, copies of the form will be distributed to the student and the instructor.

2. The instructor will be asked to submit a written response to the PD and to the student within five class days of the receipt of the appeal. The PD will attempt to resolve the appeal within five additional days through conferencing with the instructor and the student appellant. If not resolved within five class days, the PD will request in writing to the department’s Advisory Committee that the Committee consider the appeal.
The Advisory Committee is comprised as listed in the program's published material according to the department's policy. In addition, the PD strongly recommends that the department's Advisory Committee handling the grade appeal include one voting student member listed on the Advisory Committee (s/he must be a junior or senior in the program who is in good academic and disciplinary standing). Including a student on the committee is in keeping with a longstanding DCH Radiography Program commitment to fully involve students in responsible leadership, advisory and governance capacities whenever possible.

A quorum for decisions of the Committee is three-fourths or more of the assigned members. The highest ranking and within rank the most senior faculty member and/or the Administrator of the Committee shall be the chair. The Program Catalog/Handbook outlines the Committee membership selection process.

3. The student appellant and the instructor(s) involved may submit additional brief written summaries of the evidence to the chair of the student grade appeal committee within five class days after the chair notifies the Committee that a formal appeal has been filed. The student has the right to consult with a Radiography Program faculty member of the student's choice. The faculty member may also attend the grade appeal hearing if one is conducted. Based upon the evidence presented and any additional evidence requested by the Committee, the Committee will meet to decide if there are grounds for a hearing. Minutes of the meeting must be kept and copies of any evidence presented shall become part of the record.

   a. If the student grade appeal committee decides by a majority vote at a meeting at which a quorum is present that there are grounds for a hearing, a formal hearing will be scheduled not sooner than ten and not later than twenty class days after the notice of a hearing is given to the instructor and the student appellant.

   b. If the student grade appeal committee decides by a majority vote at a meeting at which a quorum is present that there are no grounds for a hearing, the appeal goes to step 5 of the process, and, if certified, the grade remains unchanged.

In either case, the student and the instructor shall be notified in writing within two class days of the Committee's decision. Copies of the minutes of the Student Grade Appeal Committee meeting shall accompany the notification of the decision. Should a hearing be necessary, the Committee chair will notify in writing the student appellant and the instructor at least three class days prior to the hearing date. The Student Grade Appeal Committee cannot change a grade without a full hearing as described in the next step.

4. If a hearing is to be held, the Student Grade Appeal Committee will conduct the hearing at which both the student appellant and the involved instructor(s) must be present. The student may also elect to have present; a faculty advisor, who may privately counsel the student but may address the Committee or question witnesses. Neither party may be represented by legal counsel at these proceedings. In the event that either the student or the faculty member is absent at the time of the appeal as a result of illness, resignation or any other reason found valid by the Student Grade Appeal Committee, the Committee may delay the hearing until a more appropriate time. If the Committee determines that the reason is not valid, the Committee may proceed with the hearing and notify the absent party that a full hearing was held in his/her absence. The faculty member and student appellant shall place all available pertinent grade records and student class work for the student...
bringing the appeal in the hands of the Student Grade Appeal Committee. Access to work of other students in the course must protect the privacy rights of the students either by requiring permission of the students or through having their names withheld. Members of the Committee must be present at the hearing in order to be eligible to vote. Minutes of the hearing must be kept.

The hearing should proceed as:

a. The chair of the Student Grade Appeal Committee calls the hearing to order. All those present for the hearing introduce themselves and indicate their roles in the hearing. The chair points out that one member of the Committee will be taking notes. The chair reminds all present that all participants are bound by the Radiography Program Honor Code and asks for the verbal assurance of each that s/he will uphold the honor code. The chair then states the purpose of the hearing and briefly explains the procedure.

b. Any witnesses present are dismissed from the hearing room. They are asked to remain available outside the room, to be called upon as needed.

c. The student appellant makes a statement about the reason(s) for the appeal. This statement should be limited to the reason(s) included on the Intent to Formally Appeal a Grade form.

d. The instructor makes a statement stating his/her position as to why the awarded grade was appropriate.

e. Members of the Committee may direct questions, first to the student appellant and then to the instructor. The instructor has the opportunity to ask questions of the student appellant and the student appellant may ask questions of the instructor.

f. The student appellant may call upon his/her witnesses, one at a time. Witnesses are questioned by the Committee. The instructor may also ask questions of the witnesses if s/he chooses to do so. Each witness is thanked and dismissed.

g. The instructor may call upon his/her witnesses, one at a time. Witnesses are questioned by the committee. The student appellant may also ask questions of the witnesses if s/he chooses to do so. Each witness is thanked and dismissed.

h. The instructor is given the opportunity to make a brief final statement that summarizes his/her position that the original grade was appropriate.

i. The student appellant is given the opportunity to make a brief final statement that summarizes his/her position that a change of grade is warranted.

j. The student appellant and the instructor are informed that they will be notified in writing within five days of the Committee's decision. They are also informed that the Committee's decision is final and may not be appealed. The chair asks everyone to leave the hearing room except the members of the Grade Appeal Committee.
The Committee deliberates and reaches a decision. The chair dismisses the hearing. One of three outcomes may result from the hearing:

i. If two-thirds or more of the members of the Grade Appeal Committee present vote in favor of a grade change, the grade shall be changed as indicated above.

ii. If less than two-thirds of the members of the Grade Appeal Committee present vote in favor of a grade change, no grade change shall be mandated.

iii. In the event the faculty member concerned refuses to participate in the appeals procedure (e.g., does not submit a written response to the appeal or refuses to provide available materials essential for the appeals procedure), the Grade Appeal Committee may, by a simple majority vote of those present and voting (excluding abstentions), initiate a grade change. This decision shall have the same effect as a vote of more than two-thirds (i.e., the decision is binding). The Chair of the Committee shall inform the student appellant of its decision by written memorandum, with copies to the instructor, and the program officials. The written memorandum shall be transmitted within five class days of the hearing and shall include a description of the process followed from informal appeals through the hearing decision, copies of all material presented and a copy of the minutes of the hearing.

As is usual in academic debate, the individual proposing the change has the opportunity to speak first and last. Since the student appellant maintains the burden of proof to demonstrate that a change of grade is justified, s/he will give the initial opening statement and the final closing statement.

5. The Committee may select to have an outside administrator to review the process, all related materials, and hearing minutes within five class days of the receipt of all materials. If that option is utilized then the following occurs:

a. If that administrator certifies that the procedures were followed, the grade appeal is completed. If indicated by the Grade Appeal Committee in its findings, grade changes are initiated as indicated above.

b. If that administrator finds substantive errors in the process that they believe could have reasonably altered the decision reached, reconsideration by a separate Grade Appeal Committee in another department shall be initiated by that administrator. The reconsideration shall begin at step 4 of this process.

6. Changes of grade shall be initiated as follows:

a. If the Grade Appeal Committee rules in favor of a grade change, the PD shall request that the faculty member contact the administrative office to change the grade within five class days after the PD's certification of the process.
b. If two-thirds or more of the Committee voted for a grade change (or a simple majority if the faculty member refused to participate in the procedure) and the faculty member does not initiate a grade change within five class days of the request by the PD, then the PD shall forward the Committee’s decision to the administrative office, who shall then change the grade.

Decisions reached through this process are final and may not be appealed.

Cheating and Plagiarism

Cheating is the act of obtaining or attempting to obtain credit for academic or clinical work by using dishonest means. It includes, but is not limited to copying another’s work, in part or whole, consulting sources not specifically authorized by the instructor during an examination, falsification or misrepresentation of attendance or records. Plagiarism is the act of utilizing someone else’s work as their own without appropriate acknowledgment. If a student is in doubt about the nature of plagiarism, he/she should discuss the matter with the course instructor. If this occurs, disciplinary action will occur.

Pregnancy Policy

As a student radiographer, you may be exposed to more radiation than the general public. The Nuclear Regulatory Commission (NRC) Guide #8.13 has established a basic exposure limit for occupationally exposed students of 25 mrem (.25 mSv) (per calendar quarter, e.g., (Jan, Feb and Mar) or 100 mrem (1 mSv) per calendar year. Because it is required that radiation levels in the clinical facility be kept as low as reasonably achievable (ALARA), there is no significant health risk to individual adult students.

The development of radiation exposure standards reflects the sensitivity of cells to radiation damage. This radiation sensitivity is related to the reproductive activity of the cells; embryos and fetuses are more radiosensitive than children and adults. Because of the sensitivity to an unborn fetus, the National Council on Radiation Protection (NCRP), (Report number 105, p. 13, 1989) has recommended that the dose equivalent limit to the unborn fetus from occupational radiation exposure of the expectant mother be limited to 5 mSv (.5 rem) for the entire pregnancy. It is the option of the student to inform program officials of her pregnancy. If the student chooses to voluntarily inform program officials of her pregnancy, it must be in writing, indicating that you are a declared pregnant student, and indicate the estimated delivery date. In the absence of this disclosure, in writing, a student will not be considered pregnant. It is your responsibility to decide whether the exposure you may receive is sufficiently low to protect your unborn child. The advice of the radiation safety officer (RSO) may be obtained to determine whether the radiation levels are high enough that the unborn child could receive 5 mSv (.5 rem) or more before birth. The alternatives you might want to consider if you are now pregnant or expect to become pregnant include the following:

Option 1:
You may continue in your current status as student radiographer without modification or interruption with the understanding that the radiation exposure to the fetus must be limited to 5 mSv (.5 rem) during the 9-month gestation period. This option may only be selected if prior badge readings indicate that less than 5 mSv (.5 rem) should be accumulated over the 9-month period. You should reduce your exposure as much as possible by practicing all ALARA concepts.
**Option 2:**
You could decide not to continue assignments or modify assignments in the areas where radiation is present, which could affect your graduation date. Should you choose this option, you may ask the PD or Clinical Coordinator to reassign you to areas involving less exposure to radiation. Didactic and clinical schedules shall be modified to enable you to continue in the program while minimizing exposure to ionizing radiation. There are no restrictions necessary for radiology (general, fluoro, portables, specials and CT). However, there are exceptions for some surgical procedures and brachytherapy.

**Option 3:**
If the above options are not possible, you might consider taking a leave of absence until the child is born, which again, could affect your graduation date. You may also choose to withdraw from the program until your physician permits you to return. You will be allowed to re-enter the program at the beginning of the subsequent quarter in which you left, providing no more than one year has passed since the time you left or withdrew. If you desire to continue your education after the one year time frame, you will have to re-apply for admission into the program.

A declared pregnant student continuing in the program will be required to complete all program requirements (didactic courses and clinical education missed) as a result of any absence. Student disability and/or duration of excused absence must be determined by a physician and requires written verification.

Students who choose to acknowledge pregnancy must make up any missed clinical time due to maternity prior to graduation from the program.

At any time a declared pregnant student may undeclare her pregnancy by submitting a written withdrawal request to the Program Director and Clinical Coordinator.

Additional information regarding federal guidelines for prenatal radiation exposure may be found at [www.nrc.gov/NRC/08/08-013.html](http://www.nrc.gov/NRC/08/08-013.html).
Section IV
Academic Standards/Requirements

ALSRT Education Student Seminar
   Student Essay Competition
   Student Exhibit Competition
   Student Bowl Competition
DCH Student Awards
   DCH School of Radiologic Technology Award of Excellence.
   Academic Achievement Award
   Outstanding Clinical Achievement Award
   JRCERT Excellence Award
Academic Requirements
DCH Radiography Program Curriculum
Course Descriptions for Radiologic Technology Courses
Quarter Schedule with Breaks and Holidays
Classroom Conduct
Unsatisfactory Class/Clinical Performance
ALSRT Educational Student Seminar

All students are required to attend and participate in the following educational seminar.

Annual meeting of the Alabama Society of Radiologic Technologists (ALSRT) held in the spring of each year. Seniors (2nd year students) are required to participate in one of the following at this meeting:

I. Student Essay Competition
   Students are encouraged to write an essay related to the profession and submit it for competition at the annual meeting of the Alabama Society of Radiologic Technologists (ALSRT) held each spring. Awards are presented for the top four essays. Contact a faculty member for essay competition guidelines.

II. Student Exhibit Competition
   Students are encouraged to design and construct a scientific exhibit related to medical imaging for display at the ALSRT annual meeting. Awards are presented for the top four exhibits. Contact a faculty member for exhibit competition guidelines.

III. Student Bowl Competition
   Students are encouraged to volunteer to practice and participate in the annual student bowl competition held each year at the ALSRT annual meeting. This is one of the most exciting and rewarding competitions available to students. The bowl team will consist of three students and one alternate. You will compete against other teams from other radiography programs. The Student Bowl Team trophy is awarded to the school’s PD to be displayed at their school for the entire year. Contact a faculty member for specific student bowl guidelines.

If extenuating circumstances are granted for non-attendance, the student must perform clinical education duties during each day of the meeting. In addition, s/he must write a term paper as outlined by the PD and s/he must participate in the Student Scientific Essay/Exhibit Competition even though s/he may be unable to attend the meeting. It is a requirement of the student to meet all deadline requirements for each competition.

DCH School of Radiologic Technology Student Awards

I. DCH School of Radiologic Technology Award of Excellence.
   This award is given to the graduate who has maintained academic excellence, outstanding clinical performance, and a professional rapport as defined by fellow radiologic technologists and faculty. The recipient will receive a personal certificate.

II. Academic Achievement Award
   The Academic Achievement award is presented each year to the student in the graduating class who has maintained the highest grade point average. The recipient of this award will receive a personal plaque and their name will be inscribed on a permanent plaque displayed in the school.

III. Outstanding Clinical Achievement Award
   This award is presented each year to the student in the graduating class who has demonstrated the best clinical skills as voted on by the clinical education faculty and staff. The recipient will receive a personal plaque in honor of this award and their name will be inscribed on a permanent plaque displayed in the school.
IV. JRCERT Excellence Award

The purpose of this award is to recognize a student graduating from a JRCERT accredited program with the most personal achievement in excellence in the radiological sciences. The criterion for the award and the selection of the recipient is the prerogative of program officials and faculty. The recipient will receive a personal plaque from JRCERT and their name will be inscribed on a permanent plaque displayed in the school.

Academic Requirements

The grading system for the School of Radiologic Technology is as follows:

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<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>93 - 100</td>
</tr>
<tr>
<td>B</td>
<td>83 - 92</td>
</tr>
<tr>
<td>C</td>
<td>75 - 82</td>
</tr>
<tr>
<td>F</td>
<td>Below 75</td>
</tr>
</tbody>
</table>

Students must pass all didactic courses with a minimum grade of 75. This grade is computed based on the number of tests and assignments required in each course and will follow the grading system shown above. Any courses failed must be successfully repeated before the student will be eligible for graduation. The student may continue in the program if only one class has been failed. However, the course must be repeated when it is offered the following year. To ensure that all graduation requirements are met, clinic time missed to accomplish this will be made-up before the student will be eligible for graduation. Courses that must be repeated will be at the student's own expense. To be eligible for graduation, the student must satisfy all graduation requirements within 150% of the published program length from the date of matriculation.

If the student is unable to pass a course after the second attempt, s/he will be dismissed from the program. Failure of two courses (didactic and/or clinical) during the two-year program will lead to dismissal from the program, unless remediation is deemed appropriate by the PD. Students must pass all clinical assignments with a minimum grade of 75. This grade is computed as outlined in Section V, Clinical Education.

Each student entering DCH Regional Medical Center's School of Radiologic Technology will be on probation for the first three months of the program. This three-month period is used for both the program and the student to assess their ability to meet the requirements of the program. All students must sign a statement upon entering the program acknowledging the three-month probation period.

If at any time during this three-month probationary period, it becomes evident to the staff that a student's attitude and/or aptitude for a career in Radiography is unsuitable, the student will be so advised and asked to withdraw from the program.

The PD will review each student's progress at the end of the three-month probationary period. If all requirements have been met, the probation will be withdrawn. If, after the probationary period, the student has not proven that s/he can meet the necessary requirements, his/her case will be brought before the Advisory Committee. The committee will make recommendations concerning the final status of the student. The committee's recommendations can be appealed by the student following the guidelines set forth in the Student Appeals Procedure.

If at any time following the probationary period, the student fails to meet the minimum program requirements, action will be taken by the PD and the Advisory Committee as outlined in the Student Appeals Procedure under "Decisions Related to Academic Matters". At any time during the program, if the student
decides that s/he does not wish to continue with the program, s/he may send a formal letter of withdrawal to the PD. The PD will meet with the student to discuss the circumstances. If the student’s decision is final, s/he will be allowed to withdraw. At this time, the student will be required to complete resignation forms and turn in their ID badge. Any tuition paid in advance for courses not completed will be refunded to the student in accordance with the refund policy.

**DCH RADIOGRAPHY PROGRAM CURRICULUM**

17 Semester hours of American Registry of Radiologic Technologist (ARRT) pre-requisites are required before entering into the professional phase of the Radiography Program. Courses needed: English Comp I, Intermediate College Algebra, Human Anatomy & Physiology I and II, Speech, Psychology and Fine Arts.

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<thead>
<tr>
<th>Professional Phase of Radiography Program to be taught at DCH Health System</th>
<th>Theory/Clock Hours</th>
<th>Lab/Clock Hours</th>
<th>Clinical Preceptor</th>
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<tr>
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<tr>
<td>RAD 100 - Intro to Radiologic Sciences &amp; Healthcare</td>
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Course Descriptions for Radiologic Technology courses

DCH 411  Orientation
This provides orientation to the DCH Health System and Radiography Program as well as the profession of Radiologic Technology. Initial emphasis is on the student’s role as a radiographer in the healthcare delivery system to include but not limited to: student responsibilities for clinical and classroom, basic radiation protection, key departments and program personnel, Computer Based Testing, AIDET skills, CPR, Program Catalog/Handbook review, Health System tours, Meditech, Synapse/PACS. Students will receive a detailed orientation schedule.

RAD 100  Intro to Radiologic Sciences & Healthcare
This course provides an orientation to the Radiography Program and the profession of Radiologic Technology. Initial emphasis is on the student’s role as a radiographer in the healthcare delivery system to include student responsibilities, historical development in Radiology, professional organizations, basic radiation protection, associated terminology, key departments and program personnel. Includes a study of anatomical nomenclature related to body planes and directional terms. Cultural diversity as it relates to patient care is introduced. Concepts, practices and issues related to death and dying are discussed.

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RAD 101  Patient Care
An introduction in assessing and performing patient care to include pediatric and geriatric patients in a Radiology department. Establish techniques that promote professional relations and standards of conduct while working with pediatric and geriatric patients and other medical personnel. Concepts and practices in routine and emergency patient care procedures, associated terminology, proper body mechanics, and pharmacology and drug administration. Instruction in cardiopulmonary resuscitation, oxygen administration and venipuncture is provided.

Theory credit hours are a 1:1 contact to credit ratio. Manipulative labs are 3:1 and experimental labs are 2:1 ratio.

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RAD 105  Radiographic Procedures I
This course will introduce radiographic procedures consisting of positioning, associated terminology, projections, views, motion control, accessory equipment and patient considerations. An introduction to radiographic image analysis, technique applications and evaluation and critique is applied in classroom and laboratory environments. Supervised laboratory in image production, procedures and radiographic anatomy identification of the visceral thorax to include pharynx, larynx and abdomen is required. Age-related competencies will be included for all age groups. Upon completion of the course the student will demonstrate knowledge of anatomy and positioning skills, oral communication and critical thinking in both the didactic and laboratory settings.

Theory credit hours are a 1:1 contact to credit ratio. Manipulative labs are 3:1 and experimental labs are 2:1 ratio.

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RAD 110  Clinical Education PRCT I
This clinical course introduces the operation of the medical imaging department and equipment. Scheduled clinical education rotations begin and the shifting of rotations may begin this quarter. Supervision, instruction, clinical practice, and procedural competency testing is performed as outlined in Section II, clinical preceptor handbook.

Preceptorship: Ratio 5:1 (one hour of credit for five hours of preceptorship instruction)

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RAD 202  Radiation Protection and Biology
A study of the effects of radiation exposure on associated terminology, biological systems, typical medical exposure levels, methods for measuring and monitoring, types of radiation, and methods for protecting personnel and patients from excessive exposure. Principles of the interactions of ionizing radiation with living systems with respect to molecules, organisms, systems, and influences affecting acute and long-term biological responses are described.

Theory credit hours are a 1:1 contact to credit ratio. Manipulative labs are 3:1 and experimental labs are 2:1 ratio.

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RAD 203  Imaging Equipment
Concepts of Radiologic science, Radiologic quantities and units, associated terminology, fundamentals of physics, basic atomic structure, electromagnetic radiation, electricity and magnetism, electromagnetism, the x-ray imaging system and the x-ray tube are described.

Theory credit hours are a 1:1 contact to credit ratio. Manipulative labs are 3:1 and experimental labs are 2:1 ratio.

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RAD 205  Radiographic Procedures II
This course provides instruction in Radiologic procedures, radiographic positioning and image analysis of the upper extremity, associated terminology, shoulder girdle, lower extremities and long bone measurements. Supervised laboratory and evaluation in image production, procedures, and radiographic anatomy identification is required. Procedural competency testing as outlined in Section II, clinical preceptor handbook. Course will also discuss age-specific competence. Age-related competencies will be included for all age groups. Includes discussion of trauma and mobile imaging.

Theory credit hours are a 1:1 contact to credit ratio. Manipulative labs are 3:1 and experimental labs are 2:1 ratio.
**RAD 210 Clinical Education PRCT II**

This clinical education course provided assignments to all radiographic areas within the Imaging department. Rotations will include diagnostic radiology, digital equipment, IVP room, Fluoroscopy, mobile procedures, surgery, outpatient imaging facilities, and the emergency department. Procedural competency testing as outlined in Section II, clinical preceptor handbook

*Preceptorship: Ratio 5:1 (one hour of credit for five hours of preceptorship instruction)*

**RAD 301 Ethics & Law in the Radiographic Sciences**

This course provides a foundation in ethics and law related to the practice of medical imaging. An introduction to associated terminology, concepts and principles will be presented to serve as a background for ethical and legal issues found in clinical practice. Specific case studies regarding medical imaging will be presented and discussed.

*Theory credit hours are a 1:1 contact to credit ratio. Manipulative labs are 3:1 and experimental labs are 2:1 ratio.*

**RAD 303 Principles of Imaging I**

Content establishes a knowledge base in factors that govern the image production process. Beam restricting devices, grids, filtration, radiographic quality, radiographic exposure; radiographic technique and automatic exposure control ad associated terminology are described. Includes laboratory assignments and introduction to digital imaging.

*Theory credit hours are a 1:1 contact to credit ratio. Manipulative labs are 3:1 and experimental labs are 2:1 ratio.*

**RAD 305 Radiographic Procedures III**

This course provides instruction in Radiologic procedures, associated terminology, radiographic positioning, image critique, and analysis of the five segments of the vertebral column, the bony thorax and pelvic girdle. Also includes long bone measurement. Supervised laboratory and evaluation in image production, procedures, and radiographic anatomy identification is required. Procedural competency testing is performed as outlined in Section II, clinical preceptor handbook. Course will also discuss age-specific
competence. Age-related competencies will be included for all age groups. Includes discussion of trauma and mobile imaging.

*Theory credit hours are a 1:1 contact to credit ratio. Manipulative labs are 3:1 and experimental labs are 2:1 ratio.*

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**RAD 310  Clinical Education PRCT III**

This clinical education course includes rotation assignments through all radiographic imaging areas to include mobile procedures and surgery. Competency testing continues as outlined in Section II, clinical preceptor handbook.

*Preceptorship: Ratio 5:1 (one hour of credit for five hours of preceptorship instruction)*

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**RAD 403  Principles of Imaging II**

Content establishes a knowledge base in factors that govern the image production process. Beam restricting devices, grids, filtration, radiographic quality, radiographic exposure, radiographic technique and automatic exposure control and associated terminology are described. Includes laboratory assignments and introduction to digital imaging.

*Theory credit hours are a 1:1 contact to credit ratio. Manipulative labs are 3:1 and experimental labs are 2:1 ratio.*

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**RAD 405  Radiographic Procedures IV**

This course provides instruction in Radiologic procedures, associated terminology, radiographic positioning, image critique, and analysis of the cranium and associated structures, supervised laboratory and evaluation in image production, procedures, and radiographic anatomy identification is required. Continuation of procedural competency, testing and performance as outlined in Section II, Clinical preceptor handbook. Course will also discuss age-specific competence. Age-related competencies will be included for all age groups. Includes discussion of trauma and mobile imaging.

*Theory credit hours are a 1:1 contact to credit ratio. Manipulative labs are 3:1 and experimental labs are 2:1 ratio.*

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RAD 410  Clinical Education PRCT IV

This clinical education course includes rotation assignments through all radiographic imaging areas to include mobile procedures and surgery. Shift rotations may continue. Continuation of procedural competency, testing and performance as outlined in Section II, Clinical preceptor handbook.

*Preceptorship: Ratio 5:1 (one hour of credit for five hours of preceptorship instruction)*

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RAD 502  Digital Imaging & Acquisition

Instruction regarding special imaging systems and equipment to include associated terminology, surgery, fluoroscopy, trauma, conventional tomography, computed tomography, mobile and mammographic equipment and digital imaging. Electrical hazards and protection will also be discussed.

*Theory credit hours are a 1:1 contact to credit ratio. Manipulative labs are 3:1 and experimental labs are 2:1 ratio.*

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RAD 503  Special Imaging Systems & Equipment

Instruction regarding special imaging systems and equipment to include associated terminology, surgery, fluoroscopy, trauma, conventional tomography, computed tomography, mobile and mammographic equipment and digital imaging. Electrical hazards and protection will also be discussed.

*Theory credit hours are a 1:1 contact to credit ratio. Manipulative labs are 3:1 and experimental labs are 2:1 ratio.*

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RAD 505  Radiographic Procedures V

This course provides instruction in radiographic procedures, associated terminology, radiographic positioning, image critique, and analysis of the salivary glands; digestive, biliary, urinary, and reproductive systems. Includes discussion of surgical imaging procedures. Procedural and patient considerations are discussed. Supervised laboratory and evaluation in image production, procedures, and radiographic anatomy identification is required. Continuation of procedural competency, testing and performance as outlined in Section II, Clinical preceptor handbook. Course will also discuss age-specific competence. Age-related competencies will be included for all age groups. Includes discussion of trauma and mobile imaging.

*Theory credit hours are a 1:1 contact to credit ratio. Manipulative labs are 3:1 and experimental labs are 2:1 ratio.*
RAD 510  Clinical Education PRCT V

This clinical education course includes rotation assignments through all radiographic imaging area to include mobile procedures and surgery. Shift rotations may continue. Continuation of procedural competency, testing and performance as outlined in Section II, Clinical preceptor handbook. Recomps in all categories can begin.

Preceptorship: Ratio 5:1 (one hour of credit for five hours of preceptorship instruction)

RAD 600  Radiographic Pathology & Image Analysis

The study of common human diseases; their causes, treatment and radiographic appearance. Includes a discussion of associated terminology, diseases demonstrated with various imaging systems. Independent study and research is required.

Theory credit hours are a 1:1 contact to credit ratio. Manipulative labs are 3:1 and experimental labs are 2:1 ratio.

RAD 605  Radiographic Procedures VI

Introduction to special contrast procedures of the nervous system performed in the Radiology department. These contrast procedures include arthography, tomography, lumbar puncture, venograms, myelography, and angiography. Procedural and patient considerations are discussed. Supervised laboratory and evaluation in image production, procedures and radiographic anatomy identification is required. Course will also discuss associated terminology and age-specific competence. Age-related competencies will be included for all age groups.

Theory credit hours are a 1:1 contact to credit ratio. Manipulative labs are 3:1 and experimental labs are 2:1 ratio.

RAD 610  Clinical Education PRCT VI

This clinical education course includes rotation assignments through all radiographic imaging areas to include mobile procedures and surgery. Assignments to other modalities, particularly CT may begin this quarter depending upon academic and clinical progression. Shift rotations may continue and students will complete a shift assignment in the Angiography lab. Competency testing in all categories continues.
Preceptorship: Ratio 5:1 (one hour of credit for five hours of preceptorship instruction)

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RAD 700 Radiography Capstone I

Comprehensive and intense review focusing on the synthesis of professional knowledge, skills, and attitudes in preparation for American Registry of Radiologic Technologists (ARRT) certification examination, professional employment, and lifelong learning. Independent / group study, research, and testing are required. Areas of focus will be Imaging Procedures, Patient Care and Education, Competency Assessment, Resumes and Career building. A grade is assigned for each of the ten examinations and courses. Students must successfully pass a simulated registry examination to be eligible for graduation.

Theory credit hours are a 1:1 contact to credit ratio. Manipulative labs are 3:1 and experimental labs are 2:1 ratio.

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RAD 710 Clinical Education PRCT VII

This clinical education course includes rotation assignments through all radiographic imaging areas to include mobile procedures, surgery and specialty areas. Shift rotations will continue and assignments to other modalities will continue. Recomps in all categories continues.

Preceptorship: Ratio 5:1 (one hour of credit for five hours of preceptorship instruction)

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RAD 800 Radiography Capstone II

Comprehensive and intense review focusing on the synthesis of professional knowledge, skills, and attitudes in preparation for American Registry of Radiologic Technologists (ARRT) certification examination, professional employment, and lifelong learning. Independent / group study, research, and testing are required. Areas of focus will be Radiation Protection, Equipment Operation and Quality Control, Image Acquisition and Evaluation. Continued competency assessment. A grade is assigned for each of the ten examinations and courses. Students must successfully pass a simulated registry examination to be eligible for graduation.

Theory credit hours are a 1:1 contact to credit ratio. Manipulative labs are 3:1 and experimental labs are 2:1 ratio.

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This clinical education course continues rotation assignments through all radiographic imaging areas to include mobile procedures, surgery and specialty areas. Shift rotations will continue and assignments to other modalities will continue. Recomps in all categories continues.

Preceptorship: Ratio 5:1 (one hour of credit for five hours of preceptorship instruction)

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Quarter Schedule

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<tr>
<td>Break Week</td>
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<td><strong>7th Quarter 2018</strong></td>
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<tr>
<td>March 26, 2018 - June 8, 2018</td>
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<tr>
<td>Memorial Day Holiday</td>
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<tr>
<td>Break Week</td>
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<tr>
<td><strong>8th Quarter 2018</strong></td>
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<tr>
<td>June 18, 2018</td>
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<tr>
<td>July 4th Holiday</td>
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<tr>
<td>Graduation</td>
</tr>
</tbody>
</table>

*tentative schedule

Classroom Conduct

Students in this program are adults and are expected to act appropriately. Behavior that is disrespectful or disruptive will not be tolerated; the student will be asked to leave the class. Each occurrence will be documented and may result in counseling from the instructor and program director. Handbook policy will be followed. Each course syllabi has specifications applicable to the course.
Unsatisfactory Class/Clinical Performance

Students who violate class/clinical policies will receive an unsatisfactory class/clinical performance evaluation. **An unsatisfactory class/clinical performance equals one (1) absence. Example:** Failure to call the clinical site, instructor, or other school official when a tardy or absence is eminent; leaving an assigned area without permission; or violation of uniform policies. Excessive class/clinical policy violations may result in suspension or dismissal from the program in accordance with program disciplinary policies.
Section V
Clinical Standards and Requirements

Clinical Education Plan
Clinical Education Assignments
Clinical Education Policy
Objectives for Non-Traditional Hours
General Rules and Guidelines
Clinical Education Rules and Regulations
Clinical Learning Outcomes for the Student Technologist
Clinical Education Eligibility
Clinical Competency Progression Sequence
General Plan for Competency Based Clinical Education
  Direct Supervision
  Indirect Supervision
  Mobile Radiography
  Repeat Policy
Clinical Competency Policy
Didactic and Clinical Curriculum Correlation
Clinical Competency Evaluation System
Use of the Clinical Competency Evaluation Form
Example of Grading an Examination
Re-Comping of Competency Requirements
Use of the Rotation Evaluation
Minimum Competency Requirements for Each Quarter
Clinical Extension Policy
Clinical Competency Radiographic Requirements for Graduation
Simulations of Competencies
Radiation Protection
Personal Radiation Monitoring Devices
  General Policy
  Exchange Policy
  Violation of the Policy
  Radiation Protection Practices
Malpractice Insurance
Clinical Education Course Extension
Clinical Education Performance Objectives
  Patient Management
  Equipment Manipulation and Technical Adjustments Positioning Skills
  Radiation Protection
  Injectable Contrast Media and Procedures
  Image Evaluation: Professionalism
Clinical Education Courses, Syllabi, and Descriptions
Clinical Competency Categories and Procedures
General Patient Care Requirements
Mobile & Surgical Radiography
Graduation Requirements
  Capstone Graduation Requirement
  Competencies Necessary for Graduation
Student Records
Clinical Education Plan

1. Clinical assignments will be conducted at DCH Health System and other clinical affiliates of the program.

2. Clinical education will be concurrent with academic classes.

3. Clinical assignments will vary from quarter to quarter. A schedule listing assigned hours and areas will be posted before the end of the previous quarter. Clinical assignments may be scheduled on all shifts. The Clinical Coordinator will schedule shift assignments.

4. Total clinical and classroom hours will not exceed forty hours per week. Assignments on any given day or shift will not exceed eight hours.

5. A change in the daily or shift assignment schedule must be approved by the Clinical Coordinator.

6. Students will have all DCH holidays off and other such time off as determined by the program.

7. Students will be assigned various clinical hours in order to supply students with clinical experiences to prepare them to competently perform duties of the entry-level radiographer.

Clinical Education Assignments

The clinical coordinator will oversee the following activities:

1. Daily assignment schedule, attendance, time off and clinical evaluation for each student.

2. Assignment of the student to a room / technologist in the clinical education setting.

3. Changes in the clinical schedule, room or technologist assignment may be done for the benefit of the student’s clinical education. The clinical coordinator must approve this.

4. Room and area assignments may include the following:
   a. Radiology Patient Transportation
   b. Routine / Diagnostic Radiography
   c. Fluoroscopy
   d. Surgery / Cystography
   e. Ultrasound
   f. Cancer Treatment Center
   g. Mobile Radiography
   h. Trauma Room / ED
   i. Advanced Imaging Areas (CT, MRI, Angio, NM)
   j. Cardiac Catheterization Laboratory
   k. DCH Outpatient Imaging
   l. DCH Radiology (RMC)
   m. DCH Northport Radiology (NMC)
Clinical Education Policy

1. The academic day consists of eight hours each assigned day with classroom, lab and clinical hours included.

2. Students will be assigned a lunch period, which they are required to take. The length of the lunch break will follow the policies of the radiology department or assigned clinical education site (usually 30 minutes).

3. Each student will arrive for clinic/school at their assigned time each day. Students will use Meditech as explained by their instructor. Time and attendance records are maintained in the program office. Absences will not be tolerated and excessive tardiness will result in disciplinary action as outlined in the Attendance Policy. Three tardies constitutes one (1) absence. A student is considered tardy upon arriving after the beginning of an assignment. Students who arrive early but are found not reporting to their assigned areas on time will receive a tardy.

4. When it is impossible for the student to fulfill assignment obligations, it is the student’s responsibility to notify the PD or other school official prior to the beginning of the assignment. If the student is unavoidably late, the PD or clinical instructor should be notified as soon as possible. In the event the PD or CC is unavailable, leave a voice message on their office line.

5. Should a clinical education center ask for a student to be removed from that clinic, the student can be penalized up to dismissal from the program. If a clinic asks that a student not be reassigned to that clinic, the student will be counseled and put on probation.

6. Students who violate clinical policies will receive an unsatisfactorily clinical performance evaluation. An unsatisfactorily clinical performance equals one (1) unexcused absence. Examples: failure to call the clinical site or instructor when a tardy or absence is eminent; tardiness; leaving an assigned area without permission; or violation of dress code. Excessive clinical policy violations may result in suspension or dismissal from the program in accordance with program disciplinary policies.

7. Students who report to school/clinic without their ID badge or radiographic right and left markers will receive a written warning for the first occurrence. Subsequent occurrences will count as an absence and the student will be subject to disciplinary action according to the policies outlined in this handbook.

Objectives for Non-Traditional Hours

Students may be scheduled to perform clinical rotations on all shifts. The intent is to provide additional clinical education opportunities in performing trauma radiography during real-world work situations. It is not an attempt to supplement staffing needs or shortages. Students must use Meditech to sign in and out during these rotations. Failure to sign in or out will result in not receiving credit for the rotation. These are mandatory clinical education rotations and must be completed prior to being eligible for graduation. Only
a physician’s excuse will be accepted for an absence or call-in. All absences must be made up within one week of the scheduled assignment.

Students are expected to report to the assigned clinical education site at the assigned time and remain until the assigned release time. Assigned times for the above shifts may not be changed by anyone other than the program director or the clinical coordinator. Violations of this policy will result in disciplinary action as outlined in this handbook. Changes to this policy must be approved by the Program Director.

Objectives
Upon completion of clinical assignments, the student will be able to:

1. Identify procedures related to trauma radiography.
2. Experience a higher volume and frequency of critical, emergent-needs patients requiring technical problem solving and critical thinking skills.
3. Demonstrate routine and non-routine imaging procedures related to trauma radiography.
4. Use problem solving and critical thinking skills in the performance of routine and non-routine imaging procedures related to trauma radiography.
5. Complete mandatory and elective clinical education competencies related to routine and non-routine imaging procedures for trauma radiography.
6. Demonstrate the ability to work and communicate with other health care professionals in the treatment of trauma patients.
7. Demonstrate the ability to perform under abnormal stress and high intensity situations.
8. Under the supervision of a qualified technologist R.T. (R) (ARRT), demonstrate independent decision-making related to the performance of radiographic procedures on trauma patients.

Weekend 3 - 11 shift is usually when the best clinical experiences are available for the student. The goals for this rotation are:

1. To practice good patient care in trauma cases.
2. To become aware of the emotions involved in severe trauma cases.
3. To gain an understanding of the death and dying situation.
4. To learn variations in procedures for severe trauma cases.
5. To become acquainted with a different type of radiography practice, a different type of work atmosphere from the ‘normal’ shift.
6. To learn how to prioritize the work schedule.
7. To be given a more active role in trauma alerts.
8. To be able to see R.T. role change from 7 - 3 shift.
9. To practice modification of exams.

The 11 - 7 shift gives the student experience in a rotation very different than any other. On this shift the staff consists of three Diagnostic technologists and two CT technologists. They work out of the Radiology Department in the Emergency Department and must cover the entire hospital for any exams that are needed on this shift including portables and surgery. The technologists must work together and then be fairly fast. They may use this shift for make-up time. This experience gives the student enough exposure for them to determine if this is the shift they would like to work after graduation. The goals for this rotation are:
1. To determine the role a technologist has on this shift.
2. To learn the importance of speed.
3. To learn the importance of teamwork.
4. To practice trauma skills.

**General Rules and Guidelines**

1. Students are subject to all rules and regulations of the Medical Center, both institutional and departmental.

2. Students will not inject contrast media or medication until trained and never without the supervision of an R.T., RN or a Physician.

3. A student will not hold a patient while an exposure is being made.

4. Each student must practice good personal hygiene.

5. It is the patient’s right to be treated with dignity and care by a clean individual.

6. Students should devote their attention to the patient and refrain from discussing personal matters while in the presence of the patient.

7. Students should keep rooms clean and fully supplied with clean linen, emesis basins, needles, syringes, etc.

8. Students should clean tables after each patient and disinfect contaminated equipment.

9. Students are expected to show courtesy and respect to everyone, i.e. patients, visitors, co-workers, physicians, etc.

10. Physicians are to be shown respect by referring to them as “Doctor” while in the hospital.

11. A student may be asked to transport patients, or perform other tasks that are pertinent to radiographic examinations of patients and patient care.

12. A student who disobeys direct and specific orders related to radiographic services to a patient may be dismissed from the program.

13. The time allotted for meals during clinical or academic assignments is thirty (30) minutes. Eating and drinking are only allowed in designated areas. All DCH campuses are tobacco free.

14. Students should discourage visitors to the Radiology Department during clinical education assignments. A student should not visit the department while off duty.

15. Reading newspapers, books, magazines, etc. is not permitted in the clinical area while a patient is in the department awaiting a radiographic examination.

16. The student may study in the department provided there are no patients who require their services. Studying is not permissible at times when a student should be administering patient care. Studying
may be defined as reading textbooks or practicing radiographic procedures with each other; however, no radiographic exposures will be made.

17. Horseplay is not permitted!! Horseplay is a serious matter that may result in injury to yourself or others or lead to destruction of equipment or supplies.

18. Loud noises in patient care areas should be avoided. These include laughing, singing, whistling, loud talking, arguing, foul language, etc.

19. Clinical swapping for weekend assignments has to be approved by the PD or Clinical Coordinator. This should be done within the students own class.

20. A student cannot achieve competencies while working for pay.

21. Any doctor, dental or personal appointment should be made on scheduled days off, before or after the assigned shift.

22. Departmental telephones are business telephones and personal phone calls are discouraged. Cell phone use should be limited to break times.

23. Students are required to supply the PD with a telephone number where they can be reached.

**Clinical Education Rules and Regulations**

1. Students are subject to the rules and regulations of the Radiography Program, Imaging departments, clinical affiliates, and the sponsor. All students are required to read the policy manual of the Radiography Program and the policy and procedure manual of the clinical site and become familiar with those rules and regulations.

2. If a student is determined to be in violation of the rules and/or regulations, the PD and/or clinical coordinator will counsel the student about the violation.

3. If the student continues to violate the rules and regulations, disciplinary action will be taken as outlined in the policy manual.

4. All students must notify the clinical instructor/supervisor before leaving at the end of each clinical assignment.

5. ALL students are required to clock in and out in Meditech for every clinical rotation assignment and classroom attendance.

6. Students are not allowed to leave scheduled clinical assignments early except under extenuating circumstances. All students must notify the clinical instructor/supervisor before leaving.

7. Students who engage in any type of employment related to the career field must notify the PD.

8. Employment will not be substituted for clinical education. Students may not perform clinical competency evaluations while in employment status at any facility at any time.

9. At no time will students be substituted for paid staff during any assigned clinical rotation.
10. Clinical competencies may not be done on individuals other than patients. A patient is defined as an individual who requires a radiographic procedure that has been ordered by a physician.

**Clinical Learning Outcomes for the Student Technologist**

As a student technologist, in an effort to become an entry-level technologist and health care professional, it is your responsibility to:

1. Maintain and protect confidentiality of patient information at all times and honor confidentiality of others when appropriate. Respect patient, department, and facility confidentiality in all areas.
2. Display interpersonal behavior and appearance, to demonstrate respect for self, the Program, and the profession.
3. Treat all patients and staff the same regardless of race, religion and ethnic background or socioeconomic level. Recognize and respect others – value differences
4. Acquire competency and proficiency in radiologic procedures. Take initiative and be proactive in seeking out exams and experiences for your level of competence with the support of your supervising technologist(s).
5. Be knowledgeable, responsible, accountable and involved (promote and demonstrate teamwork). Demonstrate initiative and a willingness to work as part of the Medical Imaging team.
6. Anticipate the needs of others and respond promptly and appropriately. Display positive, caring behavior toward everyone.
7. Seek help from your technologists to assist you in achieving your learning outcomes and satisfactorily complete your clinical assignments. Accept suggestions & constructive criticism.
8. Reflect on your progress to increase self-awareness, confidence and competence.
9. Complete objectives for each clinical education course, which can be found in the course syllabi distributed at the beginning of each semester.
10. Develop and practice safe habits associated with equipment and accessories in accordance with accepted equipment use.
11. Employ techniques and procedures in accordance with standards in radiation protection practices to minimize exposure to patient, selves and others. Always practice the ALARA principles. *Image Gently.*
12. Acquire professional values and develop appreciation for life-long learning so that you may function in the future as a knowledgeable technologist.

**Clinical Education Eligibility**

In order to provide proper patient care in the clinical setting, students assigned to the clinical education center must meet the following criteria *by the end of the first quarter of the program.*

1. Complete the competency orientation program for new students.
2. Successfully complete the classes on body mechanics and basic patient care.
3. Be certified in cardiopulmonary resuscitation (CPR) and maintain certification throughout the program.
Clinical Competency Progression Sequence

The responsibilities of a radiographer have grown in complexity with the development of more sophisticated procedures and equipment in the medical imaging sciences. It is essential that both the Radiography Program and the student work together to provide the best educational experience possible. During the clinical experience, students must have the opportunity to perform all routine types of radiographic procedures. Only in this manner will the student be prepared for entry into the profession. Students’ cognitive skills are evaluated directly in the classroom and indirectly throughout his/her educational experience. The affective learning domain is challenged during all phases of the education program. The students’ psychomotor skills are evaluated in the laboratory and during their clinical assignments. In addition, the student’s critical thinking and problem solving skills are developed throughout the program utilizing a variety of didactic, laboratory and clinical exercises. Only with a competency based evaluation system can we determine the proficiency level a student has achieved.

Clinical Competencies are not to be completed until appropriate education and training has been achieved. The sequence of events to accomplish competency requirements is as follows:

1. **Academic Preparation**
   The didactic portion of the Program gives students the content knowledge to develop skills necessary to understand and perform in the clinical area.

2. **Laboratory Preparation**
   This area allows students to practice what they have learned in the didactic area in an effort to further develop skills that will be utilized in the clinical area.

3. **Academic Testing**
   After didactic and laboratory instruction, the student will be tested in the classroom to ensure comprehension of instruction.

4. **Laboratory Testing**
   After didactic evaluation, the student will simulate a radiographic procedure of certain exam(s) in the presence of program faculty to ensure application and comprehension.

5. **Competency Attainment**
   Students will gain skills through observing and participating in exams with technologists in the clinical area. The student will ask the CI or technologists to perform a competency, which upon completion will be documented on the clinical competency form. If the competency is achieved, it will be counted toward clinical requirements. If it is not achieved, the student will perform another exam until the competency is achieved.

6. **Competency Image Analysis**
   Competencies may be re-evaluated by the student’s faculty advisor. If it is the faculty advisors opinion the competency should be re-attempted, the student will not be given credit for the comp, but it will be kept in their file for later review.

7. **Competency Continuance**
   Once a student passes the competency, the student will continue practicing and performing examinations in the clinical area. At the beginning of the 5th quarter, the students will have the opportunity to re-comp the previously achieved competencies.
If a student scores below 75% for any one of the exams during the Simulated Positioning Lab Practical Testing, they will be required to perform remedial testing of the failed examination by the next class day. If the student passes the remedial testing of the examination with 75% or better, the two scores will be averaged together to be the final grade for the lab practical.

General Plan for Competency Based Clinical Education

The clinical coordinator has primary responsibility for clinical education assignments, supervision and evaluation. Each clinical education center has a designated clinical instructor responsible for the supervision, instruction, counseling and evaluation of assigned students. The clinical instructor or a qualified staff technologist, R.T. (R) (ARRT) will supervise the students in the clinical education centers at all times. Supervision of students may be direct or indirect. The type of supervision is determined by the progress if the assigned student. Direct and indirect supervision are defined as follows:

**Direct Supervision** – the supervising technologist is present in the radiographic room when the student is performing a Radiologic examination. The supervising technologist is responsible for assisting the student and assuring proper procedures are followed.

**Indirect Supervision** – the student performs examinations without the presence of a technologist in the radiographic room. This type of supervision requires that a qualified technologist be **immediately available** to assist the student if necessary. Immediately available is defined as being in the adjacent room or within earshot of the student. Only those students that have proven competency in the exam will be allowed indirect supervision.

**Mobile radiography** (portables) will be performed under direct supervision at all times. Students are not allowed to perform mobile radiography without a qualified technologist to supervise.

All “repeat” radiographs will be performed in the presence of a qualified radiographer regardless of the student’s level of competency. Failure to do so could result in immediate dismissal from the program.

In the event of any policy infractions; technologists and students have the opportunity to call, send a personal or Meditech email to inform faculty or to document non-compliance.

In the event a student believes they need more supervision than is being offered, or a technologist is in non-compliance, the student may call, send a personal or Meditech email to inform faculty or document non-compliance.

In the event of any type of immediate infraction, a student may immediately report to the Imaging Director’s office and/or notify faculty who will immediately be present to ensure proper supervision and instruction.

The program’s agent, who is located in the Imaging Director’s office, also has access to faculty via phone, cell, and e-mail and is aware of faculty schedules.

**Clinical Competency Policy**

All students must complete a minimum number of competency evaluations each quarter to remain in the program as stated in the clinical syllabi.
All clinical competency evaluations must be completed by an approved educator. All clinical competency evals must be completed at an approved clinical education site during a scheduled clinical education assignment.

**At no time may a student perform a competency evaluation while performing duties in employment status.** Violation of this policy will lead to immediate dismissal from the program.

Students may not swap clinical education rotation assignments with another student unless approved by the clinical coordinator and/or the PD in advance.

**Didactic and Clinical Curriculum Correlation**

Typical program schedule and prerequisites in clinical education assignments and correlation of clinical and didactic components.

<table>
<thead>
<tr>
<th>Clinical Phase I</th>
<th>Prerequisites</th>
<th>Category</th>
<th>Academic Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Education PRCT I</td>
<td>Admission to program</td>
<td>Chest &amp; Abdomen; Pharynx &amp; Larynx</td>
<td>Fall 1st year</td>
</tr>
<tr>
<td>Clinical Education PRCT II</td>
<td>Successful completion of RAD 110</td>
<td>Upper &amp; lower extremities, long bone measurements and shoulder</td>
<td>Winter 1st year</td>
</tr>
<tr>
<td>Clinical Education PRCT III</td>
<td>Successful completion of RAD 210</td>
<td>Five vertebral regions, bony thorax and pelvic girdle</td>
<td>Spring 1st year</td>
</tr>
<tr>
<td>Clinical Education PRCT IV</td>
<td>Successful completion of RAD 310</td>
<td>Cranial structures</td>
<td>Summer 1st year</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinical Phase II</th>
<th>Prerequisites</th>
<th>Category</th>
<th>Academic Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Education PRCT V</td>
<td>Successful completion of RAD 410</td>
<td>Contrast studies of the GI/GU systems &amp; reproductive</td>
<td>Fall 2nd year</td>
</tr>
<tr>
<td>Clinical Education PRCT VI</td>
<td>Successful completion of RAD 510</td>
<td>Contrast studies of the CNS &amp; other modality rotations</td>
<td>Winter 2nd year</td>
</tr>
<tr>
<td>Clinical Education PRCT VII</td>
<td>Successful completion of RAD 610</td>
<td>Other modalities rotations &amp; review</td>
<td>Spring 2nd year</td>
</tr>
<tr>
<td>Clinical Education PRCT VIII</td>
<td>Successful completion of RAD 710</td>
<td>Continue with other modalities rotations &amp; review</td>
<td>Summer 2nd year</td>
</tr>
</tbody>
</table>

**Clinical Competency Evaluation System**

The goal of the program’s clinical evaluation system is two-fold. One is to measure the student’s capabilities in the clinical environment to adequately produce diagnostic images of various anatomical parts. The second is to measure behavioral characteristics (punctuality, professionalism, attitude, cooperation, quality of work, initiative, etc.).

As you develop confidence and proficiency, you will be given the opportunity to complete entire examinations under the direct supervision of a registered radiologic technologist. The technologist will observe and assist you and step in whenever the need arises. The technologist should also be able to critique your examination and make suggestions for improvement.
When you feel certain that you are able to do a particular examination by yourself, ask the Clinical Instructor or in-serviced Staff Technologist to do a competency evaluation when the next patient for that examination arrives. Your performance will be documented on a Clinical Competency form. If competency is achieved it will be counted toward the requirement for that quarter. If competency is not achieved, the procedure must be repeated until competency is achieved.

All competencies may be re-evaluated by the Clinical Coordinator or DCH faculty for quality and completeness. The final approval of competency/proficiency evaluations will be by the Clinical Coordinator, regardless of prior approval by the Clinical Instructor or the In-Serviced Staff Technologists.

Once you pass the Competency Evaluation for a particular examination, you need additional practice to maintain and perfect your skills. You may now perform this examination with indirect supervision. A registered technologist must be in an adjacent room or area, but not necessarily in the exposure room. However, if a repeat examination should become necessary, for any reason, a registered technologist or Clinical Instructor must be present to provide direct supervision for the repeat exposure.

**Use of the Clinical Competency Evaluation Form**

Each quarter, the student will be graded on a minimum number of designated examinations completed unassisted. For all examinations required for clinical competency, the student will have been tested and practiced the examination in the laboratory during a previous quarter or during the concurrent quarter.

In the clinical setting, a student who wishes to perform a competency exam must have passed the laboratory session on the procedure.

If the student meets the above criteria, then s/he will initiate a competency evaluation. The student shall perform the procedure, process the images and have each projection evaluated using the clinical competency evaluation form. The evaluator must review the images with the student present and appropriately complete the clinical competency evaluation form.

An example of the clinical competency evaluation form can be found on the following pages. During a competency procedure, the student will be evaluated on a maximum of nine (9) categories. Each category contains several tasks with an Excellent, Adequate, Inadequate or N/A box preceding it.

**Note:** Incorrectly identifying the side or part (right or left) being radiographed or the lack of proper patient identification (category 2) when performing a competency examination will result in a failed exam. This can easily be avoided by paying close attention to your work and performing a two patient identifier check. A radiograph that is not properly marked (right or left) or does not correctly identify the patient is not a legal radiograph and can lead to legal problems for both the student and the medical facility.

The clinical competency evaluation form is very important and when used properly can give a measure of a student’s ability to adequately produce diagnostic radiographs of a specific anatomical part. Utilizing the form, one can quickly identify a student’s problem area(s). At the end of any given period, the program will have documented the student’s ability to obtain various diagnostic radiographs.

**Example of Grading an Examination**

When grading with the clinical competency evaluation form, the evaluator observes the student’s performance in the radiographic room, reviews each projection, and makes a check mark in area(s) where a
problem exists. For example, if the student has positioned the patient incorrectly, a check would be placed in the corresponding box in the PATIENT POSITIONING category.

Should the student fail the entire competency evaluation, s/he must re-test on that procedure. Failed competency exams must be re-tested and passed before being eligible for graduation. Each student is expected to complete a minimum number of competency examinations per quarter. Failure to do so will result in a deduction of 5 points per competencies from the quarter average. The **MINIMUM number of competencies** to be performed during each quarter is listed under each clinical syllabus. All competency exams must be completed before graduation.

Once the minimum number of competencies required for each quarter has been completed, the student may choose to perform further competency examinations on procedures the student has successfully completed in the laboratory. Students are expected to continue to perform procedures on previously completed competencies throughout his/her tenure in the program.

**Recomping of Competency Requirements**

Beginning in the 5th quarter (or 2nd year), students can start recomping exams. 80% of the exams listed on competency records must be recomped before graduation. The procedure to follow is the same as for other competencies.

**Use of the Rotation Evaluation**

The rotation evaluation form is intended to be used by the clinical instructor. This evaluation form will be completed by the CI at the end of each clinical rotation. It is the responsibility of the student to supply the form to the CI before the last day of their assignment. The completed forms will be used by the CC in the calculation of the student’s clinical grade.

Since performance and personal characteristics are important for success, the rotation evaluation form along with the clinical competency evaluation form is a means of early recognition and correction of possible problems. The student must possess the skills required to work with other members of the health care team as well as patients while maintaining a positive attitude toward his/her education and job performance. This form is designed to help the student recognize whether s/he is developing or has developed these skills. An example of these forms can be found on the following pages.

**Minimum Competency Requirements for each Quarter**

The number of competencies to be performed each quarter is as follows:

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Minimum Number of Required Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2 (optional)</td>
</tr>
<tr>
<td>2</td>
<td>10 or 12</td>
</tr>
<tr>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>4</td>
<td>12</td>
</tr>
<tr>
<td>*34 total</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>20 comps / recomps</td>
</tr>
<tr>
<td>6</td>
<td>20 comps / recomps</td>
</tr>
<tr>
<td>7</td>
<td>Comps/recomps must be completed by end of quarter</td>
</tr>
<tr>
<td>8</td>
<td>Competency evaluation for ARRT requirements</td>
</tr>
</tbody>
</table>
Although the minimum number of required competencies each quarter varies, students are encouraged to complete as many as they are qualified to perform to ensure that the total number of required competencies are achieved by the end of the quarters. The competencies performed may be from any category in which the student has successfully completed the laboratory evaluation. As previously stated, competencies cannot be performed until successfully completed in the laboratory.

Clinical Extension Policy

In the event a student does not achieve the required competencies for the quarter, the student will receive a non-progressive grade and will be dismissed from the Program. In the event it appears the student will not achieve the minimum required competencies the student may ask for a clinical extension in an effort to achieve the necessary competencies to progress.

The extension request must be initiated by the student with the Clinical Coordinator seven (7) days before the end of the quarter, and is only applicable for one clinical course for the length of the Program, and is not applicable to any other radiography course.

Approval of the Clinical Extension is based on:

1. If previous clinical education course competencies were successfully completed.
2. Proficiency level and initiative as documented on the Clinical Performance Rotations Evaluation for the quarter.
3. Consultation with Clinical Faculty
4. Student engagement throughout quarter with Clinical Coordinator to assess competency progression

The request for extension will be reviewed by the faculty of the program and the clinical faculty. The decision will be given to the student on the last day of the quarter if not before.

All requests for extension will be considered on an individual basis. The maximum extension allowed is restricted to the time allotted for quarter break. All competencies required to progress must be achieved before returning to clinic for the upcoming quarter. Extension time will not be “banked” or allowed to be taken off at another time.

Students will receive a grade of “Incomplete” until course competency requirements are met. If requirements are not met during the clinical extension a failing, non-progressive grade will be assigned.

Clinical Competency Radiographic Requirements for Graduation

There are 72 mandatory competencies. Students are required to complete all 72 competencies before being eligible for graduation. Students are also required to satisfactorily complete recomps of 80% of the 72 mandatory competencies. This is a total of 58 recomps. Therefore the total minimum number of required competencies to be eligible for graduation is 130. Students are encouraged to complete more than the required 130 competencies if possible.
Simulations of Competencies
In the event certain exams or competencies are not comped or completed, you may be allowed to simulate. Students will be allowed to simulate once the CC has set a range of dates for simulations to begin. It is the student’s responsibility to arrange a simulation appointment with the CC. Students are allowed to simulate exams, as deemed necessary by the CC.

When performing the positioning portion of the procedure, the student is responsible for following the same procedure for the simulation as is required on an actual patient or during a lab practical. This means another student will be positioned as would the actual patient. Simulations may be performed on the mannequin and will employ ionizing radiation. Simulations can only be performed under the direct supervision of a faculty member. Simulations are evaluated using the same criteria for regular competencies. The simulation may be repeated until the grading instructor deems the student competent. This may necessitate rescheduling of the simulation. The instructor may choose to reschedule to allow the student more study/practice before the next attempt. Simulations will be timed and must be completed in the allotted time. Failure to appear and perform the simulation will result in a deduction of 10 points from the overall clinical grade for the particular quarter.

Radiation Protection

Personal Radiation Monitoring Devices

I. General Policy
Each student is responsible for learning the principles of Radiation Protection and being knowledgeable of the DCH Radiation Safety Guidelines as published on the Imaging intranet so as to protect themselves as well as the patient, co-workers and other hospital personnel.

Each student is also responsible for wearing their radiation-monitoring device in the clinical area and during laboratory classes. No student will be allowed in the clinic area or the laboratory without a properly worn and dated monitoring device. It is the student’s responsibility to ensure that their film badge is properly maintained.

II. Exchange Policy
Students are responsible for turning in their monitoring badge by the 10th day of each month so it can be interpreted for exposure. Personal monitors will be turned in to the front desk and exchanged for the next month’s badge by the 10th of the month.

III. Violation of the Policy
Students who do not return their monitor badge by the 10th day of each month will receive a 10-point deduction in their final clinical quarter grade. Habitual tardiness with this policy can result in dismissal from the program.

Radiation Protection Practices

1. Students are required to practice proper radiation safety. At no time may a student participate in a procedure utilizing unsafe radiation protection practices.

2. Students WILL NOT hold patients or imaging receptors during ANY radiographic procedure.

3. Students will ALWAYS wear personal radiation monitors, i.e. film badge (TLDs) in the clinical education center and in all laboratory classes.
4. Students will **ALWAYS** wear one radiation monitor at the neck (collar). Declared pregnant female students will also wear a second monitor at the waist level.

5. The collar monitor is worn outside the lead apron; the waist badge (fetal monitor) is worn under the lead apron.

6. Students will **ALWAYS** remove personal radiation monitors from the radiographic room. Leaving these in the exposure room will result in improper exposure readings on the badge.

7. Students **WILL NOT** remain in the radiographic room while an exposure is being made without proper protective attire and radiation monitoring device.

8. Students will **ALWAYS** remove personal radiation monitors whenever having diagnostic medical or dental radiographs performed.

9. Students will **ALWAYS** wear lead aprons and maintain a proper distance when performing mobile radiographic procedures.

10. Students will **ALWAYS** stand behind the fixed lead barrier when making a radiographic exposure.

11. Students will **ALWAYS** maximize the use of collimation.

12. Students will **ALWAYS** close the door of the room when making a radiographic exposure.

13. All personal radiation-monitoring badges will be returned to the badge control area at the end of each month.

14. Lost monitors must be reported to Program Faculty *immediately*. A written and signed statement must be submitted by the student so as to be placed in the student’s permanent personal school file.

15. Radiation protection of the patient is the responsibility of the student and the supervising technologist.

Exposure reports are reviewed by the DCH Radiation Safety Officer (RSO). Reviewed personal exposure readings will then be kept on file in the PD’s office. Students are asked to review and sign monitor reports. Student dosimetry reports must not exceed 25 mrem (.25 mSv) per calendar quarter.

Excessive exposure outcomes will be reviewed for inappropriate use and/or conduct, in which the student may be restricted in clinical activities.

For the complete Radiation Safety Policy, occupational radiation exposure levels, NRC occupational dose limits as well as policy and procedures regarding overexposure and limits please refer to the Radiation Safety Policy located on the DCH Imaging intranet page.
Malpractice Insurance

Each student is covered with personal liability insurance at all clinical education facilities while enrolled in the program. Liability insurance is provided by DCH at no cost to the student.

Clinical Education Performance Objectives

In order for the student to perform clinically at an acceptable degree of proficiency, s/he must be able to perform each of the following items.

I. Patient Management

A. Physical Facilities Readiness:

The student will:

1. Know the location of linen, bedpans, emesis basins, and emergency drugs (crash carts) in order to secure them when needed.
2. Maintain a clean and organized radiographic room by:
   A. folding and replacing linen supplies
   B. cleaning the radiographic table as needed
   C. dusting room and equipment at appropriate intervals
   D. checking daily:
      - Supply of lead markers
      - lead aprons and gloves, which may be needed
      - positioning aids (sponges, restraints, etc.)
      - Presence of proper size and type of needles and syringes
3. Prepare the radiographic room for the procedure before the patient enters the room.
4. Assemble the necessary equipment required to perform the radiographic exam.
5. Check contrast material and emergency drugs for quantity and possible chemical deterioration (check expiration dates of all drugs).
6. Fill syringes with contrast material using sterile technique when appropriate.
7. If the procedure is a fluoroscopic examination, prepare the patient and equipment before the radiologist enters the room.
8. Select the proper film size and type, correctly reload film holder, if needed.

B. Evaluation of the Requisition:

The student will:

1. Correctly identify the patient using two patient identifiers.
2. Determine the patient’s mode of transportation.
3. Follow instructions as outlined by the radiographic requisition.
4. Based on the requisition, the patient’s chart or verbal communication, determine the:
   A. patient’s name (observe all HIPPA policies)
   B. appropriate radiographic procedure
   C. special considerations if indicated
   D. possible contraindications
   E. information affecting how the patient is to be handled or technical factors to be used
   F. equipment to be used
   G. completeness of information
   H. prior preparation of patient as needed
   I. pregnancy status of patient if appropriate

5. Discuss with a supervisor; incomplete, confusing or unclear requisitions or patient information.

6. Consider the need for alternate radiographic positioning to accomplish the examination and offer the least discomfort to the patient.

7. Determine the patient positions and projections of the area of interest in relation to the patient’s condition.

8. Correctly identify the part or side of the patient with “R” or “L” lead marker properly placed.

9. Record the radiographic exam including any pertinent comments about the exam or the patient’s condition.

10. Record any equipment problems in the proper logbook.

C. Patient Care:

The student will:

1. Respect each patient’s privacy and concerns.
2. Treat each patient with dignity and respect.
3. Correctly identify the patient using two patient identifiers for whom the radiographic procedure is requested.
4. Transport the patient to and from radiology without injury to the patient or yourself.
5. Explain the radiographic exam to the patient or a family member.
6. Inform the patient of what will happen during the radiographic procedure.
7. Reassure the patient and answer any questions.
8. Draw implications from the patient information to allow the radiographic exam to be conducted as efficiently as possible.
9. Alert the radiologist to possible contraindications to the requested radiographic exam such as:
   o possible radiation exposure to a fetus
   o recent duplication of the exam
   o effectiveness of patient preparation for the examination
   o signs of distress, adverse or emergency reactions
10. Transport the patient on a stretcher or wheelchair into the radiographic room; position the vehicle next to the examination table.

11. Assist the patient safely from the transportation vehicle to the radiographic table.

12. Use care in moving patients to avoid harming, causing pain or needless discomfort.

13. Allow the patient to be as comfortable as possible.

14. Manipulate oxygen supply, catheters or chest tubes with care to avoid disruption of proper function.

15. Apply immobilization devices to prevent patient movement but not interfere with respiration and circulation.

16. Give appropriate instructions to the patient per part/projection performed.

17. Provide appropriate radiation shielding for the gonads based on the position of the patient and the part/projection required.

18. Observe the patient throughout the radiographic procedure and be alert to any signs of pain, emergency, adverse reactions to the procedure or contrast materials. Never leave babies or small infants alone AT ANY TIME.

19. Observe if the patient is having an adverse reaction and if so, react appropriately.

20. Make sure any repeat exposures are for medical diagnostic purposes and done only in the presence of a qualified technologist.

21. Assist the patient safely from the radiographic table to the transportation vehicle.

22. Assist as much as possible with patients who must wait for long periods of time (talk with them, check their needs, etc.).

23. Practice AIDET (Acknowledge, Inform, Duration, Explain, and Thank You) skills.

II. Equipment Manipulation and Technical Adjustments

The student will:

1. Prepare the radiographic exposure room before the patient enters, this should include knowledge of the appropriate images that will be taken per facility protocol.

2. Using a technique chart as a guide, determine and select the appropriate minimal exposure factors, which are compatible with the diagnostic quality, desired, if not using AEC.

3. Carefully adjust the exposure factors for special considerations, i.e. patient’s size, medical condition, age, sex or muscularity, if not using AEC.

4. Using arithmetic calculations, adjust the technique to compensate for changes in the routine exposure factors, i.e. distance, grid ratio, film type, patient movement, etc.
5. Position the radiographic tube with the primary beam entering the area of interest at the appropriate angle to project the image required.

6. Always use care when moving the radiographic tube in the presence of the patient or anyone else in the room.

7. Position the radiographic tube with the proper source-to-image (SID) distance.

8. Position the image receptor in bucky or cassette holder and position the central ray or body part.

9. Operate the collimator controls to expose only the area of interest.

10. Correctly use the rotor and exposure switches on the radiographic control panel.

11. Note any signs of equipment malfunction and report them immediately.

12. Transport the image receptor to the darkroom or computer for processing as applicable.

13. Reload the image receptor with the correct type of film or erase the imaging plate as applicable.

14. Make sure any repeats required are for medical diagnosis.

15. If the procedure is a portable examination:
   A. safely transport the portable unit from the radiology department to the patient’s bedside or operating room
   B. position the portable unit accurately for the requested procedure
   C. record the examination in the appropriate log

III. Positioning Skills

The student will:

1. Follow steps outlined in sections I and II.

2. Select the appropriate external reference points to position the patient for the specific examination according to the area of interest.

3. Account for body habitus in relating external reference structures to internal structures.

4. Position the body part correctly to provide images necessary for diagnosis.

5. Select and apply immobilization devices to prevent patient motion but do not interfere with breathing or circulation.

6. Mark or define anatomical reference points to position the body part with proper rotation and angulation.

7. In positioning the patient, make note of location of suspected fractures, unhealed fractures, or presence of foreign bodies and handle the patient accordingly.

8. If necessary, select alternative positioning to obtain the requested projections of the area of interest.
9. Select the proper size and type of film based on the size of the patient, area of interest, use of magnification technique and number of projections to appear on the film.

10. Position the image receptor in the bucky or cassette holder.

11. Position the patient or body part in the correct relationship to the film.

12. When using the bucky, center the body part to the midline of the table.

13. Place the long axis of the body part with the long axis of the image receptor.

14. With upright cassette holders, adjust the height of the holder to coincide with the body part to be imaged.

15. Position the radiographic tube with primary beam entering the area of interest at the correct angle to project the image needed.

16. Using lead markers (R, L, UP, etc.) identify the patient part, position and time according to department procedures.

17. Determine the position of the gonads and provide appropriate radiation shielding based on the position of the patient and the area being radiographed.

18. Instruct the patient appropriately to accomplish the exam with minimum motion and discomfort to the patient.

19. Ensure that all repeats required are for medical diagnostic purposes only.

IV. Radiation Protection:

The student will:

1. Consider the effects of ionizing radiation on human tissue and conform to established safety standards.
   A. wears protective lead garments if in the room during an exposure
   B. makes exposures from behind the lead protective barrier
   C. close all doors to the room before making any exposures
   D. use gonadal shielding for the patient’s protection
   E. use correct collimation for protection of the patient and others

2. Supply protective shielding to any persons who will be in the room during exposures.

3. Follow instructions when selecting and establishing exposure factors.

4. Determine appropriate shielding for radiation sensitive tissue, considering direction of the central ray and the proximity of the area of interest to the sensitive tissue.

5. Always wear your radiation-monitoring device placed correctly on your body.

6. Turn in the radiation-monitoring device at the proper intervals, keeping them up-to-date.
7. Consistently receive a safe reading on the monthly radiation dosage report.
8. Determine when an accidental exposure radiation exposure may have occurred to you, the patient or other personnel.
9. Report any excessive exposures immediately to the clinical coordinator or staff.
10. Determine possible causes for unusually high radiation readings on personal monitoring device.
11. Know how to read the monthly radiation dosage report to determine your exposure history.
12. Make sure any repeats required are for medical diagnostic purposes only.

V. Injectable Contrast Media and Procedures:

The student will:

1. Check contrast material and emergency drugs for chemical deterioration. In performing radiography when sterile, surgical or invasive procedures are involved, use knowledge of sterile conditions and procedures to achieve or maintain the sterile integrity of materials, area or parts of the patient’s body.
2. Using sterile technique, fill syringes with contrast material needed for the radiographic procedure. Students are not allowed to inject medications or contrast media without an RN or RT present.
3. Apply various types of tourniquets, sterile dressings or other devices used in connection with the procedure.
4. Ensure presence of supplies needed for the procedure, i.e. contrast material, syringes, bandages, emergency drugs and supplies, etc.
5. Observe the patient throughout the procedure and be alert for any signs of adverse reactions to the procedure or contrast material.

VI. Image Evaluation:

A. General

The student will:

1. Perform a review of images for technical and diagnostic quality.
2. Properly use all equipment required to accomplish the review.
3. Demonstrate the proper steps in reviewing the images produced:
   A. relate the orders for the procedures to projections of the area of interest and the patient’s condition
consider the need for change from the standard positions to accomplish the examination and offer the least amount of discomfort to the patient

C. provide a technical quality review of the images produced

4. Assess for each image / radiograph / procedure whether:
   A. correct patient view and full area of interest is demonstrated
   B. unnecessarily large area of the patient is visible (irradiated)
   C. proper shielding of the patient is visible
   D. artifacts, blurring, or distortion of the image is present
   E. adequate detail and definition are present in the image
   F. adequate density and contrast are present to provide the diagnostic quality required for the examination
   G. the anatomy and area of interest are demonstrated satisfactorily for diagnostic purposes, based on the requested exam and review of the radiographs
   H. problems were caused by the radiographer’s performance (improper positioning, incorrect exposure factors, etc.) or if malfunctioning equipment is responsible
   I. anatomical structures needed are shown in the image and their relationships are demonstrated appropriately
   J. proper collimation has been used to prevent exposing areas of the patient unnecessarily
   K. standards for diagnostic quality have been met
   L. any views have been omitted

5. When reviewing the images for technical quality:
   A. consider what the radiographer should do to improve the quality of the radiograph / image
   B. decide if repeats or additional views would be helpful based on the patient’s condition and/or history
   C. what alternative patient or radiographic tube positioning may be used to obtain views for which routine positioning is not possible

B. Alignment

The student will review each radiograph to determine:
1. Positioning of the body part radiographed is in the correct relationship to the film.
2. Placement of the long axis of the body part coincides with the long axis of the film.
3. Positioning of the radiographic tube is such that the primary beam enters the area of interest at the proper angle to project the image needed.
4. Centering of the radiographic tube to the film is correct.
5. Proper focal-film distance was used.

C. Radiographic Exposure Technique

The student will review each radiograph to assess whether:

1. The radiograph is overexposed or underexposed.
2. The proper contrast and density of the image is present.
3. Instructions for establishing exposure factors were followed accurately.
4. Proper collimation to the anatomical part to be demonstrated was used in each image.
5. There is evidence of equipment malfunction.

D. Image Identification

The student will review each radiograph to determine:

1. The patient’s information and correct date are visible and readable.
2. Lead markers were used properly and are visible.
3. Placement of lead markers is appropriate relative to the body part being radiographed.
4. Any other information relative to the exam is included, i.e. portable, upright, etc.

VII. Professionalism:

The student should exhibit the following traits and characteristics. Those that are most often expected from the technologists include:

<table>
<thead>
<tr>
<th>Compassion</th>
<th>Cooperation</th>
<th>Interest</th>
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<tr>
<td>Motivation</td>
<td>Dependability</td>
<td>Poise</td>
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<tr>
<td>Self-discipline</td>
<td>Loyalty</td>
<td>Promptness</td>
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</table>

These traits and characteristics have certain responses that can indicate their presence in the student technologist. The identification and development of these traits is/are part of the clinical education component.
COMPASSION

To demonstrate this trait, the student will:

1. Assist patients, allowing them as much comfort as possible.
2. Take care not to move the patient in any way that might be harmful, painful or needlessly uncomfortable.
3. Not leave those patients who might fall, alone on the radiographic table.
4. Assist patients who wait for long periods of time in the radiology department (talking with them, checking on their needs, etc.).

INTEREST and PREPARATION

To demonstrate this trait, the student will:

1. Be able to perform the radiographic procedures ordered.
2. Possess and use items required to perform the procedures, i.e. lead markers, pen/pencil, radiation monitoring devices, etc.
3. Have the motivation to learn and use alternative methods to perform the procedures.

COOPERATION

To demonstrate this trait, the student will:

1. Respect patients and personnel’s privacy and dignity.
2. Establish good rapport with other members of the health care team.
3. Accept guidance, suggestions, and constructive criticism without overt resentment.
4. Exhibit pleasant and helpful behavior with patients and personnel.
5. Follow the rules and regulations of the radiology department and the medical facility.

MOTIVATION

To demonstrate this trait, the student will:

1. Perform requested radiographic procedures without being asked or told to do so.
2. Practice skills previously learned to become proficient in them.
3. Ask for assistance in attempting new or complex procedures.
4. Perform any tasks that are necessary for the efficient function of the radiology department.

DEPENDABILITY

To demonstrate this trait, the student will:

1. Be prompt in:
   A. arriving at the clinical site early enough to prepare your assigned area.
   B. approaching radiographic assignments with energy and enthusiasm.
   C. returning from breaks and meals at the designated times.
   D. proceeding with assignments given and completing them within a reasonable amount of time.
2. Perform your tasks as assigned by the clinical site or at the direction of the clinical instructor and/or clinical staff.
3. Recognize and acknowledge limitations of knowledge and experience.
4. Be honest and truthful.
5. Show flexibility in schedules and breaks.

POISE and SELF-DISCIPLINE

To demonstrate this trait, the student will:

1. Be pleasant to others even in adverse conditions.
2. Maintain composure in all situations. Never confront clinical staff, especially in public. This may be grounds for dismissal from the program. Disagreement and misunderstandings should be brought to the clinical coordinator or PD.
3. Exhibit adaptability in new or unusual situations.
4. Follow the rules of the clinical site and medical facility.
5. Exercise self-discipline in performing all aspects of your duties.
6. Keep your mind on your responsibilities and follow them through until the job is completed.
7. Accept criticism positively and benefit as a result.
MATURITY and JUDGMENT

To demonstrate this trait, the student will:

1. Treat patients and others with respect and kindness.
2. Be discreet when discussing patients. Do it where family and friends will not overhear.
3. Show the ability to be a responsible technologist that others can depend on.

APPEARANCE

To demonstrate this trait, the student will:

1. Present a professional appearance at all times.
2. Follow the guidelines of the program and department dress code.
3. Practice good personal hygiene.
4. Refrain from eating in patient care areas. Do this in designated areas only!!

Summary
Clinical Education is an essential portion of your training. Topics presented in the classroom must be put to practical use during the clinical sessions. It is important that you be prompt, courteous and aggressive in your clinical experiences. Do not be afraid to make mistakes. Just do not make the same mistake twice! Do not be afraid to ask questions. It is always better to ask questions when you are not sure about something. Remember, it is your responsibility to make sure that all clinical evaluations are completed and returned to the Clinical Coordinator on time.

Any time you have a problem, you should contact the clinical instructor or supervisor you are assigned to. You will have to work hard and study hard but you will be rewarded with a career that is very rewarding because you will be helping others.
Clinical Education PRCT I – RAD 110

DCH Regional Medical Center
School of Radiologic Technology
1st Quarter/1st Term
Clinical Education PRCT I - RAD 110
Clinical Preceptorship Syllabus

Course Master: Leonetta Jackson, MSHA, ARRT (R)
Office Hours: Posted and/or by appointment

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<thead>
<tr>
<th>RAD 110</th>
<th>Clinical Education PRCT I</th>
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<td>THEORY</td>
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Clinical Education PRCT I is the first in a series of eight clinical education preceptorships that will provide you with the necessary experience and education needed to practice the art of radiography. During this quarter, you will complete required didactic prerequisites and will begin clinical education by participating in laboratory practice. This orientation period will give you many opportunities to observe radiologic technologists performing their daily duties. By the end of the quarter, you should be able to move from a passive mode of observation to a more active mode by assisting the RT in performing procedures.

Preceptorship varies each quarter and is specific to the type of clinical rotation. The specific clinical hour list can be found in section II of the program handbook; Clinical Education Preceptor Handbook and a schedule listing assigned hours and areas will be posted before the next quarter.

As part of the orientation process, you must submit objective assignments (1 – 3) to complete this quarter. These objectives should provide you with preliminary performance proficiency. Objectives are to be completed and submitted at the completion of each student's rotation.

Students will begin the weekend rotation in the Emergency Department on the fourth weekend.

Each student will be assigned to one weekend per quarter. This time should be used to observe the difference in staffing, supervision, and prioritizing from the other department rotations. This will be an orientation period for the student. Objective number 4 is to be completed as you rotate through the weekend shift.

Through the preceptor evaluation, you will be evaluated on your clinical efficiency, professional conduct, dress, abilities to understand and follow instructions and willingness to cooperate. A copy of this evaluation may be found in section II of the program handbook.

During this course, and all subsequent courses, you will be exposed to image analysis, patient care procedures, and responsibilities of maintaining their radiographic room as well as technical skills. During this
first course, you will be under direct supervision. A staff technologist and/or instructor must assist you while performing radiographs. A staff technologist must assist with ALL repeats.

Until you achieve the prescribed competency level (documented in file) you will carry out assignments under the direct supervision of a qualified radiographer.

“Direct Supervision – the supervising technologist is present in the radiographic room when the student is performing a radiologic examination. The supervising technologist is responsible for assisting the student and assuring proper procedures are followed. “

Once you have achieved documented competencies you may complete assignments under indirect supervision.

“Indirect Supervision – the student performs examinations without the presence of a technologist in the radiographic room. This type of supervision requires that a qualified technologist be immediately available to assist the student if necessary. Immediately available is defined as being in the adjacent room or within earshot of the student. Only those students that have proven competency in the exam will be allowed indirect supervision. A qualified radiographer must review all images with student before the images(s) are sent to the radiologist or referring physician.”

Mobile radiography (portables) will be performed under direct supervision at all times. You are not allowed to perform mobile radiography without a qualified technologist to supervise.

All “repeat” radiographs will be performed in the presence of a qualified radiographer regardless of the student's competency.

"No Hold" policy
It is the policy of the DCH School of Radiologic Technology Program that students do not hold patients for radiologic examinations. A student will not hold a patient while an exposure is being made.

COURSE OBJECTIVES
At the end of the first quarter, the student will be able to:

1. Understand and practice professional conduct and communication skills.
2. Apply basic CPR skills learned in CPR class if need arises.
3. Begin learning the art of critiquing radiographic images.
4. Understand and practice universal precaution procedures.
5. Demonstrate proficiency of preliminary performance competency objectives (1 – 3).
6. Orientate to weekend clinical rotations and to the practice of radiographing patients with fractures and injuries (objective 4).
7. The student will complete category competency evaluations, after laboratory and clinical practice (optional chest and abdomen competencies totaling 2 if completed).
8. Adhere to clinical policies and procedures.
9. Use radiation protection techniques.

INSTRUCTIONAL GOALS

Cognitive - Comprehend foundational knowledge of radiographic procedures.
Psychomotor - Apply foundational knowledge of radiographic procedures.
Affective – Value the importance of adhering to radiographic procedures.
ATTENDANCE
1. All make-up time is to be made up at the discretion of the clinical coordinator and/or PD.
2. If sick, you are required to call in 30 minutes before the hour you are scheduled to report to your clinical assignment.
3. Punctuality is expected and enforced.
4. All vacation or excused absences must be approved in advance.

GRADE DETERMINATION
1. Preceptor evaluation 90% of _____________ = _____________
2. Clinical objectives written (1 – 4) 10% of _____________ = _____________

Final Clinical Grade = _____________

GRADING
A = 93 – 100
B = 83 – 92
C = 75 – 82
F = Below 75
Student ________________________________________ Clinical Site ________________________

Evaluator (signature) __________________________ Date ______________________________

Grade ______________________________ (6.4 points each)

**Portable equipment**  
(Technologist to initial each blank as they are completed)

<table>
<thead>
<tr>
<th>Demonstrates:</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>1. Recharging</td>
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<tr>
<td>2. Storing</td>
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<td>3. Technique selection</td>
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<tr>
<td>4. How to use locks</td>
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<tr>
<td>5. How to open and close collimator</td>
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**Surgery**

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<tr>
<th></th>
<th>Yes</th>
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<tr>
<td>1. Understands sterile field</td>
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<tr>
<td>2. Demonstrates daily cleaning procedure</td>
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**C-Arms**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
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<tbody>
<tr>
<td>1. Able to turn on / off emergency equipment</td>
<td></td>
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<tr>
<td>2. Demonstrates correct use of controls and locks</td>
<td></td>
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<tr>
<td>3. Annotates a patient’s name</td>
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**Safety**

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>1. Practices patient shielding and collimation</td>
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<tr>
<td>2. Practices self radiation protection (lead apron, distance)</td>
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<tr>
<td>3. Practices universal precautions</td>
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<tr>
<td>4. Can verbalize proper precautions and the protocol for high-risk nursery</td>
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</table>
DCH Regional Medical Center  
School of Radiologic Technology  
Competency Objective #2  
Emergency Department  

Student ________________________________  Clinical Site _____________________

Evaluator (signature) ___________________________  Date __________________________

Grade _______________________________ (10 points each)

**General Responsibilities**  
(Technologist to initial each blank as they are completed)

Demonstrates:

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<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>1.</td>
<td>Understands how patient orders are received in ED Radiology</td>
</tr>
<tr>
<td>2.</td>
<td>Demonstrates how to use Synapse</td>
</tr>
<tr>
<td>3.</td>
<td>Can take exams to taken and edit exams</td>
</tr>
<tr>
<td>4.</td>
<td>Demonstrates how to look up a report on the computer</td>
</tr>
<tr>
<td>5.</td>
<td>Practices Universal Precautions</td>
</tr>
<tr>
<td>6.</td>
<td>Understands the process of patient transport in the ED</td>
</tr>
<tr>
<td>7.</td>
<td>Knows procedure for assuring nurse call button is within patient’s reach</td>
</tr>
<tr>
<td>8.</td>
<td>Understands options when extra help is needed</td>
</tr>
<tr>
<td>9.</td>
<td>Knows procedure for letting ED know exam is complete</td>
</tr>
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</table>

10. Able to locate:

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<tr>
<td>Yes</td>
<td>No</td>
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<tr>
<td></td>
<td></td>
<td>Fire alarm</td>
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<td>Fire extinguishers</td>
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<td>Emergency exits</td>
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<td>Crash cart</td>
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<td></td>
<td>Wall suction</td>
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<tr>
<td></td>
<td></td>
<td>Wall oxygen</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Linen supply</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Supplies</td>
</tr>
</tbody>
</table>
Function and Application of Generator
(Technologist to initial each blank as they are completed)

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Able to locate on / off switch</td>
</tr>
<tr>
<td>2.</td>
<td>Able to “boot up” equipment</td>
</tr>
<tr>
<td>3.</td>
<td>Locates emergency stop switch</td>
</tr>
<tr>
<td>4.</td>
<td>Correctly sets kVp, mA and time</td>
</tr>
<tr>
<td>5.</td>
<td>Able to locate mAs display</td>
</tr>
<tr>
<td>6.</td>
<td>Locates circuit breaker</td>
</tr>
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</table>

Fault Indicators
Indicates corrective measures for the following

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>1.</td>
<td>Error message displays</td>
</tr>
<tr>
<td>2.</td>
<td>Correcting faults</td>
</tr>
<tr>
<td>3.</td>
<td>Photo timing faults</td>
</tr>
</tbody>
</table>

Automatic Exposure Control
Able to perform the following

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Field select, to select the ionization chamber to be used for automatic exposure control</td>
</tr>
<tr>
<td>2.</td>
<td>Bucky selection (selects wall / table bucky)</td>
</tr>
<tr>
<td>3.</td>
<td>Density selection (plus and minus)</td>
</tr>
<tr>
<td>4.</td>
<td>Fluoro section</td>
</tr>
</tbody>
</table>

Radiographic Table Functions
Demonstrates operation of the following locks and controls

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Lateral controls (foot operated, table side operated and spot film device operated)</td>
</tr>
<tr>
<td>2.</td>
<td>Longitudinal controls (foot operated, tableside operated and spot film device operated)</td>
</tr>
<tr>
<td>3.</td>
<td>Elevation controls (tableside operated and spot film device operated)</td>
</tr>
<tr>
<td>4.</td>
<td>Table accessories (safety strap, footboard, shoulder supports)</td>
</tr>
<tr>
<td>5.</td>
<td>Able to “lock in” and release image intensifier</td>
</tr>
<tr>
<td>6.</td>
<td>Ability to manipulate controls</td>
</tr>
<tr>
<td>Radiographic Tube</td>
<td>Yes</td>
</tr>
<tr>
<td>-------------------</td>
<td>-----</td>
</tr>
<tr>
<td>Correctly demonstrates the following</td>
<td></td>
</tr>
<tr>
<td>1. Timed centering light switch</td>
<td></td>
</tr>
<tr>
<td>2. 40-inch SID detent operation</td>
<td></td>
</tr>
<tr>
<td>3. Transverse detent (for table bucky)</td>
<td></td>
</tr>
<tr>
<td>4. Longitudinal lock switch</td>
<td></td>
</tr>
<tr>
<td>5. 40-inch detent for the wall bucky</td>
<td></td>
</tr>
<tr>
<td>6. 72-inch detent for the wall bucky</td>
<td></td>
</tr>
<tr>
<td>7. Transverse detent for the wall bucky</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Safety Requirements</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>1. Is able to verbalize the correct procedure to follow for:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>frayed cables</td>
<td></td>
<td></td>
</tr>
<tr>
<td>broken wires</td>
<td></td>
<td></td>
</tr>
<tr>
<td>odd sounds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>shock, when touching a piece of equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Understands the importance of using only plugs with third prong for ground</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Understands the importance of checking equipment daily</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Knows not to use any malfunctioning equipment</td>
<td></td>
<td></td>
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<tr>
<td>5. Knows how to report to clinical engineering any equipment in need of repairs</td>
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</table>

<table>
<thead>
<tr>
<th>Radiation Safety</th>
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</tr>
</thead>
<tbody>
<tr>
<td>1. Able to locate lead aprons, thyroid shields, gloves, etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Keeps doors closed to radiology rooms during exposure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Aware of need to keep distance between tubes and self whenever possible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Practices patient shielding and collimation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Practices self radiation protection</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>General Safety</th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>1. Fire alarm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Emergency exits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Fire extinguishers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Crash carts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Wall suction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Wall oxygen</td>
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</tbody>
</table>
Write a short narrative below on your observations during your weekend rotation in the emergency department. Be sure to include:

1. Staffing – does it appear to be adequate for the patient load
2. Supervision – is the lead technologists there? If not, who is in charge?
3. What is to be done if extra help is needed?
4. Do the technologists prioritize the patients?
5. Does the stress level seem higher or lower than the other rotations you have been assigned to?
6. What do you like or dislike about the weekend rotation?
7. Include any other comments or observations you wish to make.

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Clinical Education PRCT II – RAD 210

DCH Regional Medical Center
School of Radiologic Technology
2nd Quarter/2nd Term
Clinical Education PRCT II - RAD 210
Clinical II Preceptorship Syllabus

Course Master: Leonetta Jackson, MSHA, ARRT (R)
Office Hours: Posted and/or by appointment

<table>
<thead>
<tr>
<th>Rad 210</th>
<th>Clinical Education PRCT II</th>
</tr>
</thead>
<tbody>
<tr>
<td>This clinical education course provided assignments to all radiographic areas within the Imaging department. Rotations will include diagnostic radiology, digital equipment, IVP room, fluoroscopy, mobile procedures, surgery, outpatient imaging facilities, and the emergency department. Procedural competency testing as outlined in Section V, clinical education handbook.</td>
<td></td>
</tr>
<tr>
<td>Preceptorship is a 5:1 hour ratio.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Theory</th>
<th>Lab</th>
<th>Clinic</th>
<th>Course</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>200</td>
<td>4</td>
</tr>
</tbody>
</table>

Clinical Education PRCT II is the second in a series of eight clinical education preceptorships that will provide you with the necessary experience and education needed to practice the art of radiography. During this quarter, you will move into a more independent clinical performing stage and will actually perform procedures. You will be evaluated for clinical competency by the instructor and/or staff RT.

Through the preceptor evaluation, you will be evaluated on your clinical efficiency, professional conduct, dress, abilities to understand and follow instructions and willingness to cooperate.

**COURSE OBJECTIVES**

At the end of the second quarter, the student will be able to:

1. Identify certain terms pertaining to competency objectives (attached).
2. Keep a clinical experience log.
3. Obtain a basic understanding of clinical competency evaluations (attached).
4. Learn the criteria necessary to pass a competency test (attached).
5. Be proficient in performing 10 exams of choice from Categories I & II (attached).
   Or 12 exams if two were not completed in RAD 110.
6. Perform and/or assist with each radiographic exam assigned to that room.
   Level of supervision – direct.
7. Perform independently in areas of successful completion of competency.
8. Be able to:
   a. Evaluate each requisition
   b. Demonstrate proper physical facilities readiness
   c. Demonstrate proper patient/technologist relationship
   d. Demonstrate correct positioning skills
   e. Manipulate equipment effectively
   f. Show evidence of radiation protection.
   g. Deal effectively with patients who are sick and injured.
   h. Work around life support without disrupting their function.
   (i.e., oxygen, IV lines, etc.)
9. Identify trauma protocols (attached).
10. Demonstrate adaptation to heavy workload in a stressful environment.

INSTRUCTIONAL GOALS

Cognitive - Comprehend foundational knowledge of radiographic procedures.
Psychomotor - Apply foundational knowledge of radiographic procedures.
Affective – Value the importance of adhering to radiographic procedures.

COMPETENCY REQUIREMENTS

1. You will be evaluated on ten (10) clinical competency exams from categories I & II.
   Category I – chest, abdomen. Category II – upper and lower extremities.
2. You must perform at a minimum level of 75%.
3. Routine projections of all exams must be performed.
4. Exams are NOT to be done unless under direct supervision of a staff technologist or instructor. Staff or instructor must assist will all repeats.
5. All exams must be checked by staff technologist or instructor.
6. The exams listed on the computer must be mastered prior to graduation. (Must comp all the mandatory and electives and recomp 80% of mandatory and elective comps.)

You will continue to master the required competency exams under direct supervision and will perform under indirect supervision exams mastered in previous quarter. A staff technologist and/or instructor must assist students in all repeats.

You will continue with one weekend rotation per quarter and should demonstrate the skills needed to take care of the sick and injured patient.

The rotation will be 3:00 p.m. - 9:00 p.m. on Tuesday and Thursday and 3:00 p.m. – 11:00 p.m. on Friday. This should provide opportunities for the student to observe a greater number of single and multiple trauma cases and how the staff handles heavy patient loads and stressful environments. You should pay attention to alternate ways of positioning patients. You will learn trauma protocols this quarter.

Until you achieve the prescribed competency level (documented in file) you will carry out assignments under the direct supervision of a qualified radiographer.

Once you have achieved documented competencies you may complete assignments under indirect supervision.

Mobile radiography (portables) will be performed under direct supervision at all times. You are not allowed to perform mobile radiography without a qualified technologist to supervise.

All “repeat” radiographs will be performed in the presence of a qualified radiographer regardless of the student’s competency.

"No Hold" policy
It is the policy of the DCH School of Radiologic Technology Program that students do not hold patients for radiologic examinations. A student will not hold a patient while an exposure is being made.
ATTENDANCE
1. All make-up time is to be made up at the discretion of the clinical coordinator and/or PD.
2. If sick, you are required to call in 30 minutes before the hour you are scheduled to report to your clinical assignment.
3. Punctuality is expected and enforced.
4. All vacation or excused absences must be approved in advance.

GRADE DETERMINATION

Clinicals

1. Preceptor evaluations 65% of _______ = _______
2. Competencies 25% of _______ = _______
   - 10 required from Categories I & II
   - 10 points each
3. Attendance
   - No tardies 10% of _______ = _______
   - Tardies in excess of 2 - 2 each
   - Sick in excess of 2 -2 each
   (Consecutive days count as one incident)

Final Clinical Grade = ____________

GRADING

A = 93 – 100
B = 83 – 92
C = 75 – 82
F = Below 75
DCH Regional Medical Center
School of Radiologic Technology
Trauma Bay Protocol Objectives

Student ___________________________________________ Clinical Site __________________________
Evaluator (signature) ___________________________ Date __________________________

Get the 3 – 11 technologist to initial each of the following:

I. Has read the ED Radiology protocols and understands:
   ______ Trauma bay protocol
   ______ Sterile field in trauma bay
   ______ Appropriate dress for this area

II. Understands the protocol for the three types of alerts:
    ______ Trauma
    ______ Cardiac shock
    ______ Stroke

III. Able to list the various hospital personnel who participates in trauma calls. List the personnel
     and departments below.
     __________________________________________________________
     __________________________________________________________
     __________________________________________________________
     __________________________________________________________
     __________________________________________________________
Clinical Education PRCT III – RAD 310

DCH Regional Medical Center
School of Radiologic Technology
3rd Quarter/3rd Term
Clinical Education PRCT III - RAD 310
Clinical III Preceptorship Syllabus

Course Master: Leonetta Jackson, MSHA, ARRT (R)
Office Hours: Posted and/or by appointment

RAD 310      Clinical Education PRCT III

This clinical education course includes rotation assignments through all radiographic imaging areas to include mobile procedures and surgery. Competency testing continues as outlined in Section V, clinical education handbook.

Preceptorship is a 5:1 hour ratio.

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<tr>
<th>THEORY</th>
<th>LAB</th>
<th>CLINIC</th>
<th>COURSE</th>
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<tbody>
<tr>
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</table>

Clinical Education PRCT III is the third in a series of eight clinical educations that will provide you with the necessary experience and education needed in the actual practice of radiography. You will continue to rotate through the designated clinical areas and have a weekend clinical rotation. By this time, you should have gained some self-confidence in areas covered in class and should demonstrate good judgment and accurate positioning skills when working in a stressful environment.

You will continue to master the required competency exams under direct supervision and will perform under indirect supervision exams mastered in previous quarter. A technologist and/or faculty or preceptor must assist students in all repeats.

The clinical preceptors in the general diagnostic areas, weekend rotation and the 3 - 9 / 3 - 11 rotation will evaluate students.

COURSE OBJECTIVES
At the end of the third quarter, the student will be able to:

1. Continue developing professional conduct skills and practice professionalism during all phases of the training.
2. Continue to learn the art of critiquing images.
3. Work toward completion of the clinical competency objectives from category III and others not previously comped in Categories I & II. 22 Total required.
5. Demonstrate ability to perform in stressful situations.

COMPETENCY REQUIREMENTS

1. You must be evaluated on ten (10) clinical competency exams from categories I, II and III. Category I – chest, abdomen. Category II upper and lower extremities. Category III axial skeleton. Overall total of 22.
2. Must perform at a minimum level of 75%.
3. Routine projections of all exams must be performed.
4. Exams are **NOT** to be done unless under direct supervision of a staff technologist or instructor. Staff or instructor must assist with all repeats.
5. All exams must be checked by staff technologist or instructor.
6. The exams listed on the computer must be mastered prior to graduation. (Must comp all the mandatory and electives and recomp 80% of mandatory and elective comps.)

**ATTENDANCE**
1. All make-up time is to be made up at the discretion of the clinical coordinator and/or PD.
2. If sick, you are required to call in 30 minutes before the hour you are scheduled to report to their clinical assignment.
3. Punctuality is expected and enforced
4. All vacation or excused absences must be approved in advance.

**GRADE DETERMINATION**
1. Preceptor evaluations 65% of ______ = ______
2. Competencies 25% of ______ = ______
   10 required from Categories I, II & III
   10 points each
3. Attendance 10% of______ = ______
   Tardies in excess of 2 -2 each
   Sick in excess of 2 -2 each
   **Final Clinical Grade = __________**

**GRADING**
A = 93 – 100
B = 83 – 92
C = 75 – 82
F = Below 75
Clinical Education PRCT IV – RAD 410

DCH Regional Medical Center
School of Radiologic Technology
4th Quarter/4th Term
Clinical Education PRCT IV - RAD 410
Clinical IV Preceptorship Syllabus

Course Master: Leonetta Jackson, MSHA, ARRT (R)
Office Hours: Posted and/or by appointment

<table>
<thead>
<tr>
<th>THEORY</th>
<th>LAB</th>
<th>CLINIC</th>
<th>COURSE</th>
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<tbody>
<tr>
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</table>

Office Hours: Posted and/or by appointment

Clinical Education PRCT IV is the fourth in a series of eight clinical education preceptorships that will provide you with the necessary experience and education needed in the actual practice of radiography. You will continue to rotate through the designated clinical areas and have a weekend clinical rotation. By this time, you should have gained some self-confidence in areas covered in class and should demonstrate good judgment and accurate positioning skills when working in a stressful environment. The evening shifts and the weekend rotations should provide you with ample opportunity to accomplish these objectives.

You will continue to master the required competency exams under direct supervision and will perform under indirect supervision exams mastered in previous quarter. A technologist and/or faculty or preceptor must assist students in all repeats.

The clinical preceptors in the general diagnostic areas, weekend rotation and the 3 - 9 / 3 - 11 rotation will evaluate students.

COURSE OBJECTIVES
At the end of the fourth quarter, the student will be able to:

1. Become proficient in dealing with and radiographing.
2. Demonstrate the ability to work in a busy and stressful environment. (Evaluation)
3. Demonstrate the self-confidence to actively participate in trauma cases. (Evaluation)
4. Understand and become proficient in venipuncture. (In-service by Radiology RN)

References: Medical Imaging Department Protocol Book

COMPETENCY REQUIREMENTS
2. Must perform at a minimum level of 75%.
3. Routine projections of all exams must be performed.
4. Exams are **NOT** to be done unless under direct supervision of a staff technologist or instructor. Staff or instructor must assist all repeats.
5. All exams must be checked by staff technologist or instructor.

**ATTENDANCE**

1. All make-up time is to be made up at the discretion of the clinical coordinator and/or PD.
2. If sick, the student is required to call in 30 minutes before the hour they are scheduled to report to their clinical assignment.
3. Punctuality is expected and enforced.
4. All vacation or excused absences must be approved in advance.

**GRADE DETERMINATION**

**Clinicals**

1. Clinical instructors’ evaluations \( \frac{65\% \times \text{score}}{100} = \text{final score} \)
2. Competencies \( \frac{25\% \times \text{score}}{100} = \text{final score} \)
   32 required from Categories I, II, III & IV
3. Attendance \( \frac{10\% \times \text{score}}{100} = \text{final score} \)
   Tardies in excess of 2 \(-2\) each
   Sick in excess of 2 \(-2\) each

**Final Clinical Grade** = _________

**GRADING**

A = 93 – 100
B = 83 – 92
C = 75 – 82
F = Below 75
Clinical Education PRCT V – RAD 510

DCH Regional Medical Center
School of Radiologic Technology
5th Quarter/5th Term
Clinical Education PRCT V - RAD 510
Clinical V Preceptorship Syllabus

Course Master: Leonetta Jackson, MSHA, ARRT (R)
Office Hours: Posted and/or by appointment

<table>
<thead>
<tr>
<th>RAD 510</th>
<th>Clinical Education PRCT V</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>This clinical education course includes rotation assignments through all radiographic imaging area to include mobile procedures and surgery. Shift rotations may continue. Continuation of procedural competency, testing and performance as outlined in Section V, clinical education handbook. Recomps in all categories can begin.</td>
</tr>
<tr>
<td></td>
<td><strong>Preceptorship is a 5:1 hour ratio.</strong></td>
</tr>
<tr>
<td>THEORY</td>
<td>LAB</td>
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Clinical Education PRCT V is the fifth in a series of eight clinical education preceptorships that will provide you with the necessary experience and education needed in the actual practice of radiography. At this point in your training, you should have acquired enough technical knowledge to perform accurately and efficiently in stressful situations. You should be able to perform difficult exams and be able to perform exams on the uncooperative patient. You should be able to demonstrate flexibility in positioning according to patient condition. You should work on speed and accuracy. You should work on proficiency with equipment found in the trauma bay. Awareness of the single control panel serving two tubes and availability of techniques should be a primary focus. You should realize the need for speed without losing accuracy in emergency situations. The trauma bay will be an excellent place to perfect these skills this quarter. The weekend rotation and the 3 - 9 / 3 - 11 rotations should afford you with many opportunities.

The student will continue to complete competency exams under the direct supervision of an RT. The student will perform under indirect supervision exams mastered in previous quarters. Students will begin to re-comp exams. The area of concentration this quarter will be surgery and C-Arm procedures.

Clinical instructors in the general diagnostic areas, weekend rotation and the 3 - 9 / 3 - 11 shifts will evaluate the students.

**COURSE OBJECTIVES**

At the end of the fifth quarter, the student will be able to:

1. Continue work toward completion of the clinical competency objectives (20 comps or recomps required –total of 52).
2. Become proficient in surgery and C-Arm procedures (C-Arm in-service).
3. Demonstrate the ability to perform exams under difficult and stressful situations.
4. Perform IV contrast injections with supervision following DCH protocol.
5. The student will understand the importance of checking lab values (BUN & Creatinine) before injection of contrast media.
6. Perform intricate exams.
7. Demonstrate his/her ability to perform exams on difficult or uncooperative patients. Have a better understanding of swallowing disorders.
8. Be able to adapt positioning skills to accommodate patients not able to cooperate in a routine manner.
9. Demonstrate the need for speed and accuracy in emergency situations.
10. Will expand knowledge of procedures performed in Endoscopy (worksheet attached).

COMPETENCY REQUIREMENTS
1. Complete BUN / Creatinine/ eGFR objective.
2. Complete Swallowing Disorders objective.
3. Complete Endoscopy Procedures objective.
4. CATEGORY V – Contrast studies of the GI/GU and reproductive.
5. The exams listed on the student competency record must be mastered prior to graduation.

ATTENDANCE
1. All make-up time is to be made up at the discretion of the clinical coordinator and/or PD.
2. If sick, the student is required to call in 30 minutes before the hour they are scheduled to report to their clinical assignment.
3. Punctuality is expected and enforced.
4. All vacation or excused absences must be approved in advance.

GRADE DETERMINATION

Clinicals
1. Clinical instructors’ evaluations 35% of ______ = ______
2. Competencies 40% of ______ = ______
   (Total of 50 comp & re-comps)
3. Clinical objectives written 15% of ______ = ______
   BUN / Creatinine
   Swallowing disorders
   Endoscopy procedures
4. Attendance 10% of ______ = ______
   Tardies in excess of 2 -2 each
   Sick in excess of 2 -2 each

Final Clinical Grade = ______

GRADING
A = 93 – 100
B = 83 – 92
C = 75 – 82
F = Below 75 30
Endoscopy Procedures

1. What is gastrointestinal endoscopy?

2. Define cytology.

3. Define stricture.

4. Define dilatation.

5. List six risks involved in endoscopic treatment or exams
   1. 
   2. 
   3. 
   4. 
   5. 
   6. 

6. EGD is an exam that looks at the following structures:

7. EGD stands for ________________________________________________________________.

8. Esophageal dilatation involves doing what?

9. The therapy named ____________________________________________________________ is done to inject medication to stop bleeding. Whereas, ________________________________ involves using an electric current to control bleeding.

10. ERCP stands for
11. Briefly describe an ERCP procedure

12. Which sphincter would be involved in a sphincterotomy?

13. What would be used to remove CBD stones in endoscopy?

14. The crushing of stones by laser is called

15. In a colonoscopy, what structure(s) is examined

16. A proctoscopy / sigmoidoscopy examine the ________________ & ________________.

17. What is a polypectomy?

18. Laser therapy is used to stop:

19. When a patient signs an endoscopy consent form, is s/he releasing his/her photographs to be published?
BUN / Creatinine/ eGFR

Write a 2-page, typed report to include:

1. Normal values
2. Creatinine is a by-product of what
3. BUN is a by-product of what
4. An increase in BUN / Creatinine levels indicate what
5. In the Radiology department, when do BUN / Creatinine levels need to be checked
6. How to find values (2)
7. Importance of checking BUN / Creatinine levels
8. Define eGFR and its importance

Reference: Internet
Internal Medicine books
Swallowing Disorders
5 points each

1. Define dysphagia:
   ____________________________________________________________________________
   ____________________________________________________________________________

2. Dysphagia is caused by ______________________________________________________
   or ____________________________________________

3. The precaution to watch for in patients who have dysphagia is
   ____________________________________________________________________________
   ____________________________________________________________________________

4. An NG tube was inserted into John’s stomach because he was unable to
   ____________________________________________________________________________
   ____________________________________________________________________________

5. A video was ordered on John even though his swallowing improved. Why?
   ____________________________________________________________________________
   ____________________________________________________________________________

6. John choked on what foods?
   ____________________________________________________________________________
   ____________________________________________________________________________

7. In Stage 1, a swallowing disorder occurs when
   ____________________________________________________________________________
   ____________________________________________________________________________

8. In Stage 2, a swallowing disorder occurs when
   ____________________________________________________________________________
   ____________________________________________________________________________

9. In Stage 3, a swallowing disorder occurs when
   ____________________________________________________________________________
   ____________________________________________________________________________

10. List 5 symptoms of swallowing disorders
   1. ____________________________________________
   2. ____________________________________________
   3. ____________________________________________
11. The most common disagreement families have with staff if their family member has swallowing disorders is:

__________________________________________________________________________________
__________________________________________________________________________________

12. What amount of food and liquid should a patient have at one time?

__________________________________________________________________________________
__________________________________________________________________________________

13. Best positioning for swallowing is ____________________________ at a right angle

__________________________________________________________________________________

14. To help move food through the throat, the patient can try

______________________ and ____________________________

15. Why should the environment be quiet when these patients eat?

__________________________________________________________________________________

16. A video can show what three things?
   1. ____________________________
   2. ____________________________
   3. ____________________________

17. When should a speech pathologist order a FEES?

__________________________________________________________________________________
__________________________________________________________________________________

18. List three alternative means of feeding?
   1. ____________________________
   2. ____________________________
   3. ____________________________
19. A pureed food is the right consistency when
   
   __________________________________________________
   
   __________________________________________________
   
20. What is a “Katie drink”? 
   
   __________________________________________________
Clinical Education PRCT VI – RAD 610

DCH Regional Medical Center
School of Radiologic Technology
6th Quarter/6th Term
Clinical Education PRCT VI - RAD 610
Clinical VI Preceptorship

Course Master: Leonetta Jackson, MSHA, ARRT (R)
Office Hours: Posted and/or by appointment

<table>
<thead>
<tr>
<th>RAD 610</th>
<th>Clinical Education PRCT VI</th>
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<tr>
<td>This clinical education course includes rotation assignments through all radiographic imaging areas to include mobile procedures and surgery. Assignments to other modalities, particularly CT may begin this quarter depending upon academic and clinical progression. Shift rotations may continue and students will complete a shift assignment in the Angiography lab. Competency testing in all categories continues. Preceptorship is a 5:1 hour ratio.</td>
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Clinical Education PRCT VI is the sixth in a series of eight clinical education preceptorships that will provide you with the necessary experience and education needed in the actual practice of radiography. You should continue working on speed and accuracy.

Rotations may begin with other modalities this quarter. You will complete a shift assignment in the Angiography lab. Students will begin to rotate through Computed Tomography. Students will continue rotation on the 3 – 9 / 3 - 11 shift. Clinical instructors in the general diagnostic and weekend rotation will evaluate the students.

The student will continue to work on completion of competencies and re-competencies not mastered in previous quarters.

COURSE OBJECTIVES
At the end of the sixth quarter, the student will:

1. Continue to critique images.
2. Continue to work toward completion of the clinical competency objectives (20 comp or re-comp – total of 72).
3. Demonstrate the need for speed and accuracy in emergency situations.
4. Continue to perform difficult exams and word with the difficult and uncooperative patient.
5. Rotation through Computed Tomography.

ATTENDANCE
1. All make-up time is to be made up at the discretion of the clinical coordinator and/or PD.
2. If sick, you are required to call in 30 minutes before the hour they are scheduled to report to their clinical assignment.
3. Punctuality is expected and enforced.
4. All vacation or excused absences must be approved in advance.
GRADE DETERMINATION

Clinicals

1. Preceptor evaluations 60% of _____ = ______
2. Additional modalities objectives 5% of _____ = ______
3. Competencies 20% of _____ = ______
   20 comps or re-comps required
   5 points each
4. Attendance 10% of _____ = ______
   Tardies in excess of 2 -2 each
   Days taken in excess of 2 -2 each

Final Clinical Grade = __________

GRADING
A = 93 – 100
B = 83 – 92
C = 75 – 82
F = Below 75
Clinical Education PRCT VII – RAD 710

DCH Regional Medical Center
School of Radiologic Technology
7th Quarter/7th Term
Clinical Education PRCT VII - RAD 710
Clinical VII Preceptorship

Course Master: Leonetta Jackson, MSHA, ARRT (R)
Office Hours: Posted and/or by appointment

RAD 710 Clinical Education PRCT VII

This clinical education course includes rotation assignments through all radiographic imaging areas to include mobile procedures and surgery. Assignments to other modalities, particularly CT may begin this quarter depending upon academic and clinical progression. Shift rotations may continue and students will complete a shift assignment in the Angiography lab. Competency testing in all categories continues.

Preceptorship is a 5:1 hour ratio.

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Clinical Education PRCT VII is the seventh in a series of eight clinical educations that will provide the student with the necessary experience and education needed in the actual practice of radiography. The student’s should be able to apply the technical knowledge and skills acquired in his/her training. At this point, the student should be able to perform more independently and should demonstrate the skills and self-confidence to function as a technologist.

Clinical rotation will continue on the 3 - 9 / 3 - 11 shift, weekend and through all areas of diagnostic radiology.

Students will continue to work on completion of required competencies. Competency exams will be performed under the direct supervision of an RT. Exams mastered in previous quarters can be performed under indirect supervision. A staff technologist or instructor must assist with all repeats. Rotation through specialty areas will continue with rotation through the Heart Cath Lab.

This quarter, the student will be evaluated in diagnostic radiology, weekend and 3 - 9 / 3 - 11 rotation.

**COURSE OBJECTIVES**

At the end of the seventh quarter, the student will:

1. Continue to critique images.
2. Continue to work toward completion of the clinical competency and recomp requirements.
3. Acquire expanded knowledge about the varied modalities in radiology by completing objective sheet #5. Students will complete a shift assignment in the Cath Lab. (objective sheet attached) Due by fifth class period of the quarter. No exceptions!
4. Demonstrate the skills and self-confidence necessary to function as an independent radiographer.
5. Take an active role in trauma cases.
ATTENDANCE
1. All make-up time is to be made up at the discretion of the clinical coordinator and/or PD.
2. If sick, the student is required to call in 30 minutes before the hour they are scheduled to report to their clinical assignment.
3. Punctuality is expected and enforced.
4. All vacation or excused absences must be approved in advance.

GRADE DETERMINATION

Clinicals
1. Preceptor’s evaluations 75% of _____ = _____
2. Clinical objectives written 15% of _____ = _____
3. Attendance 10% of _____ = _____
   Tardies in excess of 2 -2 each
   Sick in excess of 2 -2 each

Final Clinical Grade = ________

GRADING
A = 93 – 100
B = 83 – 92
C = 75 – 82
F = Below 75
Clinical Education PRCT VIII – RAD 810

DCH Regional Medical Center
School of Radiologic Technology
8th Quarter/8th Term
Clinical Education PRCT VIII - RAD 810
Clinical VII Preceptorship

Course Master: Leonetta Jackson, MSHA, ARRT (R)
Office Hours: Posted and/or by appointment

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<tr>
<th>RAD 810</th>
<th>Clinical Education PRCT VIII</th>
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<td>Intense review focusing on the synthesis of professional knowledge, skills, and attitudes in preparation for the American Registry of Radiologic Technology (ARRT) certification examination, professional employment, and lifelong learning. Independent/group study, research, and testing are required. Areas of focus will be Radiation Protection, Equipment Operation and Quality Control, Image Acquisition and Evaluation. Continued competency assessment.</td>
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<td>Preceptorship is a 5:1 hour ratio.</td>
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Clinical Education PRCT VIII is the eighth in a series of eight clinical educations that will provide the student with the necessary experience and education needed in the actual practice of radiography. The student’s should be able to apply the technical knowledge and skills acquired in his/her training. At this point, the student should be able to perform more independently and should demonstrate the skills and self-confidence to function as a technologist.

Clinical rotation will continue on the 3 - 9 / 3 - 11 shift, weekend and through all areas of diagnostic radiology.

Students will continue to work on completion of required competencies. Competency exams will be performed under the direct supervision of an RT. Exams mastered in previous quarters can be performed under indirect supervision. A staff technologist or instructor must assist with all repeats.

This quarter, the student will be evaluated in diagnostic radiology, weekend and 3 - 9 / 3 - 11 rotation.

**COURSE OBJECTIVES**
At the end of the eighth quarter, the student will:

1. Continue to critique images.
2. Continue to work toward completion of the clinical competency objectives (20 comps or recomps – total of 72)
3. Demonstrate the need for speed and accuracy in emergency situations.
4. Continue to perform difficult exams and work with the difficult and uncooperative patient.
5. Rotation through Computed Tomography (CT).

**ATTENDANCE**
1. All make-up time is to be made up at the discretion of the clinical coordinator and/or PD.
2. If sick, the student is required to call in 30 minutes before the hour they are scheduled to report to their clinical assignment.
3. Punctuality is expected and enforced.
4. All vacation or excused absences must be approved in advance.

**GRADE DETERMINATION**

**Clinicals**

1. Preceptor’s evaluations 60% of _____ = ______
2. Special Modality objectives 5% of _____ = ______
3. Competencies 25% of _____ = ______
   20 comps or recomps required
   5 points each
4. Attendance 10% of _____ = ______
   Tardies in excess of 2 -2 each
   Days taken in excess of 2 -2 each

**Final Clinical Grade = __________**

**GRADING**

A = 93 – 100
B = 83 – 92
C = 75 – 82
F = Below 75
Clinical Competency Categories and Procedures

Competency in a category of radiographic procedures is obtained when the student satisfactorily performs the mandatory and elective procedures for that category. Students must satisfactorily complete competencies on all procedures listed in each category.

**Category I**
- Chest, routine
- Chest, wheelchair or stretcher
- Chest, decubitus
- Abdomen, supine (KUB)
- Abdomen, decubitus
- Acute Abdomen series
- Mobile chest
- Mobile Abdomen
- Chest, age 6 or younger
- Abdomen, age 6 or younger
- Chest, Geriatric*

**Category II**
- Hand
- Scapula
- Finger or Thumb
- AC Joints
- Wrist
- Forearm
- Elbow
- Humerus
- Shoulder
- Clavicle
- Foot
- OS Calcis
- Toe
- Ankle
- Tibia/Fibula
- Knee
- Patella
- Femur
- Trauma lower extremity
- Trauma upper extremity (non-shoulder)
- Trauma shoulder (Y view or transthoracic)
- Upper Extremity, age 6 or below
- Upper Extremity, Geriatric*
- Lower Extremity, age 6 or below
- Lower Extremity, Geriatric*
**Category III**
Cervical spine
Thoracic Spine
Lumbar Spine
Sacrum
Coccyx
S.I. Joints
Scoliosis series
Pelvis
Hip
Ribs
Sternum
Trauma Hip, cross table
Trauma Cross table C-spine

**Category IV**
Skull
Facial bones
Mandible
Sinuses
Nasal bones
Orbits, foreign body, fracture or MRI screening
Larynx - upper airway (soft tissue) neck

**Category V**
Esophagus
Upper GI (single or double)
Barium enema (single or double)
SBS
Video BA Swallow
Cystourethrogram
IVU
Operative Cholangiogram
Mobile orthopedics
C-Arm Hip**
C-Arm ERCP
C-Arm any
C-Arm Groshung Catheter
Mobile Study (any) Age 6 or younger

**Category VI**
Myelogram
Arthrogram
Lumbar Puncture

* at least 65 years old, and physically or cognitively impaired as a result of aging
**must include manipulation around a sterile field to obtain more than one projection
GENERAL PATIENT CARE REQUIREMENTS

The clinical competency requirements include the seven general patient care activities listed below. The student must satisfactorily demonstrate competence in all seven patient care activities.

1. CPR
2. Vital signs - Blood pressure, temperature, pulse, respiration, pulse oximetry
3. Venipuncture
4. O² administration
5. Sterile / Medical Aseptic Technique
6. Transfer of patient
7. Care of patient medical equipment (e.g. oxygen tank, IV tubing, etc.)

Mobile & Surgical Radiography

Students will be assigned to perform mobile and surgical radiographic procedures (portables). Mobile and surgical procedures **WILL ALWAYS** be performed under the direct supervision of a qualified technologist. When performing these procedures, the student must:

1. Utilize rules of body mechanics
2. Use proper radiation safety
   a. provide protection for patients and others
   b. utilize distance as protection for the radiographer
3. Choose exposure factors appropriate for the examination and patient measurement
4. Follow proper safety rules to prevent electrical hazards
5. Follow established procedures to prevent the spread of infection and disease
6. Operate all equipment efficiently and safely
7. Return all mobile equipment to its proper storage site and ensure proper re-charging

Graduation Requirements

To be eligible for graduation from this program, the student must meet the following criteria:

- All financial obligations must be met.
- Successful completion of all didactic courses.
- Successful completion of all clinical assignments.
- Successful completion of all required clinical competency procedures.
- Successful completion of all course exit/Capstone examinations.
- Participation in annual ALSRT Student activities.
- Attendance at the graduation ceremonies.
- Through didactic education and clinical practice, the student will demonstrate the competencies and characteristics listed below.
Capstone Graduation Requirement

1. Students are required to participate in the capstone examinations and course review in order to fulfill the requirements for RAD 700 and 800.

2. In order to successfully complete these two courses and meet the graduation requirement, each student **must score a 75 or higher** on a faculty assigned capstone exam and score at least a 75 in courses RAD 700 and 800.

3. The capstone course and evaluations are aligned with the ARRT/ASRT content specifications.

   Section 1: Patient Care
   - Patient Interactions and Management

   Section 2: Safety
   - Radiation Physics & Radiobiology
   - Radiation Protection

   Section 3: Image Production
   - Image Acquisition & Technical Evaluation
   - Equipment Operation & Quality Assurance

   Section 4: Procedures
   - Head, Spine & Pelvis Procedures
   - Thorax and Abdomen Procedures
   - Extremity Procedures

Students who fail to successfully pass (75 or higher) at least one capstone exam during RAD 700 and 800 will be considered as not having met all the program graduation requirements. In addition, all students must attain the grade of “C” or better for RAD 700 and 800 to satisfy all graduation requirements. Students have until the day prior to the scheduled day of graduation to meet this requirement in order to graduate with their class. Students who do not meet the requirement prior to the day of graduation, will have until the end of the final quarter of the program to successfully meet the requirement but will be ineligible to graduate with their class. In any event, those students who do not meet the requirement by the end of the final quarter of the program will have their graduation date adjusted to reflect the date the requirement is satisfied.

Competencies Necessary for Graduation

Each academic course and clinical assignment of this program is designed to provide the student with the necessary skills to meet the requirements of working in diagnostic radiology at the entry level. Each course syllabi contains competencies and objectives as outlined by the American Society of Radiologic Technologists (ASRT), American Registry of Radiologic Technologists (ARRT), and the Alabama Department of Post-Secondary Education (ALDPE). Syllabi are made available to students at the beginning of each quarter, but may be obtained in PD’s office or the office of the School Agent.
SECTION VI
Accreditation / Private License / Certification

ARRT
American Registry of Radiologic Technologists (ARRT)
- ARRT Initial Radiography Certification and Registration
- Education Requirements for Radiography Certification and Registration
- Ethics Requirements for Radiography Certification and Registration
- Examination Requirements for Radiography Certification and Registration
- Initial ARRT Certification and Registration
- Education Requirements for ARRT Certification and Registration
- Eligibility Requirements for ARRT Certification and Registration
- Examination for ARRT Certification and Registration
- Task Inventory and Content Specifications for Radiography
- Task Inventory
- Content Specifications

JRCERT
- JRCERT STANDARDS of an Accredited Program in Radiography
- Program Complaint Resolution Policy
- Clinical Supervision of Students Policy
- Direct Supervision
- Indirect Supervision
- Portable/Mobile Radiography Procedure Policy
- Mobile Radiography Repeat Policy
- "No Hold" Policy
- Program Complaint Resolution

ALDPE
- Alabama Community College System
- Private School Licensure Division of the Alabama Community College System
American Registry of Radiologic Technologists (ARRT)

Initial ARRT Certification and Registration

Certification and registration is the recognition of an individual who satisfies certain standards within a profession. Employers, state licensing agencies, and federal regulators look at the ARRT credential as an indication that a person has met a recognized national standard for medical imaging, interventional procedures, and radiation therapy professionals.

Candidates for ARRT certification and registration must meet basic education, ethics, and examination requirements to become eligible.

Education Requirements for ARRT Certification and Registration

As part of their education, candidates must demonstrate competency in didactic coursework and an ARRT-specified list of clinical procedures by completing competency requirements established for the discipline in which they are seeking certification and registration.

Candidates must have successfully completed a radiography educational program that is accredited by a mechanism acceptable to the ARRT.

Ethics Requirements for Radiography Certification and Registration

Every candidate, according to ARRT governing documents, must "be a person of good moral character and must not have engaged in conduct that is inconsistent with the ARRT Rules of Ethics," and they must "agree to comply with the ARRT Rules and Regulations and the ARRT Standards of Ethics." ARRT investigates all potential violations in order to determine eligibility.

Issues addressed by the Rules of Ethics include convictions, criminal procedures, or military courts-martial as described below:

- Felony;
- Misdemeanor;
- Criminal procedures resulting in a plea of guilty or nolo contendere (no contest), a verdict of guilty, withheld or deferred adjudication, suspended or stay of sentence, or pre-trial diversion.

Juvenile convictions processed in juvenile court and minor traffic citations not involving drugs or alcohol do not need to be reported.

Additionally, candidates for certification and registration are required to disclose whether they have ever had any license, registration, or certification subjected to discipline by a regulatory authority or certification board (other than ARRT), as well as any honor code violations that may have occurred while they attended school.

If it is found a candidate has had the above listed infractions, the candidate may complete a pre-application to determine their ethics eligibility prior during their educational program.

Beginning January 1, 2017, R.T.s will be required to notify ARRT of any potential ethics violation within 30 days of the occurrence or during their annual renewal of certification and registration, whichever comes first.
Examination for ARRT Certification and Registration

Upon successful completion of the accredited Radiography Program, the student is eligible to take the national certification examination given by the American Registry of Radiologic Technologists (ARRT). A minimum score of 75 is required to pass the exam. As in any of the health related careers, it is advisable to be credentialed in your profession. Failure to become a Registered Radiologic Technologist will make it very difficult to become employed and may hinder your career opportunities. The ARRT examinations are administered by Pearson VUE, the electronic testing business of Pearson Education.

The Radiography Content Specifications provide an outline of the topics covered in the exam. Since ARRT uses many references to build its exams, it does not provide specific lists of study materials or textbooks, nor does it recommend or endorse any review programs, mock registries, or study guides.

Candidates are allowed three attempts to pass an exam, and they must complete the three attempts within a three-year period that begins with the initial ARRT examination window start date.

Applications for primary pathway candidates are obtained through individual program directors. Certification and registration handbooks are available online.

Find out more about ARRT’s Rules and Regulations, ARRT’s standards of Ethics, Continuing Education Requirements, and Continuing Qualifications Requirements (CQR), exams, exam format, exam length, test centers, testing accommodations at www.arrt.org.

Task Inventory and Content Specifications for Radiography

Since certification examinations are required to be practice related, ARRT periodically conducts a job analysis to make certain that the certification examination content specifications and the clinical requirements remain comprehensive, accurate and fair. ARRT, with the help of the professional community, reviews the certification documents every three years.

Task Inventory

An itemized list or tasks, specific activities, or competencies are required to demonstrate competency for the entry level position of a Radiologic Technologist. This task inventory addresses the categories outlined in the content specifications, such as Patient Care, Safety, and Image Production and Procedures. The complete task inventory is available at www.arrt.org.

Content Specifications

The following table presents the four major content categories covered on the examination, and indicates the number of test questions in each category. The remaining pages list the specific topics addressed within each category, with the approximate number of test questions allocated to each topic appearing in parentheses.

Every content category can be linked to one or more activities on the task inventory. The complete content specification along with outline is available at www.arrt.org.
### Accreditation - JRCERT

**JRCERT Standards of an Accredited Program in Radiography**

The Joint Review Committee on Education in Radiologic Technology (JRCERT) Standards for an Accredited Educational Program in Radiography are designed to promote academic excellence, patient safety, and quality healthcare. The **STANDARDS** require a program to articulate its purposes; to demonstrate that it has adequate human, physical, and financial resources effectively organized for the accomplishment of its purposes; to document its effectiveness in accomplishing these purposes; and to provide assurance that it can continue to meet accreditation standards.

**Standard One: Integrity**

The program demonstrates integrity in the following:
- Representations to communities of interest and the public,
- Pursuit of fair and equitable academic practices, and
- Treatment of, and respect for, students, faculty and staff.

In support of Standard One, the program:

1. Adheres to high ethical standards in relation to students, faculty and staff.
2. Provides equitable learning opportunities for all students.
3. Provides timely, appropriate, and educationally valid clinical experiences for each admitted student.
4. Limits required clinical assignments for students to not more than 10 hours per day and the total didactic and clinical involvement to not more than 40 hours per week.
5. Assures the security and confidentiality of student records, instructional materials, and other appropriate program materials.
6. Has a grievance procedure that is readily accessible, fair, and equitably applied.
7. Assures that students are made aware of the JRCERT Standards of an Accredited Educational Program in Radiography and the avenue to pursue allegations of non-compliance with the STANDARDS.
8. Has publications that accurately reflect the program's policies, procedures and offerings.
9. Makes available to students, faculty, and the general public accurate information about admission policies, tuition and fees, refund policies, academic calendars, academic policies,
clinical obligations, grading system, graduation requirements, and the criteria for transfer credit.

1.10 Makes the program’s mission statement, goals, and student learning outcomes readily available to students, faculty, administrators, and the general public.

1.11 Documents that the program engages the communities of interest for the purpose of continuous program improvement.

1.12 Has student recruitment and admission practices that are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, national origin, and any other protected class.

1.13 Has student recruitment and admission practices that are consistent with published policies of the sponsoring institution and the program.

1.14 Has program faculty recruitment and employment practices that are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, national origin, and any other protected status.

1.15 Has procedures for maintaining the integrity of distance education courses.

Standard Two: Resources

The program has sufficient resources to support the quality and effectiveness of the educational process. In support of Standard Two, the program:

**Administrative Structure**

2.1 Has an appropriate organizational structure and sufficient administrative support to achieve the program’s mission.

2.2 Provides an adequate number of faculty to meet all educational, program, administrative, and accreditation requirements.

2.3 Provides faculty with opportunities for continued professional development.

2.4 Provides clerical support services, as needed, to meet all educational, program, and administrative requirements.

**Learning Resources/Services**

2.5 Assures JRCERT recognition of all clinical education settings.

2.6 Provides classroom, laboratories, and administrative and faculty offices to facilitate the achievement of the program’s mission.

2.7 Reviews and maintains program learning resources to assure the achievement of student learning.

2.8 Provides access to student services in support of student learning.

**Fiscal Support**

2.9 Has sufficient ongoing financial resources to support the program’s mission.

2.10 For those institutions and programs for which the JRCERT serves as a gatekeeper for Title IV financial aid, maintains compliance with United States Department of Education (USDE) policies and procedures.
**Standard Three: Curriculum and Academic Practices**

The program’s curriculum and academic practices prepare students for professional practice.

In support of Standard Three, the program:

3.1 Has a program mission statement that defines its purpose and scope and is periodically reevaluated.
3.2 Provides a well-structured, competency-based curriculum that prepares students to practice in the professional discipline.
3.3 Provides learning opportunities in current and developing imaging and/or therapeutic technologies.
3.4 Assures an appropriate relationship between program length and the subject matter taught for the terminal award offered.
3.5 Measures the length of all didactic and clinical courses in clock hours or credit hours.
3.6 Maintains a master plan of education.
3.7 Provides timely and supportive academic, behavioral, and clinical advisement to students enrolled in the program.
3.8 Documents that the responsibilities of faculty and clinical staff are delineated and performed.
3.9 Evaluates program faculty and clinical instructor performance regularly to assure instructional responsibilities are performed.

**Standard Four: Health & Safety**

The program’s policies and procedures promote the health, safety, and optimal use of radiation for students, patients, and the general public.

In support of Standard Four, the program:

4.1 Assures the radiation safety of students through the implementation of published policies and procedures that are in compliance with Nuclear Regulatory Commission regulations and state laws as applicable.
4.2 Has a published pregnancy policy that is consistent with applicable federal regulations and state laws, made known to accepted and enrolled female students, and contains the following elements:
   - Written notice of voluntary declaration.
   - Option for student continuance in the program without modifications, and
   - Option for written withdrawal of declaration.
4.3 Assures that students employ proper radiation safety practices.
4.4 Assures that medical imaging procedures are performed under the direct supervision of a qualified radiographer until a student achieves competency.
4.5 Assures that medical imaging procedures are performed under the indirect supervision of a qualified radiographer after a student achieves competency.
4.6 Assures that students are directly supervised by a qualified radiographer when repeating unsatisfactory images.
4.7 Assures sponsoring institution’s policies safeguard the health and safety of students.
4.8 Assures that students are oriented to clinical education setting policies and procedures in regard to health and safety.
Standard Five: *Assessment*

The program develops and implements a system of planning and evaluation of student learning and program effectiveness outcomes in support of its mission.

In support of Standard Five, the program:

**Student Learning**

5.1 Develops an assessment plan that, at a minimum, measures the program’s student learning outcomes in relation to the following goals: clinical competence, critical thinking, professionalism, and communication skills.

**Program Effectiveness**

5.2 Documents the following program effectiveness data:

- Five-year average credentialing exam pass rate of not less than 75 percent at first attempt.
- Five-year average job placement rate of not less than 75 percent within six months of graduation.
- Annual program completion rate.
- Graduate satisfaction.
- Employer satisfaction.

5.3 Makes available to the general public program effectiveness data (credentialing exam pass rate, job placement rate, and program completion rate) on an annual basis.

**Analysis & Actions**

5.4 Analyzes and shares student learning outcome data and program effectiveness data to foster continuous program improvement.

5.5 Periodically evaluates its assessment plan to assure continuous program improvement.

Standard Six: *Institutional/Programmatic Data*

The program complies with JRCERT policies, procedures, and STANDARDS to achieve and maintain specialized accreditation.

In support of Standard Six, the program:

**Sponsoring Institution**

6.1 Documents the continuing institutional accreditation of the sponsoring institute.

6.2 Documents that the program’s energized laboratories are in compliance with applicable state and/or federal radiation safety laws.
**Personnel**

6.3 Documents that all faculty and staff possess academic and professional qualifications appropriate for their assignments.

**Clinical Education Settings**

6.4 Establishes and maintains affiliation agreements with clinical education settings.
6.5 Documents that clinical education settings are in compliance with applicable state and/or federal radiation safety laws.

**Program Sponsorship, Substantive Changes, and Notification of Program Officials**

6.6 Complies with requirements to achieve and maintain JRCERT accreditation.

**Program Complaint Resolution Policy**

**Clinical Supervision of Students Policy**

Supervision of students may be direct or indirect. The type of supervision is determined by the progress of the assigned student. Direct and indirect supervision are defined as follows:

**Direct Supervision** – the supervising technologist is present in the radiographic room when the student is performing a Radiologic examination. The supervising technologist is responsible for assisting the student and assuring proper procedures are followed.

**Indirect Supervision** – the student performs examinations without the presence of a technologist in the radiographic room. This type of supervision requires that a qualified technologist be immediately available to assist the student if necessary. Immediately available is defined as being in the adjacent room or within earshot of the student. Only those students that have proven competency in the exam will be allowed indirect supervision.

**Portable/Mobile Radiography Procedure Policy**

**Mobile radiography** (portables) will be performed under direct supervision at all times. Students are not allowed to perform mobile radiography without a qualified technologist to supervise.

**Repeat Policy**

All “repeat” radiographs will be performed in the presence of a qualified radiographer regardless of the student’s level of competency. Failure to do so could result in immediate dismissal from the program.

"No Hold" policy

It is the policy of the DCH School of Radiologic Technology Program that students do not hold patients for radiologic examinations. A student will not hold a patient while an exposure is being made.

**Program Complaint Resolution**

The program recognizes the rights of students and prospective students in assuring timely and appropriate resolution of complaints and other allegations regarding non-compliance with the JRCERT STANDARDS. Copies of the Standards for an Accredited Educational Program in Radiologic Sciences, and published by the Joint Review Committee on Education in Radiologic Technology (JRCERT) located at 20 North Wacker Drive,
Suite 2850, Chicago, IL 60606-2901; are available in this handbook and in Meditech. To that end, all such complaints should be made through due process policy through the following channels.

The JRCERT states “Before submitting allegations, the individual must first attempt to resolve the complaint directly with program/institution officials by following the due process or grievance procedures provided by the program/institution. Each program/institution is required to publish its internal complaint procedure in an informational document such as a catalog or student handbook. If the individual is unable to resolve the complaint with program/institution officials or believes that the concerns have not been properly addressed, he or she may submit allegations of non-compliance to the JRCERT.”

**Accreditation - ALDPE**

DCH School of Radiologic Technology is licensed by the Alabama Community College System. The Private School Licensure Division of the Alabama Community College System issues Private School Licenses to proprietary postsecondary schools interested in offering courses of instruction, whether on a resident campus or through distance learning, within the State of Alabama; based on recognized educational Standards and practices.

More information may be found at: [https://psl.asc.edu/external/viewapproved.aspx](https://psl.asc.edu/external/viewapproved.aspx).
SECTION VII
Emergency Codes / DCH Policies/ Forms

DCH Health System Emergency Codes
Fire
Tornado Warning
Code Blue/Cardiac Arrest
Bomb Threat
Utilities Outage
Disaster Plan
Right to Know
Hazardous Chemical Exposure

Drug & Alcohol Policy
Prohibited Activity
Reasonable Suspicion
Drug and Alcohol Testing
Fitness for Duty
Disciplinary Action
Continued Work Agreement
Regulatory Reporting Theft of Controlled Substance
Searches

MRI
MRI Scanner General Information
MRI Student Policy
Zone Safety
MRI Screening documentation

Use of Cellular Telephones and Any Other Electronic Device
Social Media Guidelines
Access to Information
Professional Standards
Statement of Understanding Occupational Exposure to Ionizing Radiation during Pregnancy
Dress Code Policy
Request for Time off (RTO)
Room Equipment Area Evaluation
Employer Survey Consent Form
Student Record Privacy Release
Notice of Intent to Formally Appeal a Grade
Classroom and Clinical Behavior Understanding
Rotation Evaluation
Student Probation Agreement
Student Employment Policy
Student/Clinical Handbook & Policy Manual
Enrollment Agreement Contract
Organizational Chart
Student/Program Policy Manual Approvals
DCH Health System Emergency Codes

In the event of a disaster, or the possibility of one, an announcement on the hospital PA system will alert personnel. This alert will be relayed throughout the hospital.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CODE RED</td>
<td>Fire</td>
</tr>
<tr>
<td>CODE STRONG</td>
<td>Need help or assistance of some kind</td>
</tr>
<tr>
<td>CODE BLUE</td>
<td>Medical Emergency</td>
</tr>
<tr>
<td>CODE PURPLE</td>
<td>Child Medical Emergency</td>
</tr>
<tr>
<td>CODE PINK</td>
<td>Infant / Child Abduction</td>
</tr>
<tr>
<td>CODE GREY</td>
<td>Severe Weather</td>
</tr>
<tr>
<td>CODE YELLOW</td>
<td>Emergency Plan is to be implemented</td>
</tr>
<tr>
<td>CODE SILVER</td>
<td>Active Shooter</td>
</tr>
<tr>
<td>CODE WHITE</td>
<td>Facility Lock Down</td>
</tr>
<tr>
<td>CODE (name of code)</td>
<td>All clear, three times</td>
</tr>
</tbody>
</table>

**Fire:**
Assess the situation. Remove anyone from immediate danger; close all doors and windows. Announce FIRE so all occupants can hear you. Dial “22” from the nearest phone. Give the operator the exact location and area of the fire, i.e., (in the classroom). Extinguish and contain the fire, if possible. Use nearest exit from the building. Wait for all clear from fire department before re-entering the building.

**Tornado Warning:**
If a tornado is sighted in the area, move to the center of a room with no windows or assemble in the hallway. Stay away from doors and windows. Cover yourself with any material that will help protect you. Get under desk or table to protect from possible falling debris. Do not exit the building until all danger has ended.

**Code Blue / Cardiac Arrest:**
Dial “22” or 911 on nearest phone.

**Bomb Threat:**
Keep person on line and get as much information as possible. Listen for background noise and remain calm. After hanging up, call hospital operator or security at ext. 7320. Ensure that building is evacuated immediately. Do not re-enter building until proper authority gives all clear.

**UTILITIES OUTAGE**

**Electrical:**
Emergency generators power red receptacles. Emergency lights are located over stairwell.

**Telephone:**
Use only Power Fail Numbers.

**Medical Gases:**
Utilize portable tanks available from Respiratory Therapy.
RIGHT TO KNOW

Employees and students have a right to know about any hazardous materials in their workplace or environment. Safety Data Sheets (SDS) contain information related to safe practices when working with hazardous materials. If hazardous materials are kept in your workplace or environment, SDS are available for your review at any time.

SDS Contains:
1. Hazards of chemicals used in the workplace.
2. Prevention and Protection methods.
3. Emergency and First Aid procedures.
4. PPE and Disposal methods.
5. Physical properties of the product, and
6. Product name and manufacturer.

The SDS book is located on the imaging intranet page.

HAZARDOUS CHEMICAL EXPOSURE
If you believe you have been exposed:
1. Notify your supervisor/instructor immediately.
3. Get treatment as necessary.
4. Contact Environmental Services if there is a Hazardous chemical/waste or mercury spill.

Reviewed: 7/14
I. PURPOSE

To ensure that our students are prepared in case of an emergency or disaster either outside of the hospital or internally.

II. POLICY

A. Contacts:

- Deborah Shell  Ext 6009  Cell: 662-523-5214
- Jim Smith  Ext. 5434  Home: 349-4020  Cell: 454-5731
- Roy Cooper – PACS  Ext. 5573  Home: 339-6027  Cell: 292-1790
- Tim Moore – PACS  Ext. 5697  Home: 554-0969  Cell: 561-8657
- Joey Carter  Ext. 6044  Cell: 242-0548

B. External Disaster

In the event of an external disaster, the Director or the alternate manager will report to the Administrative Command Center (ACC) located in the Risk Management Conference Room, where the ACC coordinator will apprise them of the status and extent of the disaster. The Radiology Coordinator will report to the ACC coordinator, the status of Radiology resources. The radiology coordinator will take the following steps based on the severity of the disaster:

1. Notify the radiologist on duty that a disaster code has been called.
2. Calling in additional personnel as needed.
3. Checking supplies and obtain additional items as needed.
4. Assign a supervisor to the ED x-ray hallway to triage the patients, determine whether a patient should be left to be done in the ED or be transported to second floor, depending on the patient’s condition and time needed to perform the procedures, with patients in critical condition having priority on ED x-ray units.
5. Assign transporters or students to the ED x-ray area to transport patients to the department, if the ED does not have adequate coverage.
6. Assign technical personnel to the most advantageous areas for their training and for the needs of the type patients we are to receive. I.e. extra portables teams, surgery, etc.
7. Assign a floor supervisor to route patients to receiving area, route patients to radiology rooms and out of the department.
8. If the power to the hospital is interrupted, reassign personnel to areas which have emergency power.
9. PACS is on emergency power. The PACS supervisor on call should be notified if there are any power problems.
10. Transcription supervisor will be notified to assist with patient reports and distribution.
C. Internal Disaster

When a disaster situation occurs where the hospital building itself is involved, check the status of the equipment to see what, if any, damage has occurred. Assess equipment usage and implement the disaster plan to the extent possible for available equipment and supplies.

1. Notify the radiologist on duty of the internal disaster.
2. DCH has seven (7) radiographic rooms; ED I, ED II & ED III, Dept I & Dept 2 and Angio, and two (2) ED trauma bays on emergency power. The inpatient CT II and ED CT are also on emergency power, but not the air conditioner, so their service time will be limited.
3. DCH has two (2) radiology receiving areas; ED & 2 South, with emergency power receptacles.
4. Portable diagnostic machines are battery operated and may be used any place needed as long as their charge holds.

III. DATES

Original: 1994
Revised: 2001
Reviewed: Sept 2003
Reviewed: Sept 2004
Revised: Jan 2007
Revised: August 2014
Revised: Feb 2015

Sunset Date: September 2018
DCH Health System
DCH School of Radiologic Technology
HR Drug & Alcohol Policy

PURPOSE
DCH Health System (DCH) has a vital interest in maintaining a safe, healthy and efficient work environment for its employees. It is the goal of DCH to have a work environment that is free from the use of illegal drugs, non-prescription drugs, alcohol and unauthorized prescription drugs. Being impaired or under the influence of drugs or alcohol while working poses serious safety and health risks to employees, patients, family members, and visitors.

DEFINITIONS
Controlled substances: Generally a drug or chemical whose manufacture, possession, or use is regulated by the federal government and subject to legislative control.

Unresolved medication discrepancy: Physical drug count discrepancy from what is expected according to electronic or paper records.

Diversion: Includes but is not limited to simple theft, forms or process manipulation (ex. failure to properly document and witness waste), product substitution, forgery, false orders, backdating, taking of discarded drug dosage forms.

POLICY

Prohibited Activity
DCH strongly prohibits any of the following:

- While on DCH property or during working hours o Sale, purchase, manufacture, distribution, use, or possession of alcohol, intoxicants, non-prescribed narcotics, hallucinogenic drugs, synthetic drugs, marijuana, other illegal drugs, or non-prescribed controlled substances

  o Being at work in an impaired state or with a measurable quantity in the employee’s system (blood, hair, breath, urine, etc.) of alcohol, intoxicants, non-prescribed narcotics, over-the-counter drugs, hallucinogenic drugs, marijuana, other illegal drugs, or non-prescribed controlled substances to the extent that DCH deems the employee unsafe to perform job duties

- While on DCH property or during working hours or during non-working hours o Sale, purchase, manufacture, distribution, use, or possession, non-prescribed narcotics, hallucinogenic drugs, synthetic drugs, marijuana, other illegal drugs, non-prescribed controlled substances, drug paraphernalia, equipment, products or materials which are designed for use with illegal or non-prescribed controlled substances.

Reasonable Suspicion
DCH will assume reasonable suspicion of prohibited drug and/or alcohol activity and conduct for cause testing under certain circumstances. Management will work in collaboration with Employee Health and Human Resources to determine if drug and/or alcohol testing is appropriate, circumstances under which
reasonable suspicion of prohibited drug and/or alcohol activity will be assumed include but are not limited to the following:

- There is reason to believe that an employee is impaired or under the influence of any form of drugs or alcohol
- Unresolved medication discrepancy
- Possible misappropriation, diversion, or theft of controlled substances
- Employee arrest for an alcohol or drug related incident or the result of an anonymous call concerning the consumption, sale or arrest of an employee for alcohol or any other drug related incident
- Reported concerns of prohibited drug and alcohol activity
- Behavior witnessed and documented by management that is erratic or unusual along with any two or more of the following behaviors:
  - Poor perception of time/distance
  - Thick, slurred speech
  - Extreme nervousness
  - Poor motor coordination
  - Unusual talkativeness
  - Glassy eyes
  - Profuse sweating
  - Sleepiness/drowsiness
  - Difficulty concentrating
  - Jerky eye movements
  - Inappropriate use of eyewear
  - Redness of eyes
  - Belligerence
  - Disorientation
  - Inability to perform usual tasks
  - Blank stare appearance
  - Mood swings
  - Dilated pupils
  - Odor of glue, paint solvent
  - Constricted pupils
  - Odor of burnt rope
  - Flushed face, head or neck
  - Inability to remember
  - Redness around nasal area
  - Odor of alcohol
  - Tremor of fingers and hands
  - Unusual body positioning
  - Muscle rigidity
  - Hearing and/or seeing things
  - Other behavior that would give justification to suspect drug use or alcohol abuse.

Employees are required to follow the Employee Arrest Notification Policy. Failure to do so may result in disciplinary action up to and including termination of employment.

If there is a reasonable suspicion of prohibited drug and/or alcohol activity, DCH may request that the employee submit to a search in accordance with the search by DCH representatives. The search may consist
of a physical search of the employee’s person and/or property including but not limited to lockers, purses, and vehicles brought on to DCH premises.

If there is an unresolved medication discrepancy, the manager is responsible for the following:

- Notify Employee Health immediately at the time of discrepancy to determine if drug testing is appropriate
- Notify the appropriate VP and conduct an investigation within 24 hours of the discrepancy
- Review the investigation report with the appropriate VP, Employee Health and Human Resources to determine appropriate next steps

**Drug and Alcohol Testing**

Employee Health is responsible for all matters relating to proper drug and/or alcohol testing method, handling of samples, and chain of custody, as set out in the Medical Test Collection Guidelines contained in the Employee Health Policy and Procedure Manual.

DCH will request that an employee undergo a blood test, urinalysis, breath analyzer test, hair analysis or any other approved and recognized diagnostic method in any of the following situations:

- Pre-employment
- Returning to work from any approved leave lasting 30 days or longer
- Reasonable suspicion of prohibited drug and/or alcohol activity warranting for cause testing
- Voluntary admission of drug or alcohol dependency

DCH will arrange for transportation, when there is suspicion that an employee is impaired from the influence of drugs or alcohol. Under no circumstances will an employee be allowed to drive from the facility if, in the opinion of management or Employee Health, it is unsafe for the employee to operate a vehicle.

Testing and test results will be handled confidentially with disclosures of results provided only to those personnel with a need-to-know status. Employee Health will communicate testing results to the employee’s manager and Human Resources. Upon request, Employee Health will provide an employee who is tested with a copy of test results.

An employee who is subject to for cause testing will be removed from the schedule and temporarily suspended pending an investigation and drug test results. Managers are required to complete the Suspension and Involuntary Termination Checklist in accordance with policy. An employee who is tested due to an unresolved medication discrepancy or because of an unusual pattern of medication administration may remain at work, if the manager and Employee Health believe that it is safe to allow the employee to continue working pending the results of a drug test.

If an employee voluntarily admits a drug or alcohol dependency, Employee Health will conduct drug and/or alcohol testing and refer the employee to DCH Employee Assistant Program (EAP) for initial counseling and treatment recommendation. Employee Health, Human Resources and EAP will collaborate to establish a continued work agreement when applicable.
Fitness for Duty

A Fitness-for-Duty evaluation may be required, if an employee’s drug test is negative, and the employee is taking prescription or non-prescription drugs that have impaired or affected job performance, judgment or behavior. Employee Health coordinates Fitness-for-Duty evaluations through the DCH Occupational Medicine Clinic after discussion with the employee’s manager and Human Resources. In these instances, an employee may also be required to sign a Continued Work Agreement with DCH.

Human Resources must approve the terms of any such continued work agreement.

Disciplinary Action

It will be considered a violation of the Drug and Alcohol Policy and will result in termination of employment, if any of the following occurs:

- Attempt to dilute or adulterate a test sample, or to delay the giving of a sample
- Refusal to submit immediately upon request to a search or drug or alcohol testing will be considered a violation of the Drug and Alcohol Policy and will result in termination of employment
- Drug Diversion
- Admitting a substance abuse problem during a for cause screening interview
- Testing positive for a pre-employment, returning to work from leave or reasonable suspicion
- Testing positive for use of illegal drugs
- Testing positive for misuse and/or unauthorized use of legal drugs
- Failing to cooperate with EAP staff during any phase of the continued work agreement
- Subsequent positive drug or alcohol test or evidence of diversion after a continued work agreement

It will be considered a violation of the Drug and Alcohol Policy and will result in disciplinary action up to and including termination, if any of the following occurs:

- Reporting to work under the influence of drugs and/or alcohol
- Participating in any prohibited drugs and/or alcohol activity as provided in this policy

If an employee is involuntarily terminated for violations of the Drug and Alcohol Policy, the employee may be eligible for rehire after twelve months upon successful completion of a drug and/or alcohol rehabilitation program. After that time, the employee may contact Human Resources to request a review. If the employee is selected for an opening that he has applied for, the employee would return with a continued work agreement.

It will not be considered a violation of the Drug and Alcohol Policy, if an employee tests positive as a result of voluntary admission of drug and alcohol dependency.

PROCEDURE

Drug and Alcohol Testing

After Employee Health communicates drug and/or alcohol testing results, Human Resources will work in collaboration with the manager and Employee Health concerning return to work status, disciplinary action, and communication with the employee on appropriate next steps. If a continued work agreement is offered, the employee will sign the appropriate disciplinary action upon return to work.
Continued Work Agreement

The Employee Assistance Program (EAP) is responsible for overseeing the Continued Work Agreement process for any current employee who has been identified as having a substance abuse problem provided EAP shares information on a strict “need to know” basis with management, Employee Health and Human Resources the employee’s cooperation, progress in assessment, treatment and follow-up.

Process for Continued Work Agreement
The following procedures apply to an employee who is being placed on a continued work agreement:

- Employee Health reviews options for leave of absence that may be available for an employee who is eligible for a continued work agreement
- EAP engages employee in signing and carrying out the terms of the continued work agreement
- Employee Health provides work clearance to return to work
- Manager works with Human Resources to ensure the employee's access to controlled substances can be aligned with the continued work agreement
- Manager monitors behavior and performance of an employee on a continued work agreement and reports any discrepancies from the agreement to Employee Health if identified

Terms of the Continued Work Agreement
Terms of the continued work agreement include the following:

- Abstinence from alcohol, marijuana, cocaine, stimulants, narcotics, sedatives, tranquilizers and all other mind-altering and/or potentially addicting drugs or medications
- Inform personal physician of the conditions of the continued work agreement
- Inform department director and first line manager of history of substance abuse and of the conditions of the continued work agreement
- Random observed urine, blood, hair and/or breath monitoring
- Follow treatment plan recommended by Employee Assistance Program (EAP)
- Permission for DCH Employee Health, Occupational Medicine, Human Resources, DCH Administrative personnel, and EAP personnel to share information as needed
- Agree to abide by the terms of the continued work agreement for two years
- May be terminated from DCH if fail to comply with continued work agreement
- Employee signature
- Supporting signatures of EAP, department director, and first line manager
- DCH reserves the right to extend

Regulatory Reporting

Theft of Controlled Substance

When any theft of a controlled substance is suspected or known, the Director of Pharmacy or a designee must notify the United States Drug Enforcement Administration (DEA) immediately and without delay (generally considered one business day). The initial notification of the DEA can be by facsimile (preferred), telephone call, or by a brief written message explaining the circumstances known at the time. Once the investigation into the suspected or known theft is concluded, if the investigation reveals that a theft has, in fact, taken place, the Pharmacy must complete a Report of Theft or Loss of Controlled Substances (DEA Form-106). For all DEA 106 Forms completed, the Pharmacy must send the original and one copy to the DEA Diversion Field Office and must keep one copy in Pharmacy records. If a theft has taken place, the Pharmacy
must also report the theft to the Alabama State Board of Pharmacy. If the investigation reveals that no theft has occurred, the Pharmacy must notify the DEA in follow up correspondence (in writing) that a DEA Form-106 is not needed, and why. In the State of Alabama, if the theft of a controlled substance is reported to the DEA and to the Board of Pharmacy, the reporting of the theft to other local law enforcement is at the discretion of the Director of Pharmacy with input and guidance from hospital Administration, the DEA, and the Board of Pharmacy. Each year, or more frequently, the Director of Pharmacy will submit a report of known abuses and losses of controlled substances to the Health System President/CEO or other designated DCH Administrative official.

Professional Licensure Board

For licensed professionals, the appropriate Vice President will ensure that the professional licensure board receives notification as appropriate and that copies are subsequently provided to Employee Health and Human Resources.

Searches

Employee Health will notify Human Resources of any incident involving a for cause screen and consult with HR to determine if a search is indicated. HR will determine who will conduct the search (at least 2 people) and where the search will take place. Individuals responsible for conducting the search will complete the Search Protocol Form and return the completed form to HR.

RELATED POLICIES
Employee Arrest Notification Policy
Progressive Discipline Policy
Separation of Employment Policy
Suspension and Involuntary Termination Policy

RELATED PROCEDURES
Facility Procedure on Narcotic and Controlled Substances
Leaves of Absence Procedures
Suspension and Involuntary Termination Checklist

RELATED RESOURCES
Search Protocol Form
Observation Form

REVISION DATES
September 2014
March 2011
March 2007
DCH
IMAGING SERVICES - MRI

Magnetic Resonance Imaging or MRI utilizes strong magnetic fields and radio frequency waves to produce high-resolution, diagnostic images of the body. MRI is especially useful in the evaluation of soft tissues and blood vessels.

Regional Medical Center has two 1.5 Tesla short-bore scanners which significantly reduces the anxiety associated with older conventional machines. At the Outpatient Center we have a 3.0T scanner. At Ruby Tyler we have a 1.5 T scanner.

Students are not to enter the MRI Suite until they have been screened and documentation placed in their permanent folder, and submitted to the MRI Supervisor. Students will be required to take the MRI CBT, and the test concerning zones.

MRI SCANNER GENERAL INFORMATION

Students ARE NOT permitted to enter the scan room without prior screening from the MRI staff.

I. PURPOSE
To educate all employees and students on creating a safe environment in and around the MRI scanners.

II. POLICY
MRI scanners use very strong magnetic fields to generate images. Ferrous metals must not enter the exam room. Ferrous metals entering the scan room are subject to being pulled into the magnet. In order to maintain a safe environment, the following procedures will be strictly followed.

III. TASK CLASSIFICATION/PRECAUTIONS

IV. EQUIPMENT

V. PROCEDURE
A. Non-MRI personnel are not permitted to enter the scan room without prior screening from the MRI staff.

B. The MRI scan room will remain locked when not in use. The scan room will remain locked during off duty hours.

C. Only MRI compatible oxygen tanks will be allowed in the scan room. The MRI techs will verify that the oxygen tank is non-ferrous.

D. All patients will be loaded onto the MRI scan table and loaded back onto their stretcher or wheelchair outside of the MRI scan room.

E. Patients will be carefully screened for possible objects that may be pulled into the magnet. Patients moved from a hospital stretcher to the MRI scan table will be carefully checked to ensure that no metallic or ferrous metals are in the sheets or blankets.
F. Stretchers and wheelchairs will not be allowed to enter the MRI scan room.

G. All light housekeeping duties will be performed by the MRI staff. Other housekeeping duties will be performed under the direction of the MRI staff.

VI. AGE SPECIFIC CONSIDERATIONS

VII. REFERENCES

VIII. CONTACT PERSON
Kim Wiggins, Administrative Coordinator Imaging Services

IX. DATES
Reviewed: July 2004
Reviewed: March 2009
Revised: July 2012
Reviewed: August 2014
Revised: August 2015

Sunset Date: September 2018
MRI Safety: Zone Restrictions

The MRI suite is divided into four zones to provide restrictions which ensure the safety of patients and other non-MRI personnel.

**Zone I** includes all areas that are freely accessible to the general public. This area is outside the MR environment and is the area through which the patients, healthcare personnel and other employees of the MRI suite use to access the MRI environment.

**Zone II** is the area between the publicly accessed area (Zone I) and the controlled areas (Zones III & IV). Patients are under the supervision of MRI personnel in this area. It is in this area that all MRI screening questions are answered and addressed.

**Zone III** access is controlled by the supervision of MRI personnel. All access to Zone III is strictly restricted. All non-MRI personnel and patients must first undergo a successfully passed MRI screening to enter Zone III. This is to ensure the safety of patients, other non-MRI personnel and the equipment itself.

**Zone IV** is the area synonymous with the MRI scanner magnet room. It is always clearly marked as being potentially hazardous due to the presence of a very strong magnetic field. This area is always located within Zone III. No access to Zone IV is allowed without first being screened for Zone III.

The MRI zones at RMC, NMC and RT are clearly marked with zone signs in each area. There are also restrictive tension barriers, caution/warning signs and locked doors to ensure limited access. If you are unsure if you may proceed into any area in the MRI suite, contact an MRI employee. It is required that all personnel who enter the MRI suite undergo the screening process. At the end of this in-service, you **MUST** complete a test for competency. We also request that you complete the screening questions to ensure everyone has been approved for access into the MRI suite.
MRI Screening and Consent Form

Patient Name:       DOB:
Account #:         Exam Done:
Attending Physician:
Room #:            X-ray #:

Clinical History    Age_____ Sex_____ Race_____ Weight____ lbs.

List all surgeries, operations or medical procedures you have ever had with the approximate dates:

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Allergies? Please list:

_________________________________________________________________________

<table>
<thead>
<tr>
<th>Questionnaire</th>
<th>Y</th>
<th>N</th>
<th>Questionnaire</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever been diagnosed with cancer?</td>
<td></td>
<td></td>
<td>Type/year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer treatment/completion dates:</td>
<td>Radiation</td>
<td></td>
<td>Chemotherapy</td>
<td></td>
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</tr>
<tr>
<td>Have you ever had an eye injury involving a metallic object?</td>
<td></td>
<td></td>
<td>Describe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did a physician treat your eye injury?</td>
<td></td>
<td></td>
<td>(silvers, shavings, foreign body, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever had a reaction to contrast used for MRI or CT?</td>
<td></td>
<td></td>
<td>When?</td>
<td></td>
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</tr>
<tr>
<td>Are you pregnant or suspect that you are?</td>
<td></td>
<td></td>
<td>What kind?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you breast-feeding?</td>
<td></td>
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<tr>
<td>Do you have a history of</td>
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<td></td>
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<td></td>
<td>Dialysis</td>
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<td>Renal disease</td>
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<td></td>
<td>Liver disease</td>
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<td></td>
<td>Asthma/COPD/Emphysema</td>
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<td></td>
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<td>Blood disease/Anemia</td>
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<td></td>
<td></td>
<td></td>
<td>Renal disease</td>
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<td>Liver disease</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Asthma/COPD/Emphysema</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

***ATTENTION: The following items may be hazardous or may interfere with the MRI examination by producing an artifact***

**Possible Contraindication** | Y | N | **Possible Contraindication** | Y | N |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Implanted cardiac defibrillator</td>
<td></td>
<td></td>
<td>Any type of metal, bullet or shrapnel, What?</td>
<td></td>
<td>Year?</td>
</tr>
<tr>
<td>Cardiac pacemaker</td>
<td></td>
<td></td>
<td>Prostate seeds (iodine 12-month wait/Pall. 4-month wait)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aneurysm clip(s) or other brain surgery</td>
<td></td>
<td></td>
<td>Penile prosthesis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Open heart surgery/heart valve prosthesis</td>
<td></td>
<td></td>
<td>Breast tissue expander</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intraventricular shunt (may need post-MRI inspection)</td>
<td></td>
<td></td>
<td>Any implanted orthopedic item(s) or artificial limb or joint Type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intravascular coil, filter, clamp or stent Type When</td>
<td></td>
<td></td>
<td>Any type of stimulator (eg, bone growth) Type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LOOP recorder/insertable cardiac monitor</td>
<td></td>
<td></td>
<td>Orbital/eye prosthesis or eyelid spring</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cochlear implant/staples or other ear implant</td>
<td></td>
<td></td>
<td>Vascular access port</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medication pump (insulin, chemo, pain control)</td>
<td></td>
<td></td>
<td>Dentures/dental implants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Swan-Ganz/Other cardiovascular catheter</td>
<td></td>
<td></td>
<td>Drug delivery patch/Other therapy patch</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing aid:</td>
<td></td>
<td></td>
<td>Tattoos, tattooed eyeliner or cosmetics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any type of electronic, mechanical or magnetic implant Type:</td>
<td></td>
<td></td>
<td>Body piercing/jewelry (all piercings must be removed)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PillCam/Other endoscopy capsule</td>
<td></td>
<td></td>
<td>Diaphragm, IUD, or pessary Type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gastrointestinal endoscopy clips</td>
<td></td>
<td></td>
<td>Neurostimulator/TENS unit/other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

MRI SCREENING AND CONSENT FORM

List Current Meds

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Body Part</th>
<th>Date</th>
<th>Where</th>
</tr>
</thead>
<tbody>
<tr>
<td>MRI</td>
<td></td>
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</tr>
<tr>
<td>CT</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>X-ray</td>
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<tr>
<td>Other</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

I have reviewed the above list and have informed the staff of DCH Imaging of any possible metal within my body. I understand the risks and hazards associated with inaccurate information. The MRI exam may require an intravenous injection of contrast or medication. The introduction of contrast into the body rarely causes mild to severe reaction. Your signature indicates that you understand the above mentioned information and all your questions have been accurately answered and that you are giving our facility consent to perform an MRI exam, including the possible injection of a contrast agent and/or medication as deemed necessary by the radiologist.

Patient Signature
Date and Time

If the patient is unable to sign, the form should be signed by a relative or legal guardian. If such consent is unavailable, the attending physician and/or radiologist may clear the patient for scanning.

Technologists comments/clinical history:

Patient ID (two ways) circle: Name SS# DOB Account # Other:

Was it necessary to obtain X-rays? Yes No → Cleared by:

Was chart/order reviewed? Yes No

Contrast media/amount/route?

Were all PACS/other images reviewed? Yes No

GFR

BUN

Creat

Contrast consent necessary/obtained? Yes No

Technologist Signature
Date/Time

9882241 (B) (2/01) Revised: June 2007 Revised: 5/08 Revised: 10/08 Revised: 11/2009
This policy outlines the use of personal cell phones and other portable electronic devices at work, including special issues related to camera phones, the personal use of business cell phones and the safe use of cell phones by employees while driving.

**Personal Cellular Phones**
While in school, students are expected to exercise the same discretion in using personal cellular phones as is expected for the use of DCH phones. Excessive personal calls during the workday, regardless of the phone used, can interfere with employee productivity and be distracting to others. Personal cell phones or other portable electronic devices should be turned off or silenced and not seen, including Bluetooth devices on the ear, during working hours. Employees should limit their personal telephone usage, text messaging, e-mails, Facebook, Instagram, Snapchat, etc. during working hours to emergency situations only. Cellular phones and other portable electronic devices may be used during breaks or lunch periods. Employees are to ensure that friends and family members are aware of DCH’s policy. Flexibility will be provided in circumstances demanding immediate attention. DCH will not be liable for the loss of personal cellular phones or other portable electronic devices brought into the workplace.

**Camera Phones and Other Portable Electronic Devices**
Certain aspects of DCH’s business operations require that employees have access or exposure to highly confidential information including, but not limited to, confidential patient records and information; confidential personnel records and information; confidential business information and other proprietary business information; and the privacy of other employees. To prevent the unauthorized dissemination of such information, employees are prohibited from using cameras in the workplace. This prohibition extends to cameras built into portable electronic devices such as cell phones, two-way pagers, and other portable electronic devices capable of storing and transmitting images. Cameras, video cameras and other portable electronic devices may only be used by medical or clinical professionals for valid medical reasons such as pictures for surgical purposes, patient identifiers, etc. Under no circumstances shall a camera, video camera or other portable electronic device be used to harass or intrude upon the privacy of a patient or employee.

**Cell phone use is prohibited in the classroom; therefore, these phones MUST be turned off while in class.**

Due to possible interference with electronic medical equipment, DCH Health System has a policy forbidding the use of cellular telephones in any of its medical facilities. Any student found using a cellular telephone or other electronic device during a lecture class or clinical assignment will receive a written notice upon the first offense. Any subsequent offenses will result in immediate suspension for three days without the possibility of making up missed assignments and/or tests. Incoming calls, pages and texting are also forbidden. If a cellular telephone or pager is carried in a purse or on the body, it must be turned off during lecture classes and clinical assignments.

I have read, understand, and agree to abide by this policy.

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Student Signature</th>
<th>Date</th>
</tr>
</thead>
</table>
DCH students are expected to comply with all DCH policies, Behavioral Standards and federal and state laws when participating in social media activities. The following guidelines are provided to assist DCH students in complying with existing policies when participating in social media activities.

Nothing in this policy is intended to prohibit, nor should it be interpreted as prohibiting, students from engaging in protected concerted activities or making protected statements and reports to the proper internal and external authorities. It is important to keep in mind that as students, we are DCH ambassadors to the community and should represent DCH in a positive manner to our community. When using online media, be sure to think about how you want others to perceive you and our organization.

Failure to comply with DCH policies may subject the student to the provisions of the positive discipline process up to and including termination.

Social Media includes text, images, audio and video communicated via such tools as:
- Blogs and micro-blogs such as Twitter
- Social networks, such as Facebook, Instagram, Snapchat
- Professional networks, such as Linkedin
- Video sharing such as You Tube and vlogs (video weblogs)
- Audio sharing, such as podcasts
- Photo sharing such as Flickr, Instagram and Photobucket
- Social bookmarking such as Digg and Reddit
- Public comment sections on webpages (such as those for online news sites)
- User created web pages such as Wikis and Wikipedia
- Any other internet-based application making use of the creation and exchange of user-generated content

1. **Know and follow all DCH policies related to using the Internet, privacy and sharing information.**
   These policies include, but are not limited to: DCH’s Behavioral Standards, Positive Disciplinary Policy, E-mail Policy, Confidentiality Policy, Privacy Policy, Cell Phone Policy, Internet/Intranet Use Policy and Patient Information Release Policy. Be sure to follow HIPAA regulations and all applicable state and federal regulations and copyright laws. Do not engage in any form of harassment, including derogatory or inflammatory remarks about an individual’s race, age, disability, relation, national origin, physical attributes, sexual preference, health condition or any other characteristic protected by law.

2. **Respect and follow all laws and regulations governing our patient’s privacy.**
   You may not include any Protected Health Information (PHI) as defined under applicable law, about anyone other than yourself, including family members, in any comment or post. If you choose to include your own PHI online, know that others may comment on your PHI in their own comment or post. Disclosing confidential patient PHI in an inappropriate manner is a federal offense. Federal penalties include significant fines and/or arrest. Even acknowledging the care of a patient is an unacceptable disclosure of PHI.
You should not write about a patient, post or otherwise share photos of patients unless you have written approval from DCH’s Risk Management Legal Counsel and the patient. As a reminder, you cannot take a picture of or video a patient without his permission for any reason other than care or, in some cases, education. Never take a photo from your cell phone and remember that you can’t take pictures just because the case is interesting, even if you are working on a project for school. You must have a clear, predefined reason for taking the photo or video.

Remember, sharing PHI outside of DCH is not allowed and doing so without patient permission may cause you to be liable under state and federal statutes and laws. Under revised HIPAA guidelines, you may be sued in civil court for unauthorized disclosures.

3. **Use good judgment when using online social networks and other online resources.**
   You are responsible for the content that you publish on blogs, social media sites and any other form of media. The Internet is public and content that you publish may be available to a wide audience, including your coworkers, manager and members of leadership. Search engines can turn up posts years after the publication date. Comments can be forwarded or copied. A good guideline is to not publish anything that you would not want on the front page of the newspaper or would not say in person. In addition, be sure to get your coworkers’ permission if you want to post pictures of them online.

4. **Protect confidential and proprietary information.**
   Don’t disclose confidential or sensitive information externally unless you have permission to do so. Remember that online tools hosted outside the DCH intranet should not be used for internal communications between you and your coworkers.

5. **If you are not authorized to speak on behalf of DCH, make it clear that you are speaking for yourself and not on DCH’s behalf.**
   If you see DCH misrepresented by the media or others, it’s ok to comment on that. Just be sure to identify yourself as a DCH student, be respectful, share accurate information and avoid conflict. If you come across positive or negative remarks about DCH that you believe are important, consider sharing them by forwarding them to the Marketing/Communication Department.

6. **Make sure that your online activities do not interfere with your work or our commitment to our patients.**
   DCH computers and your work time are to be used for DCH business.

7. **Recognize that DCH may address as a disciplinary issue any language that you post in a blog or a social media site that reflects negatively on your work ethic or your level of commitment to and compassion for our customers.** Violations of this policy can result in discipline up to and including termination from employment.

8. **Follow standard communication guidelines as you would for any business communication such as e-mail or phone.**
   Remember that you represent our organization and edit your work for grammar, clarity and content. DCH employs the best and brightest, and we should always try to present ourselves in the best possible way and with pride in our organization.

9. **Friend wisely.**
   Users are encouraged to not “friend” individuals on Facebook if the only relationship with the individual is patient and caregiver. Managers are encouraged to not engage in social media
interaction with their subordinates (such as becoming “friends” on Facebook), even if a subordinate initiates the contact.

Printed Name ___________________________ Student Signature ___________________________ Date ___________________________
Purpose of Policy:
The purpose of this policy is to set forth the guidelines pursuant to which users may access patient information in whatever medium it may exist.

Principle of Policy:
DCH Health System develops, stores, maintains and releases patient information for the treatment of patients and the management and payment of their accounts and for Health System operations. Such information must only be accessed by those with a need to know the information and only to the extent that is minimally necessary.

Applicability of Policy:
This policy applies to any user who must access patient information that is developed, stored, maintained, or released by DCH Health System in order to do his/her job or to discharge his/her obligations to DCH and/or his/her patients.

Responsibility for Compliance with Policy:
The Privacy Officer, Data Security Officer, and the Vice President for Medical Affairs are responsible for compliance with this policy.

Policy:
1. Only users who have executed a DCH Health System Confidentiality Acknowledgement & Agreement Form ("Acknowledgement") shall be granted access to any patient information. An Acknowledgement must be signed at the beginning of user’s association with the Health System and acknowledged at least annually thereafter.

2. Access to patient information shall only be granted to those users who have a need to access patient information in order to do their job or discharge their obligations to the Health System or their patients. Further users shall be granted access to the information that is minimally necessary.

3. Each user’s access to patient information shall be subject to the following:
   a. Users may only access information for which they have a legitimate/job related need to know for treatment, payment/billing, or healthcare operations. Further, accesses must be the minimum necessary access for this purpose(s).
   b. Users may not access the PHI on any person for which this information is not needed for treatment, payment/billing, or healthcare operations and that is not necessary for job duties. Specifically, users will not access information on themselves, family, relatives, or friends unless they meet the above criteria.
   c. Users are obligated to hold confidential information in the strictest confidence and not to disclose the information to any person or in any manner which is inconsistent with applicable policies and procedures of DCH Health System.
d. Users may print information from any hospital information system only when necessary for a legitimate purpose and are accountable for this information until it is destroyed. Patient medical information may only be stored in authorized locations.

e. All patient identifiable information must either be shredded or disposed of in a safe and confidential manner. Each user is responsible for printed data that he/she generates.

f. Patient information available from any hospital information system or source may be preliminary and, therefore, may not have been reviewed for accuracy. If a user chooses to use or disseminate this information, consistent with relevant policies and procedures, he/she does so being informed of the possible preliminary nature of the information.

g. DCH provides/releases to users patient information for the treatment of patients. Users are responsible to use this information consistent with all applicable rules, laws, regulations, and standards.

h. Users may not seek personal benefit or permit others to benefit personally by any confidential information that the user may have access to.

i. Failure to comply with confidentiality obligation may result in disciplinary action or termination of employment/educational affiliation by DCH Health System and its affiliates, or corrective action in conformance with current medical staff bylaws, rules and regulations.

j. It is each user’s responsibility to maintain his/her assigned unique user code/password in a confidential manner.

k. Users may not utilize another user’s unique user code/password in order to access any system and will not reveal their user code/password to anyone else. An authorized user is personally and professionally responsible for all activities occurring under their password.

l. A user’s confidentiality obligation shall continue indefinitely, including at all times after his/her association with DCH Health System and its affiliates, such as termination of employment or affiliation with DCH Health System

I have read, understand, and agree to abide by this policy.

__________________________  _______________  ____________________
Printed Name                Student Signature         Date
DCH Regional Medical Center
School of Radiologic Technology
Professional Standards

As you enter the profession of Radiologic Technology, you must understand that you are entering a field of medicine that requires certain professional standards that other career choices may not require. Professional dress, appearance, attitude, and modes of communication must be of certain standards in order to maintain the confidence and care of the patient. Patients under the care of the radiographer present themselves in all ages, cultures and of various ethnic origins; therefore, trendy modes of dress and appearance and unprofessional demeanor and attitude are not and will not be tolerated.

The program has an established dress code and a code of ethics, which are contained in this handbook. You must review the entire contents of this handbook once you are accepted into this program.

Your signing of this Professional Standards Form indicates that you have read and understand the requirements of the program and that you agree to abide by these standards.

__________________________________________
Printed Name

__________________________________________
Student Signature

____________________
Date

__________________________________________
Program Director’s Signature

____________________
Date
DCH Regional Medical Center  
School of Radiologic Technology  
Statement of Understanding  
Occupational Exposure to Ionizing Radiation during Pregnancy

Having voluntarily declared my pregnancy to the proper school officials, I have read and understand the policies and procedures regarding occupational exposure to ionizing radiation during pregnancy. I have been counseled and I am aware of the risks involved which may affect my unborn fetus if I continue to work with and around ionizing radiation.

I will continue to practice all radiation safety and protection techniques to include wearing a second radiation detection monitor at the abdomen level beneath my lead apron. I understand that the exposure will be recorded as abdomen dose and will be monitored monthly for the entire gestation period.

I further understand that I will be required to abide by the following safety rules:

1. I may not be assigned duties or tasks involving cement surgical procedures and brachytherapy.
2. I will not hold or restrain a patient receiving ionizing radiation.
3. I will refrain from any procedure requiring my presence in the exposure room while exposures are being made. I may be allowed to work behind the protective barrier (control booth) while exposures are being made.

I agree to release DCH Health System from any liability that may be associated with complications or damage during or after my pregnancy, which may be determined to be related to occupational exposure to ionizing radiation.

Printed Name ____________________________ Student Signature ____________________________ Date ________________

Radiation Safety Officer Signature or Date ________________

Assistant Radiation Safety Officer Signature
The dress code policy entailed in this handbook is the policy for the DCH Radiography Program. I understand that Royal Blue scrubs with appropriate shoes will be worn during class and clinical times, unless otherwise stated by the PD.

I have read and understand the policy regarding the dress code. By my signature, I agree to abide by the dress code policy as written.

________________________  _____________________________  ___________________
Printed Name               Student Signature               Date
DCH Regional Medical Center
School of Radiologic Technology
Request for Time off (RTO)

Name: _________________________________________ Date: _________________________

Date(s) Requested as Personal Leave: ________________________________________________

If less than a full day, state exact hours. No less than a 4-hour increment is permitted.

Time Range that you will be absent: _________________________________________________

Time off requested is during a (please check one) _____ Clinical Day _____ Didactic Day

If time off requested is on a clinical day, what are you scheduled in: _________________________________________________

RTO request must be submitted seven (7) business days before the time the student is requesting off, unless an emergency or extenuating circumstance has occurred. The request must be approved and cleared by the Clinical Coordinator before giving the PD notice that the student will be gone for said time.

When didactic leave time is requested, the student is to contact each instructor(s) of the class that will be missed so s/he is aware student will not be in class.

After completing the form, please email it to the Clinical Coordinator. As long as you have the time remaining, your request will be granted. Personal time in excess of the two days per quarter will not be granted unless extenuating circumstances exist and/or according to academic and clinical progression.

Printed Name ______________________________________ Student Signature ____________ Date ____________
Room Equipment Area Evaluation

Name: ____________________________________  Semester: __________________
RT: ___________  Room #: ___________

Must be completed by student and may be reviewed by evaluating technologist.

Equipment
a. Type: ___________  d. Focal spots: ___________
b. Kv range: ___________  e. Ma range: ___________
c. Main switch location: ___________  f. Filtration: ___________

<table>
<thead>
<tr>
<th>Manipulate Each Tube</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transversely</td>
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<tr>
<td>Center/detent lock to the center of the table</td>
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<tr>
<td>Longitudinal lock</td>
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<tr>
<td>Vertical lock</td>
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<tr>
<td>Tube angulations</td>
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<tr>
<td>Tube swing lock (90 degrees)</td>
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<tr>
<td>Center lock to the center of the upright bucky</td>
<td></td>
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<tr>
<td>Detent to 40 inches for table top / 72 inches for upright bucky</td>
<td></td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Manipulate Table Controls</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Move the table top longitudinally/transversely</td>
<td></td>
<td></td>
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<tr>
<td>Utilize the table center button if applicable</td>
<td></td>
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<tr>
<td>Angle the table upright/Trendelenburg if applicable</td>
<td></td>
<td></td>
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<tr>
<td>Attach/detach the footboard if applicable</td>
<td></td>
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<tr>
<td>Attach and adjust the patient – handles if applicable</td>
<td></td>
<td></td>
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<tr>
<td>Raise/lower table if applicable</td>
<td></td>
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</tr>
<tr>
<td>Activate lock for table top travel and for raising or lowering table, if applicable</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Operate the Control Panel</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrate tube/bucky combination</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Select AEC/manual technique</td>
<td></td>
<td></td>
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<tr>
<td>Collimate using manual controls</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Collimate using PBL</td>
<td></td>
<td></td>
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<tr>
<td>Operate hand exposure switch or foot pedal</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Program fluoroscopy settings</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Digital Fluoroscopy</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type in patient demographics</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Select appropriate radiographic procedure</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Process digital image</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Image Receptor</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognize various size IRs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proper placement of IR into table/wall bucky</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proper alignment of IR and radiographic tube</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Miscellaneous</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crash Cart location</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use and care of radiation protection apparel</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Location and application of cleaning supplies</td>
<td></td>
<td></td>
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</tbody>
</table>
DCH Regional Medical Center
School of Radiologic Technology
Employer Survey Consent Form

Purpose: Our accreditation agency requires us to conduct employer follow-up studies on our graduates. An employer questionnaire is attached for your review. After reviewing the questionnaire, please indicate your approval by signing the statement below. The approval form and the questionnaire will be sent to your employer approximately six months after your graduation.

I, ______________________________, give permission to my present employer to complete the employer questionnaire and return it to the program from which I graduated.

______________________________  ATTN: _________________________
Employer Name

______________________________
Employer Address

______________________________
City, State, Zip

______________________________
Signature of Graduate

______________________________
Print your name

______________________________
Date
Student's Name: ________________________________   SS# __________________________

As an enrolled student, you are protected against the release of confidential information according to the Family Educational Rights and Privacy Act of 1974 (referred to as FERPA and/or the Buckley Amendment). DCH School Of Radiologic Technology has identified the following items as directory information and permission is not needed to release this data: name, campus address, permanent address, e-mail address, telephone number, date and place of birth, major field of study, participation in officially recognized activities and sports if applicable, weight and height of members of athletic teams if applicable, dates of attendance, degrees, achievements, academic awards, honors, most recent previous educational agency or institution attended, social clubs, academic clubs and societies. **Students may at any time request that the directory information not be released to any one by notifying the Program Director in writing. All other academic record data may be released only by written permission from the student. Official transcripts must be requested in writing from the Registrar’s and/or Program Director’s Office.**

To release information to or to discuss information contained within the academic record, such as grades, with anyone other than the student, students are required to provide written permission. Students should be aware that mid-term and final grades will not be mailed to the students. Students may access grades from the Program Director after grades are submitted by the faculty. To have final grades for the semester mailed to parents, guardians, scholarship grantees, or employers, students should complete the following information and sign the request.

A transcript will only be sent upon a separate, written request by the student.

Permission to Provide Grades to Parents, Guardian, Scholarship Grantee or Employer if approved by the student, only final grades for the semester will be mailed to the following. Permission for faculty members to provide references for scholarships, employers, etc.

| Name: | ________________________________ |
| Address: | ________________________________ |
| City, State, Zip: | ________________________________ |

I, (student) ________________________________, understand that I am giving permission to have my final grades for the semester mailed to the above address at the end of the semester. This notice is in effect during my current continuing enrollment only. I also understand that I am giving permission to the faculty of the School of Radiologic Technology to provide reference letters for me upon my request.

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Student Signature</th>
<th>Date</th>
</tr>
</thead>
</table>
DCH Regional Medical Center
School of Radiologic Technology
Notice of Intent to Formally Appeal a Grade

Student Information:

Student Name: ___________________ Student ID or SS#: __________________
Address: ______________________________________________________________________
City, State, and Zip: ______________________________________________________________________
Telephone: _______________________

Course Information:

Course Name: ___________________ Name of Instructor: ___________________
Quarter Taken: ___________ Grade Received: ______ RAD #: _______

Was an informal remedy sought with the instructor through conversation or other means? _____

This appeal is based on the claim of (check all that apply - refer to definitions in the policy)

Arbitrariness ________ Prejudice ________ Error ________

Please provide a statement of reasons justifying the claim that your grade was improperly assigned. Use additional pages if needed.

____________________________________________________________________________________
____________________________________________________________________________________

Add any relevant information and/or documentation that support your appeal (course papers, syllabus, etc.) Attach separately.

Please provide any other additional items that you deem relevant to this appeal.

Please provide a statement of the solution that you are requesting as a result of this grade appeal:

____________________________________________________________________________________
____________________________________________________________________________________

_________________________________ ________________________________________
Printed Name Student Signature Date
In order to acquire the knowledge and skills necessary to become proficient in the profession of Radiologic Technology, the student must pay strict attention to the instructor during all lecture and lab sessions. This requires good listening skills and participation by asking questions and offering appropriate comments related to the subject matter. Failure to follow these guidelines may result in disciplinary action to include dismissal from the program.

Not paying attention, disruptive behavior and/or sleeping in class or clinic is rude and disrespectful to the instructor, staff personnel and/or PD and will not be tolerated. The following policy related to classroom/clinic behavior is immediately adopted:

Any student found sleeping in class/clinic or performing some other task unrelated to the lesson, skill or lab being taught will be subject to the following disciplinary actions:

1. Upon the first offense, the student will receive a verbal warning by the instructor of the course and/or clinical rotation.
2. Upon the second offense, the student will receive a written warning by the PD.
3. Upon the third offense, the student will be sent home and charged with an unexcused absence. An unexcused absence may lead to suspension and/or dismissal from the program.
4. A suspension includes a grade of zero (0) for all assignments and tests missed during the suspension and a reduction in the final quarter clinical and academic course grade.
5. If offense occurs following suspension, then the student can be dismissed from the program.

Should a clinical education center ask for a student to be removed from that clinic, the student can be penalized up to dismissal from the program.

Should a clinical education center ask that a student not be reassigned to that clinic, the student will be counseled and put on probation.

I have read, understand, and agree to abide by this policy.

Printed Name ___________________________ Student Signature ___________________________ Date ___________________________
## Rotation Evaluation

<table>
<thead>
<tr>
<th>Category</th>
<th>Descriptors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization of Work</td>
<td>Plans time and works well, Unsatisfactory, Above average producer, Consistent top performer, Fair</td>
</tr>
<tr>
<td>Quality of Work</td>
<td>Consistently accurate, Makes repeated mistakes, Seldom makes mistakes, Seldom accurate, Work generally acceptable</td>
</tr>
<tr>
<td>Application of Knowledge</td>
<td>Good, Fair, Excellent, Inadequate, Poor</td>
</tr>
<tr>
<td>Concern for Patient</td>
<td>Unconcerned for patient, Usually concerned for patient, Above average concern, Indifferent, cool to the patient, Justifies complete confidence</td>
</tr>
<tr>
<td>Perseverance</td>
<td>Follows through on most tasks, Dedicated, Is easily distracted, Consistent, Inconsistent</td>
</tr>
<tr>
<td>Ability to Follow Directions</td>
<td>Good, rarely makes mistakes, Makes mistakes, but is able to correct errors, Follows directions without error, Does not follow directions, Makes occasional mistakes</td>
</tr>
<tr>
<td>Communication</td>
<td>Excellent rapport with staff and patients, Communicates well with staff and patients, Adequate communication skills, Unable to communicate effectively, Little to no communication</td>
</tr>
<tr>
<td>Industry &amp; Energy</td>
<td>Lazy, Exceptional worker, Stays busy most of the time, Indifferent, Hard worker</td>
</tr>
<tr>
<td>Initiative</td>
<td>Resourceful, Takes no initiative, Does only assigned work, Loafs, refuses to offer assistance, Seeks added responsibility</td>
</tr>
<tr>
<td>Dependability / Availability</td>
<td>Sometimes in assigned area and available, Always in assigned area and available, Consistently out of assigned area, seldom available, Usually in assigned area or available, Never can be found, out of area</td>
</tr>
<tr>
<td>Appearance</td>
<td>Meets published dress code, Doesn’t meet published dress code</td>
</tr>
<tr>
<td>Attitude</td>
<td>Accepts responsibility, Highly cooperative, Sometimes troublesome and surly, Works well with others, Resists instruction</td>
</tr>
<tr>
<td>Attitude toward Criticism</td>
<td>Shows interest, Hostile, Benefits from criticism, Indifferent, Accepts well</td>
</tr>
<tr>
<td>Radiation Protection (n/a for US &amp; MRI)</td>
<td>Demonstrates exceptional radiation protection skills, Meets minimum standards, Conscientious about radiation protection, Needs constant reminders, Unconcerned about radiation safety</td>
</tr>
<tr>
<td>Critical Thinking &amp; Problem Solving Skills</td>
<td>Able to organize and modify exams as needed, Unorganized, confused, Organized, able to do routine exams, Learns from mistakes and by example, Lack of organization, needs instruction</td>
</tr>
</tbody>
</table>

Comments:_______________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Student Signature: ____________________________________    Technologist Signature: ______________________

Grade: _____ / ______
DCH Regional Medical Center  
School of Radiologic Technology  
Student Probation Agreement

It is the policy of the DCH Regional Medical Center's School of Radiologic Technology that all first year students are on probation for the first three (3) months of the program. At the end of this period, the student will be evaluated. If the student is meeting all program requirements, the probation is withdrawn. If the student is not maintaining all program requirements, the steps outlined in the Program Catalog/Handbook under Academic Requirements will be followed to include disciplinary action and/or dismissal from the program.

I have read and understand the above statement regarding the probationary period.

________________________________________  ____________________________________  __________________________
Printed Name  Student Signature  Date
1. DCH Health System will not be responsible for any negligence, malpractice, illness or injury associated with radiography students during their employment at locations outside the DCH Health System.

2. Students who elect to work in any capacity must do so after the normal academic and/or clinical day. There should be no clocking in for pay while you are on academic and/or clinical time.

3. The program neither encourages nor recommends that students work while attending school because of the rigors of the curriculum.

4. Students who elect to work should do so only after careful consideration due to the demands of the educational program. Financial hardship and extenuating circumstances would be the exceptions.

5. Radiography examinations performed during employment hours may not be substituted for satisfying clinical education competencies.

6. Students employed within the DCH Health System will not have scheduled hours that would interfere with the time they are required to devote to didactic, laboratory and clinical hours.

7. When a scheduled class is cancelled for any reason or is let out early, the student cannot work in a clerical or technologist position at a DCH facility for the time frame of the class. There should be no clocking in on student time. After the time that the class should have been concluded, the student is then free to work if they are needed and only then with supervisor approval.

8. For those that work and are scheduled to be on the late shift as a student, you are allowed to work only after your student shift has ended.

Waiver

I understand that if I elect to be employed inside the DCH Health System while attending this program, that I will have professional liability insurance coverage through DCH Health System. I further understand that if I accept employment outside the DCH Health System while attending this program, that I will not have professional liability insurance coverage through DCH Health System for that outside employment. Understanding that fact, I do hereby release DCH Health System from any liability arising out of any outside employment I may engage in while attending this program.

Printed Name

Student Signature

Date
The DCH School of Radiologic Technology Program Catalog/Handbook provides information regarding the policies and procedures of the program. Students must indicate agreement with each of the following statements by initialing on the lines below.

___ I have received a copy of the radiography program catalog/handbook.

___ I am aware that it is my responsibility to ask questions about the contents of the radiography program Catalog/Handbook and have those questions answered to my satisfaction.

___ I understand that failure to follow any of the policies in the radiography program student handbook may result in my dismissal from the radiography program.

___ I understand all information regarding a patient or former patient is confidential per HIPPA guidelines.

___ I agree to fully participate in the lab portion of the radiography program. I understand that this requires hands-on participation and I will be the simulation patient for my fellow students.

___ I have received and thoroughly read the radiography pregnancy policy.

___ I have received and comprehended the DCH drug and alcohol policy and agree to comply with all aspects of this policy.

___ I will use the appropriate personal protective equipment required when there is an inherent potential for mucous membrane, or skin contact with blood, body fluids or tissues, or a potential for spills or splashes of them.

___ I comprehend the program disciplinary system for the radiography program and am aware of the consequences for program violations.

___ I understand the program disciplinary system for the radiography program and am aware of the due process policies.

___ I comprehend that I must complete each radiography course with a final grade of 75 or higher to pass.

___ I comprehend that the use of cell phones, texting and lap top computers are prohibited in the classroom and clinical sites.

___ I comprehend and will abide by the programs' attendance, absence and tardiness policies.

___ I comprehend and will abide by the radiation protection policy.

___ I comprehend and will abide by the radiography program dress code.
I understand clocking in for another student or employee will result in my immediate dismissal.

I understand that clocking in on clinical time and DCH time **at the same time** will result in my dismissal.

I have been explained the JRCERT Standards and will abide by the direct, indirect and repeat policies.

I agree that I am accountable for my success as well as the success of DCH and the patient I come in contact with. I agree I must regard my classroom, labs and clinical experiences as one should address job responsibilities: preparation, hard work, initiative and learning from failure.

I recognize my instructors and preceptors assume the role of my supervisor. I will attempt to learn the technical skills required of a radiographer, but also strive to develop professional behaviors and attitudes.

I understand I am responsible for my own education (learning). It is the instructors’ responsibility to give opportunity and facilitate learning.

This initialed and signed document will be placed in your program file for reference in the event of any program policy violations.

____________________ ___________________________ ______________________
Printed Name Student Signature Date
1. I hereby acknowledge receiving the DCH Radiology Program’s catalog dated ___________, which contains information about attendance, academia, finances, policies for program as well as DCH, etc. The school catalog is included as part of this enrollment agreement and I acknowledge that I have received a copy of this catalog.

2. I have carefully read and received an exact copy of this enrollment agreement.

3. I understand that the school may terminate my enrollment if I fail to comply with attendance, academic and financial requirements or if I fail to abide by established standards of conduct, as outlined in the school catalog. While enrolled in the school, I understand that I must maintain satisfactory academic progress as described in the school catalog and that my financial obligation to the school must be paid in full before a certificate may be awarded.

4. I understand that the school does not guarantee job placement to graduates upon program completion or upon graduation.

5. I understand that complaints, which cannot be resolved by direct negotiation with the school in accordance to its written grievance policy, may be filed with the necessary accrediting or credentialing body. All student complaints must be submitted in writing.

I, the undersigned, have read and understand this agreement and acknowledge receipt of a copy. My signature below signifies that I have read and understand all aspects of this agreement and do recognize my legal responsibilities in regard to this contract.

Signed this __________ day of __________________________, 20_____.

____________________________________  ______________________________________
Student Signature                      Date

____________________________________  ______________________________________
School Official                        Date
The above Student / Program policy manual has been reviewed and approved by the appropriate administrative/legal counsel as indicated:

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<th>Review Date</th>
<th>Reviewed by</th>
<th>Final approval by</th>
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<td>Dena Ennis, M.A., Ed., R.T. (R)</td>
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<td>9/16</td>
<td>Advisory Committee</td>
<td>Deborah Shell, M.Ed., R.T. (R)</td>
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</table>
Section VIII
Quick Reference

Radiologic Technology Administration and Faculty

Deborah Shell, M.Ed, ARRT (R)  Deborah.shell@dchsystem.com  205-759-6009
Program Director

Leonetta Jackson, MSHA, ARRT (R)  Leonetta.jackson@dchsystem.com  205.759.6012
Clinical Coordinator

Ashley Long, M.S., CHES, ARRT (R), (CT)  heather.long2@dchsystem.com  205.759.7039
Didactic Instructor

Kim Wiggins  Kimberly.wiggins@dchsystem.com  205.750.5169
School Agent & Admissions

Clinical Education Listings

DCH Regional Medical Center
Inpatient
809 University Blvd E
Tuscaloosa, AL 35401
205.759.7338
205.759.7453 Fax

DCH Northport Medical Center – NMC
2700 Hospital Drive
Northport, AL 35476
205.333.4500
205.333.4522 Fax

The Radiology Clinic
208 McFarland Circle North
Tuscaloosa, AL 35406
205.345.7000
205.345.2494 Fax

DCH Regional Medical Center
Outpatient
809 University Blvd E
Tuscaloosa, AL 35401
205.759.6014
205.750.5590 Fax

Ruby Tyler Parkway Imaging
1050 Ruby Tyler Parkway
Tuscaloosa, AL 35404
205.750.5895
205.759.7570 Fax

Fayette Medical Center – FMC
P.O. Drawer 710
Fayette, AL 35555
205.932.1168
205.932.1108 Fax

Clinical Instructors

DCH Regional Medical Center
Kathy Shuttlesworth, ARRT (R)
Kelly Holmes, ARRT (R)
Jill Wilson, ARRT (R)
Crystal McKenzie, ARRT (R)

Northport Medical Center
Dana Brehm, ARRT (R)

SpineCare Center
Charles Crawford, ARRT (R)

Fayette Medical Center
Christi Nelson, ARRT (R)
Jonathan Files, ARRT (R)

The Radiology Clinic
Rhonda Cockrell, ARRT (R) Acting CI