



QUINSIGAMOND

Community College

RADIOLOGIC TECHNOLOGY

CLINICAL POLICIES & PROCEDURES HANDBOOK

(CPPH)

2023-2024

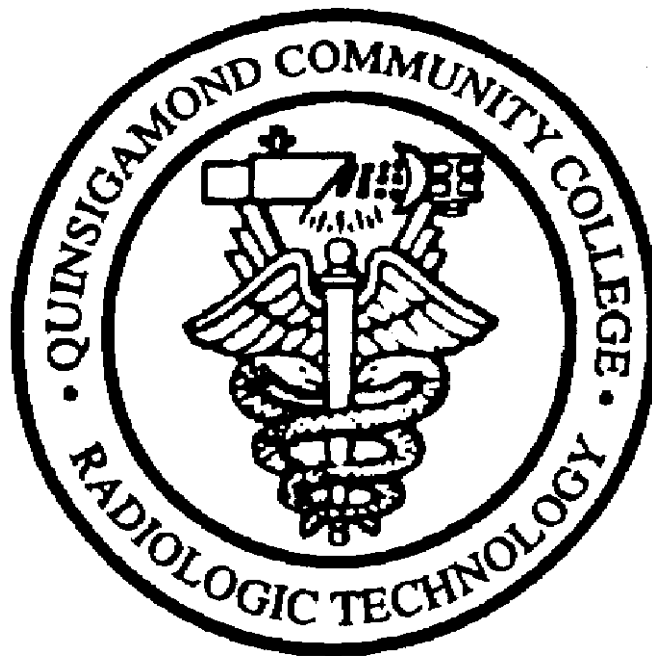


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QUINSIGAMOND COMMUNITY COLLEGE RADIOLOGIC TECHNOLOGY PROGRAM

Introduction:

This document contains all information pertaining to the clinical education aspect of the Radiologic Technology program. The policies and procedures are specific and detailed so that the student is fully informed as to the expectations for their actions and progress while in the clinical setting. Students will be providing care to actual patients, using sophisticated equipment producing ionizing radiation. It is of paramount importance that students understand their responsibilities to their patient, profession and education. Students will receive additional information on policies and procedures at their respective clinical sites. The agreements held between the college and each clinical education setting (CES) allows for the removal of any student from the clinical education setting for just cause as deemed by the CES administration. Students are expected to be fully informed as to the contents of this document and to consult it as needed. Additionally, each student must sign and submit to the Program Director the Statement of Compliance provided during the Orientation process (and included at the end of the Forms section) before the start of clinical assignments.

The Quinsigamond Community College School of Healthcare

Diversity, Equity, and Inclusion Statement

The Quinsigamond Community College (QCC) School of Healthcare is open to all individuals. We are committed to inclusive and equitable opportunities, and we do not discriminate against applicants, students, or employees based on age, race, sex, gender identity, ability, religious convictions, socio-economic status, national origin, ethnic heritage, sexual orientation, and/or veteran status. Any inquiries or issues concerning compliance with this policy should be brought to the attention of the QCC Dean for Compliance and Education, Liz Woods or Human Resources Assistant Director and Affirmative Action Officer for Employees, Sara Simms (<https://www.qcc.edu/human-resources/title-ix-and-affirmative-action>). QCC will respond to all inquiries in a timely and effective manner with the goal of promoting equitable treatment.

The School of Healthcare promotes educational equity by recruiting, enrolling, retaining and matriculating a diverse and inclusive student body. We prepare students to join the work force to reduce barriers and promote access to health care in our community. The School of Healthcare is strongly committed to ensuring that its learning and working environments are free of harassment and discrimination and supports respect for every person's inherent dignity, worth, and unique attributes.

We want to acknowledge that we gather as QCC on the traditional land of the Nipmuc, past and present. While a land acknowledgment statement is an important initial step and not enough, it is a necessary decolonial practice that promotes indigenous visibility and social justice, reminding us that we are on settled indigenous land. We condemn the unjust deeds done in the past and honor with gratitude the land itself and the indigenous people who have stewarded it throughout the generations. We commit to continuing to work for peace and reconciliation and to be better neighbors and caretakers of the land we inhabit.

Any questions or further clarification of this document may be addressed with the program faculty:

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Mission Statement

The QCC Radiologic Technology program prepares its graduates to apply entry level imaging and patient care skills and to demonstrate attributes essential to meet the needs of a diverse population through the integration of professional values, didactic knowledge, and clinical proficiency.

Program Goals

The Radiologic Technology program prepares students to serve the global community as medical imaging professionals by meeting program specific goals: (1) Demonstrate clinical competence, (2) Exhibit professional and ethical behaviors, (3) Utilize critical thinking & problem solving skills, and (4) Employ effective written and oral communication skills.

Student Learning Outcomes *Full Assessment Plan with Learning Outcomes & Measures included in Appendix

GOAL 1: Demonstrate clinical competence.

- Learning Outcome 1: Students practice effective patient care
- Learning Outcome 2: Students produce diagnostic images according to protocol
- Learning Outcome 3: Students practice effective radiation safety to include appropriate use of exposure factors

GOAL 2: Exhibit professional and ethical behaviors.

- Learning Outcome 1: Students work effectively as part of a team
- Learning Outcome 2: Students exhibit satisfactory work ethic
- Learning Outcome 3: Students understand the importance of continued professional development

GOAL 3: Utilize critical thinking & problem solving skills.

- Learning Outcome 1: Students modify routine imaging parameters to accommodate patient limitations
- Learning Outcome 2: Students assess image quality and implement corrective actions to ensure optimal images

GOAL 4: Employ effective written and oral communication skills.

- Learning Outcome 1: Students employ age/audience appropriate oral communication
- Learning Outcome 2: Students utilize effective writing skills

RADIOLOGIC TECHNOLOGY PROGRAM CURRICULUM

Course Number	Course Title	Credits
First Year		
<u>Summer Session</u>		
ENG 101	English Composition & Literature I	3
BIO 111	Anatomy & Physiology I	4
MAT 122	Statistics <u>OR</u>	
MAT 121	Topics in Math	<u>3</u>
		10 total
<u>Fall Semester</u>		
PSY 101	Introduction to Psychology <u>OR</u>	
PSY 118	Psychology of Interpersonal Relations	3
SPH 101	Speech Communication Skills	3
RDT 102	Patient Care & Ethics in Radiology	3
RDT 104	Radiographic Medical Terminology	1
RDT 110	Fundamentals of Radiographic Equipment & Medical Imaging	3
RDT 121	Radiographic Positioning & Anatomy I	3
RDT 131	Medical Radiographic Clinic I	<u>2</u>
		18 total
<u>Spring Semester</u>		
BIO 112	Anatomy & Physiology II	4
RDT 112	Medical Imaging II	3
RDT 122	Radiographic Positioning & Anatomy II	3
RDT 132	Medical Radiographic Clinic II	3
RDT 141	Radiation Science	<u>2</u>
		15 total
<u>Summer I</u>		
RDT 133	Medical Radiographic Summer Clinic II	<u>2</u>
		2 Total
<u>Summer II</u>		
RDT 230	Medical Radiographic Clinic III	<u>2</u>
		2 Total
Second Year		
<u>Fall Semester</u>		
ENG 102	English Composition & Literature II	3
RDT 231	Medical Radiographic Clinic III	3
RDT 240	Imaging Applications	4
RDT 245	Medical Radiographic Equipment & Quality Assurance	<u>3</u>
		12 total
<u>Spring Semester</u>		
RDT 232	Medical Radiographic Clinic IV	3
RDT 252	Radiology Seminar	4
RDT 254	Radiographic Pathology and Pharmacology	3
RDT 260	CT & Cross Section Anatomy	<u>2</u>
		13 total
Total credits required for degree		72

QUINSIGAMOND COMMUNITY COLLEGE
RADIOLOGIC TECHNOLOGY PROGRAM
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MEDICAL RADIOGRAPHIC CLINIC SCHEDULE

RDT 131 is scheduled on Tuesdays and Thursdays. Each clinical education setting determines the specific hours for the full-day shift (either 7:30-4:00 or 8:00-4:30).

RDT 132 resumes during the January intersession break, clinical is Monday – Friday. Following the winter intersession break return to Tuesday/Thursday schedule (16 hrs per week) when second semester classes begin.

RDT 133 Scheduled during summer semester I. The clinical assignment will increase to a full time schedule of 32-40 hrs. per week through the month of June.

RDT 230 Scheduled in summer semester II begins at the end last week of July (may begin first week of August calendar dependent) and occurs at a new clinical education setting (students notified of their assignment late spring). During this period clinical will be scheduled 32 hrs. per week.

RDT 231* begin fall semester (approximately Sep.1), and scheduled days will be Monday, Wednesday and Friday.

RDT 232* begins at the start of the spring semester and follows the Monday/Wednesday/Friday schedule of 24 hrs per week.

* Each student may be assigned to work an alternate shift (11 a.m.-7 p.m.) and rotate to alternate clinical sites for approximately 2 week periods to further enhance learning experiences for procedures related to trauma, surgery, and pediatrics.

General Objectives for Clinical Assignments

The clinical experiences are the most important and meaningful activities in which the students will participate. During the two years of the program, each student will be assigned to at least two different Clinical Education Settings (CES) and will be assigned to different diagnostic areas within each of them. The specific criteria for successful completion of the clinical courses are detailed in the policy section of this manual; overall objectives for the clinical courses are:

1. To acquire expertise and proficiency in a wide variety of diagnostic radiographic procedures by applying classroom theory to the practice of technical skills with patients, at specified levels of competency.
2. To develop and practice professional work habits and appropriate interpersonal relationships with patients and other members of the healthcare team, as set forth by the ASRT Scope of Practice and the ARRT Code of Ethics.

In addition to information contained in the syllabi for each clinical course, the student is expected to meet the following objectives during their clinical education experiences. It is expected that each student will seek out the information required to successfully satisfy and achieve these objectives.

Section I: Patient Care

The student:

1. Assesses a patient's clinical history and determines the appropriate radiographic procedure.
2. Maintains patient privacy, confidentiality, and respect.
3. Defines and correctly uses common medical terminology and abbreviations.
4. Differentiates between safe and unsafe patient scenarios.
5. Offers acceptable alternative exam procedures for patients with limitations.
6. Recognizes and applies the skills needed to assess a patient's physical condition, including pregnancy status.
7. Recognizes and applies alternative methods for positioning trauma patients.
8. Describes the appropriate treatment of patients with bandages, splints, cervical collars, joint immobilizers, traction devices, etc., as they pertain to performing radiographic exams.

9. Assists with the preparation of contrast media and demonstrates proper sterile technique.
10. Utilizes and applies the basic premise of standard precautions.
11. Demonstrates appropriate radiation protection practices.

Section II: Radiographic Procedures

The student:

1. Recognizes and performs radiographic procedures for the following exams:
 - a. chest
 - b. abdomen
 - c. upper extremity (finger to clavicle)
 - d. lower extremity (toe to femur)
 - e. pelvis, hips
 - f. thoracic spine
 - g. lumbar spine
 - h. cervical spine
 - i. bony thorax
 - j. upper GI series
 - k. barium enema
 - l. craniofacial exams
2. Utilizes the correct image receptor system to be used for each of the above stated exams, including the correct IR/orientation.
3. Properly performs the above exams in terms of positioning, exposure factors, SID, and body orientation.
4. Identifies appropriate sets of exposure factors to obtain diagnostic quality images.
5. Assesses the quality of radiographic images by applying the principles and knowledge of a radiographic critique process.

Section III: Radiographic Equipment

Specific to the radiology department currently assigned to, the student:

1. Identifies the manufacturer of the radiographic and fluoroscopic equipment.
2. Identifies the manufacturer of the image receptor and processing system used.
3. Operates radiographic equipment efficiently and safely.
4. Describes the contents, use, and location of the emergency cart.
5. Identifies radiographic rooms (by number), which are equipped with equipment such as an upright bucky, panelipse unit and fluoroscopic unit.

Section IV: Departmental Administration

Specific to the radiology department currently assigned to, the student:

1. Identifies the department administration hierarchy.
2. Utilizes the correct protocol for the completion of exams, i.e. what instructions the patient needs; ensuring images reach the appropriate destination, tracking radiographic procedures in RIS (Radiology Information System), etc.
3. Identifies the correct code to indicate various patient and hospital emergency situations.

Section V: Clinical Polices

In reference to the program's Clinical Policies & Procedures handbook, the student will:

1. Describe the correct procedure for calling in late or absent (policy 3).
2. Identify those behaviors/actions that will prohibit continuation in this program (policy 6).
3. Explain the sequence of learning activities in preparation for demonstrating competency (p 13).
4. State the process to follow upon failing a competency examination (policy 9.3).
5. State and practices proper radiation protection and dosimetry methods (policy 13).
6. Identify the correct procedural steps required for repeating a radiographic exam (policy 14.3).
7. Differentiate between "direct" & "indirect" supervision; explain these terms relative to their competency status (policy 14).

RDT 131

Medical Radiography – Clinic I

Placement: First Year: First Semester
Instructor: Clinical Preceptor of Assigned CES/Clinical Coordinator
Time Span: September – December
Co-Requisites: RDT 110 & RDT 121

S.H. Credit: 2

Course Description:

This course focuses on developing basic skills for the practice of radiography. Students learn proper methods to radiograph and care for patients with emphasis on equipment manipulation, patient care, image processing procedures, chest, abdomen, and extremity radiography. Students develop these skills at a clinical site under direct supervision. They advance from observation, to assisting with procedures, and then performing the exam with direct supervision. Students assess radiographic images for quality, accuracy, and suggest options for improvement. Students focus on performing radiographic exams of the chest, abdomen, upper and lower extremities.

Course Outcomes:

1. Explain and perform the routine procedures and daily tasks expected in the assigned Clinical Education Setting.
2. Understand/perform the basic principles involved in equipment manipulation, image processing, and patient care.
3. Begin to understand and demonstrate the criteria necessary to critique a radiographic image.
4. Complete check-off procedures and simulations necessary for category competency evaluations.
5. Perform clinical competencies.
6. Demonstrate technical and professional development.

Clinical Skill & Course Requirements:

1. Satisfactory completion of pre-clinical evaluations in *Radiographic Equipment, Patient Care, Image Processing, Patient Transfer, Positioning, MRI Screening Form*.
2. Observe and assist with routine radiographic procedures of the chest, abdomen, upper & lower extremities.
3. Successful completion of **3** competencies from procedures associated with RDT 121 are required to earn a passing grade for this course. Additional competencies may be completed towards the requirements for RDT 132.
4. Compliance with hospital & college policy/procedures regarding professional and ethical conduct.
5. Successful completion of exam simulations associated with RDT 121.

Attendance Policy:

A clinical calendar will be issued for the entire first year of the program. Adherence to the program's attendance policy (3) is required.

Grading Policy:

Evaluation of the student's progress will be assessed by an average of scores obtained in the various areas of clinical skills and a final exam. The clinical skills grade will be derived from the following: a) performance evaluations; b) check-off procedures (as indicated above); c) exam simulations and competency evaluations; and d) final exam with a passing grade of 73% or better.

Grade Computation:		Rotation Assignments	Letter Grade Assignment*			
Competencies	35%	Radiographic rooms	A	95-100	B-	80-82
Performance Evaluations	40%	Orthopedics	A-	90-94	C+	77-79
Final Exam	25%	Emergency rooms	B+	87-89	C	73-76
			B	83-86	F	0-72

A minimum grade average of 73% AND the completion of 3 competencies are required to pass this course.

***Course averages are rounded to the decimal value; i.e. 72.5 = final average of 73; 72.4 = final average of 72**

Per departmental policy, students must complete the course with a C (73) average or higher, and score at least C (73) on the final exam to continue in the program. Students who score below 73 on a single RDT course final will be allowed to take an alternate exam prior to the end of the respective semester. No student will be allowed to repeat more than one RDT course final per semester under any circumstances.

RDT 132
Medical Radiography – Clinic II

Placement: First year: Second Semester
Instructor: Clinical Preceptor of Assigned CES/Clinical Coordinator
Time Span: January through May
Prerequisite: RDT 131

S.H. credit: 3

Course Description:

This course expands students' clinical skills through their participation in more varied and complex radiographic procedures with emphasis on imaging the upper/lower extremities, pelvis, spinal column, bony thorax and GI systems. Students gradually advance to perform these procedures on more acute patients and under atypical conditions. Students continue to develop their ability to critique images of procedures learned during the previous and current semesters. This course extends beyond the spring semester to include the month of June (32-40 hours/week). During this period, students focus on improving their skills, as well as performing fluoroscopy exams of the GI system. An introduction to mobile and surgical radiography procedures is also done during this time.

Course Outcomes:

1. Develop expertise in administering to patients' needs and concerns during more complex and independent procedures.
2. Continued development towards effectively critiquing the radiographic image.
3. Perform clinical competencies for radiographic procedures to include the upper and lower extremities, pelvis and hips, abdomen, chest, thoracic, and lumbar spines.
4. Expand development of clinical organizational skills and adaptability through completion of alternative shift assignments.

Course Completion Requirements:

1. Completion of *Fluoroscopic Equipment, Sterile Procedures & Emergency Equipment, Vital Signs, Advanced Patient Care and Mobile Equipment, Positioning** pre-clinical (check-off) evaluations.
2. Successful completion of **16*** mandatory or elective competencies from procedures associated with RDT 121 & 122 are required to earn a passing grade for this course. **Midterm requirements:** at least (8) mandatory or elective competency exams **MUST** be completed.
3. Compliance with hospital and college policy/procedures regarding professional and ethical conduct.
4. Demonstrate continued progress in technical and professional development
5. Successful completion of exam simulations associated with RDT 122.

*At the discretion of the clinical instructor at a specific CES

*Students can carry up to 4 additional comps into RDT 133

Attendance Policy:

Clinical days are assigned as indicated on the clinical calendar and adherence to the policy 3 is required. Any variation must be cleared with the clinical instructor.

Grading Policy:

Evaluation of the student's progress will be assessed by an average of scores obtained in the various areas of clinical skills and a final exam. The clinical skills grade will be derived from the following: a) performance evaluations b) check-off procedures (as indicated above); c) exam simulations and competency evaluations; and d) final exam with a passing grade of 73% or better.

Grade Computation:		Rotation Assignments	Letter Grade Assignment*			
Competencies	35%	Radiographic rooms	A	95-100	B-	80-82
Performance Evaluations	40%	Fluoro rooms	A-	90-94	C+	77-79
Final Exam	25%	Emergency rooms	B+	87-89	C	73-76
		Mobile Procedures	B	83-86	F	0-72

A minimum grade average of 73% AND the completion of 20 competencies are required to pass this course.

***Course averages are rounded to the decimal value; i.e. 72.5 = final average of 73; 72.4 = final average of 72**

Per departmental policy, students must complete the course with a C (73) average or higher, and score at least C (73) on the final exam to continue in the program. Students who score below 73 on a single RDT course final will be allowed to take an alternate exam prior to the end of the respective semester. No student will be allowed to repeat more than one RDT course final per semester under any circumstances.

RDT 133
Medical Radiography Summer Clinic II

Placement: First year: Semester Four S.H. credit: 2
Instructor: Clinical Preceptor of Assigned CES/Clinical Coordinator
Time Span: May - June
Prerequisite: RDT 132

Course Description:

This course advances student’s clinical skills through their participation in more varied and complex radiographic procedures. During this period, students focus on working more independently, assist with fluoroscopy exams of the GI system and are introduced to mobile and surgical radiography procedures. Students gradually advance to perform procedures on more acute patients and under atypical conditions and continue to develop their ability to critique images they produce. Satisfactory completion of four (4) imaging competencies is required to pass this course and advance in the RT program.

Course Outcomes:

1. Develop expertise in administering to patients’ needs and concerns during more complex and independent procedures.
2. Continued development towards effectively critiquing the radiographic image.
3. Perform clinical competencies for radiographic procedures to include the upper and lower extremities, pelvis and hips, abdomen, chest, thoracic, and lumbar spines.
4. Expand development of clinical organizational skills and adaptability.

Course Completion Requirements:

1. Successful completion of 4 mandatory or elective competencies from procedures associated with RDT 121 & 122
2. Compliance with hospital and college policy/procedures regarding professional and ethical conduct.
3. Demonstrate continued progress in technical and professional development evidenced on the performance evaluation

Attendance Policy:

Clinical days are assigned as indicated on the clinical calendar and adherence to the policy 3 is required. Any variation must be cleared with the clinical instructor.

Grading Policy:

Evaluation of the student’s progress will be assessed by an average of scores obtained in the various areas of clinical skills. The clinical skills grade will be derived from the following: a) performance evaluations c) exam simulations and competency evaluations

Grade Computation:		Rotation Assignments	Letter Grade Assignment*			
Competencies	50%	Radiographic rooms	A	95-100	B-	80-82
Performance Evaluations	50%	Fluoro rooms	A-	90-94	C+	77-79
		Emergency rooms	B+	87-89	C	73-76
		Mobile Procedures	B	83-86	F	0-72

A minimum grade average of 73% AND the completion of 4 competencies are required to pass this course.
***Course averages are rounded to the decimal value; i.e. 72.5 = final average of 73; 72.4 = final average of 72**
Per departmental policy, students must complete the course with a C (73) average or higher.

RDT 230
Medical Radiography Summer Clinic III

Placement: Second Year; Summer II SH Credit: 2
Instructor: Clinical Preceptor of Assigned CES/Clinical Coordinator
Time Span: July through August
Prerequisites: RDT 133

Description:

This course focuses on the development of students' clinical skills with emphasis on performing fluoroscopy, mobile, and surgical exams. Students expand their skills and assume independent care of stable and mildly acute patients; and closely assist with more severely acute patients. Students use problem solving and critical thinking skills in the management of non-typical imaging situations and continue to enhance skills involved in the assessment of image quality.

Course Outcomes:

1. Adaptation to the department organization and procedures of a new Clinical Education Setting.
2. Perform exams more independently.
3. Affectively administer to patient needs in typical and atypical situations.
4. Perform clinical competencies.
5. Demonstrate continued competency in previously evaluated exams.

Course Completion Requirements:

1. Completion of **4** pre-clinical (check-off) evaluations for *Mobile Radiographic Equipment, C-Arm Fluoroscopic Equipment, and MRI Screening form*.
2. Successful completion of **2*** mandatory or elective competency exams from procedures associated with RDT 121& 122 are required to earn a passing grade for this course.
3. Demonstration of continued progress and competency in technical and professional development.
4. Compliance with hospital and college policy/procedures regarding professional and ethical conduct.

* Student can carry additional comps into RDT 231

Attendance Policy:

Clinical days are assigned as indicated on the clinical calendar and adherence to the policy 3 is required. Any variation must be cleared with the clinical instructor.

Grading Policy:

Evaluation of the student's progress will be assessed by an average of scores obtained in the various areas of clinical skills. The clinical skills grade will be derived from the following: a) performance evaluations; b) competency evaluations;

Grade Computation:		Rotation Assignments	Letter Grade Assignment*			
Competencies	50%	Radiographic / Fluoroscopy	A	95-100	B-	80-82
Performance Evaluations	50%	ER / OR	A-	90-94	C+	77-79
		Mobile Procedures	B+	87-89	C	73-76
		Pediatrics	B	83-86	F	0-72

A minimum grade average of 73% AND the completion 3 preclinical check offs & 2 competencies are required to pass this course.

***Course averages are rounded to the decimal value; i.e. 72.5 = final average of 73; 72.4 = final average of 72**

Per departmental policy, students must complete the course with a C (73) average or higher.

RDT 231
Medical Radiography – Clinic III

Placement: Second Year; Fall Semester SH Credit: 3
Instructor: Clinical Preceptor of Assigned CES/Clinical Coordinator
Time Span: September through December
Prerequisites: RDT 230

Description:

This course focuses on the development of students' clinical skills with emphasis on performing fluoroscopy, mobile, and surgical exams, as well as imaging facial bones, and sinuses. Students expand their skills to imaging trauma procedures; are introduced to pediatric imaging; assume independent care of stable and mildly acute patients; and closely assist with more severely acute patients. Students use problem solving and critical thinking skills in the management of non-typical imaging situations and continue to enhance skills involved in the assessment of image quality.

Course Outcomes:

1. Adaptation to the department organization and procedures of a new Clinical Education Setting.
2. Perform exams more independently.
3. Affectively administer to patient needs in typical and atypical situations.
4. Perform clinical competencies.
5. Demonstrate continued competency in previously evaluated exams.
6. Develop and demonstrate necessary skills to perform exams on trauma, pediatric, and surgical patients.

Course Completion Requirements:

1. Successful completion of **18** mandatory or elective competency exams from procedures associated with RDT 121, 122 and 240 are required to earn a passing grade for this course. **Midterm requirements:** at least (10) mandatory or elective competency exams **MUST** be completed.
2. Completion of four additional (**4**) ongoing competency exams (instructor selected).
3. Demonstration of continued progress and competency in technical and professional development.
4. Compliance with hospital and college policy/procedures regarding professional and ethical conduct.
5. Successful completion of exam simulations associated with RDT 240.

Attendance Policy:

Clinical days are assigned as indicated on the clinical calendar and adherence to the policy 3 is required. Any variation must be cleared with the clinical instructor.

Grading Policy:

Evaluation of the student's progress will be assessed by an average of scores obtained in the various areas of clinical skills and a final exam. The clinical skills grade will be derived from the following: a) performance evaluations (form B); b) check-off procedures (as indicated above); c) exam simulations and competency evaluations; and d) final exam with a passing grade of 73% or better.

Grade Computation:		Rotation Assignments	Letter Grade Assignment*			
Competencies	35%	Radiographic / Fluoroscopy	A	95-100	B-	80-82
Performance Evaluations	40%	ER / OR	A-	90-94	C+	77-79
Final Exam	25%	Mobile Procedures	B+	87-89	C	73-76
		Pediatrics	B	83-86	F	0-72

A minimum grade average of 73% AND the completion of 20 initial & 4 ongoing competencies are required to pass this course.
***Course averages are rounded to the decimal value; i.e. 72.5 = final average of 73; 72.4 = final average of 72**
Per departmental policy, students must complete the course with a C (73) average or higher, and score at least C (73) on the final exam to continue in the program. Students who score below 73 on a single RDT course final will be allowed to take an alternate exam prior to the end of the respective semester. No student will be allowed to repeat more than one RDT course final per semester under any circumstances.

RDT 232
Medical Radiography – Clinic IV

Placement: Second Year; Second Semester
Instructor: Clinical Preceptor of Assigned CES/Clinical Coordinator
Time Span: January through May
Prerequisite: RDT 231

S.H. Credit 3

Course Description:

This course concentrates on refining students' skills in performing all mandatory and elective procedures required for graduation and eventual employment as an entry-level radiographer. Students work independently, with indirect supervision, on all exams for which they have been evaluated as competent. Advanced imaging procedures are presented and include specialized cranio-facial imaging, basic special procedures, trauma, pediatric, and surgical exams. Students are encouraged to experience advanced modalities such as CT, MR, angiography, nuclear medicine, mammography, and sonography, providing the required competencies are complete.

Course Outcomes:

1. Achieve independence in the ability to perform routine radiographic procedures.
2. Observe procedures performed in elective modalities, providing basic requirements have been satisfied.
3. Perform clinical competencies.
4. Demonstrate continued competency in previously evaluated exams.
5. Perform radiographic exams and procedures on trauma, pediatric, and atypical patients.
6. Demonstrate expertise and independence when critiquing radiographs.

Clinical Skills & Course Requirements:

1. Completion of *Sterile Procedures & Emergency Equipment* and *Vital Signs* and *CT* check offs.
2. Successful completion of remaining mandatory and elective (total of 37 mandatories, 18 electives & 8 ONGOINGS) competency exams are required to earn a passing grade for this course. **Midterm requirements:** at least half the remaining mandatory or elective competency exams **MUST** be completed.
3. Completion of four (4) ongoing competency exams (instructor selected).
4. Demonstrate continued competency and progress in professional and technical skills.
5. Compliance with all hospital and college policy/procedures regarding ethical and professional conduct.

Attendance Policy:

Clinical days are assigned as indicated on the clinical calendar and adherence to the policy 3 is required. Any variation must be cleared with the clinical instructor.

Grading Policy:

Evaluation of the student's progress will be assessed by an average of scores obtained in the various areas of clinical skills and a final exam. The clinical skills grade will be derived from the following: a) performance evaluations (form B); b) check-off procedures (as indicated above); c) competency evaluations; and d) final exam with a passing grade of 73% or better.

Grade Computation:		Rotation Assignments	Letter Grade Assignment*			
Competencies	35%	Radiographic / Fluoroscopy	A	95-100	B-	80-82
Performance Evaluations	40%	ER / OR	A-	90-94	C+	77-79
Final Exam	25%	Mobile Procedures	B+	87-89	C	73-76
		Pediatrics	B	83-86	F	0-72
		Modalities (CT, mammo, etc)				

A minimum grade average of 73% AND the completion of 12 initial & 4 ongoing competencies are required to pass this course.
***Course averages are rounded to the decimal value; i.e. 72.5 = final average of 73; 72.4 = final average of 72**
Per departmental policy, students must complete the course with a C (73) average or higher, and score at least C (73) on the final exam to continue in the program. Students who score below 73 on a single RDT course final will be allowed to take an alternate exam prior to the end of the respective semester. No student will be allowed to repeat more than one RDT course final per semester under any circumstances.

Competency Requirements

* Eligible for simulation

Mandatory Exams

Exams Appropriate for RDT 131 – 3 required

Finger or thumb*	Wrist	Elbow	Ankle
Hand	Forearm	Foot	Tibia/fibula*

Exams Appropriate for RDT 132 – 16 required RDT 133 – 4 required RDT 230 - 2 required

Mandatory

Humerus*	Knee	Lumbar Spine	Ribs *
Shoulder	Femur*	Thoracic spine*	Abdomen – Supine
Clavicle*	Hip	Chest Routine	Abdomen – Upright*
	Pelvis	Chest – AP (stretcher/wheelchair)	

Electives

Patella*	Sternum*	Toes*	Sacrum/Coccyx*
Scapula*	AC Joints*	Calcaneus*	SI Joints*
SC Joints*	Geriatric – Hip	Geriatric – Spine	

Exams Appropriate for RDT 231 – 18 required (2 Fluoro exams must be completed from the electives listed)

Mandatory

Cervical Spine	Hip (CTL)*	Mobile Chest	Geriatric Patient – Chest
Trauma Upper Extremity	Spine (CTL)*	Mobile Abdomen	Geriatric – Upper Extremity
Trauma Lower Extremity	Trauma Shoulder or humerus (trans, axial/Y)	Mobile Extremity	Geriatric – lower Extremity
			Ongoing Competencies (4)

Electives

Scoliosis Series*	Fluoro – UpperGI	Fluoro – ERCP	Fluoro - HSG
Abdomen decubitus*	Fluoro – Esophagus Study	Fluoro – Arthrography	Fluoro – Cysto/cystourethrogram
Chest, decubitus*	Fluoro – Small bowel Series	Fluoro – Myelography	Upper Airway(Soft-Tissue Neck)*
	Fluoro- BE		

Exams Appropriate for RDT 232 – 12 required (1 Head exam must be completed from the electives listed)

Mandatory

Pediatric Chest*	C-Arm Surgical (Sterile field)*	C-Arm Surgical (Manipulation)*	Ongoing Competencies (4)
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Electives

Pediatric Abdomen*	Pediatric Mobile Exam*	Head – Orbits *	Head – Mandible*
Pediatric Upper extremity	Head – Skull*	Head – Nasal Bones*	Head – TMJ's*
Pedi Lower extremity	Head – Sinuses*	Head – Facial Bones*	

Total: 37 Mandatory; 18 Electives; 8 Ongoing

Trauma indicates shock or injury to the body requiring exam modifications & monitoring of patient condition

Geriatric at least 65 years of age indicates a patient physically or cognitively impaired as a result of aging. **Pediatric** indicates age 6 or younger **Ongoing** indicates continuing competency on exam previously completed and with increased level of complexity emphasized. A total of 5 simulations of Mandatory or elective competencies are allowed.

COMPETENCY EDUCATION PLAN

Step 1: Instruction

Didactic material presented by academic or clinical faculty

Step 2: Practice

Positioning with non-patients at clinic and/or college lab
Patient Care, Equipment/Image Processing (check-offs)

Step 3: Simulate Projections for all Exams

Complete checklist simulation with clinical instructor or program faculty

Step 4: Practice Exams (DIRECT SUPERVISION)

Record activity on Daily Log form
Notify CI when ready to attempt competency evaluation

Step 5: Competency Evaluation

Minimum score of 85% - first attempt
Successful Competency – go to step 6

Failed Competency – Remediate

Review, Simulate, Practice with Direct Supervision

Successful competency requires a score of 90% for the second attempt

A third (final) attempt is permitted after repeat remediation; must earn a score of 90%

Step 6: Ongoing Skill Development (INDIRECT SUPERVISION)

Continue to improve exam quality.
If repeat is required, must be done with direct supervision

Step 7: Repeat Imaging (DIRECT SUPERVISION)

After satisfactory competency has been achieved and student is working with Indirect Supervision; ALL repeat images must be performed with Direct Supervision

Step 8: Ongoing Competency

Demonstrate continued proficiency and improved care of patients during more complex and independent procedures

Policies & Procedures

PROGRAM POLICIES & PROCEDURES

Introduction: Students enrolled in the Quinsigamond Community College radiologic technology program will be responsible for observing college rules and regulations as stated in the current college catalog, student handbook and the Clinical Policies & Procedures manual. Additionally, the student will receive instruction in the specific policies and regulations of their assigned clinical education setting (CES). The regulations stated in this handbook represent a contractual agreement between Quinsigamond Community College and the radiologic technology student. Failure to comply with policies of the CES or the program will affect student evaluations and may be grounds for dismissal from the CES and failure of clinical courses, if the student shows no improvement or makes no attempt to correct errors after counseling/discipline actions.

Terminology: For purposes of clarification, frequently used terms within this text, are defined as follows:

Advisory Board – comprised of program, clinical, medical, community, commercial and student representatives to provide guidance towards the integrity & quality of the program according to current and future trends within the profession and local community.

Clinical Coordinator – full-time QCC faculty assigned to oversee and support the clinical education experience as well as teach didactic and lab courses.

Clinical Preceptor (CP) (Education Coordinator) – full-time equivalent radiographer credentialed by ARRT and licensed to practice in MA; employee of QCC or hired by the clinical affiliate to facilitate the daily activities of students during clinical assignments by providing supervision, instruction and assessment of student progress.

Clinical Education Setting (CES) – affiliate medical imaging center meeting specific criteria and agreeing to permit student radiographers to assist and perform radiologic procedures with appropriate supervision.

Clinical Assignment – the annual assignment of each student to a primary CES; first rotation is September through June of the first year of enrollment; second rotation is 1st week of August through first week of May of the second year. *Specialty* assignments are short periods (4-6 days) to supplemental clinical experiences and may include temporary assignment to an alternate CES. Students may be reassigned on a semester basis as required due to clinical instructor availability.

Faculty Board – comprised of the Program Faculty and Clinical Preceptors; responsible for establishing, reviewing & implementing program policy and procedures.

JRCERT – Joint Review Committee on Education in Radiologic Technology; recognized by the US Department of Education and Council on Higher Education Accreditation which serves to accredit programs demonstrating compliance with their STANDARDS. More information on this agency is included in the appendix of this handbook.

Program Director – full-time faculty of QCC assigned to administer the program in cooperation with program faculty & clinical Instructors as well as to teach didactic and lab courses.

1. Clinical Requirements: Students must be cleared for clinical assignment prior to the first day of the academic semester. All current health data, CPR certification, personal identification, National Background check & CORI/SORI clearance must be submitted to CastleBranch, Inc. ® (Consumer Reporting Agency) by **July 15**. If students are not compliant by July 15 their acceptance in the program will be revoked.

1.1 CPR Certification and Re-Certification: All students are required to be certified in cardio-pulmonary resuscitation (CPR), through either the American Heart Association (BLS/CPR (AED) for Healthcare Professionals) or American Red Cross (BLS for Healthcare Providers). The certification program may be either instructor led or blended format.

1.2 CORI/SORI Review: All students must complete a National Background Check, MA Criminal Offender Record Information (CORI) and a Sex Offender Registry Information (SORI) review at the beginning of each semester. Students who violate the Standards of Ethics between CORI/SORI reviews are required to report such occurrences to the QCC Dean of Students for determination of their ability to continue clinical assignments. The College is authorized by the Commonwealth's Criminal History Systems Board, pursuant to Massachusetts General Laws, Chapter 6, Sections 167-178B, to access CORI records. The College shall refer to regulations issued by the Commonwealth's Executive Office of Health and Human Services, 101 Code of Massachusetts Regulations 15.00-15.16, as guidance when assessing student CORI records. Sex Offender checks shall be performed pursuant to Massachusetts General Laws, Chapter 6, and Sections 178C-178P. Students found to have certain criminal convictions or pending criminal actions may be ineligible for clinical placement. The Office

of Enrollment and Student Services oversees these processes and is able to offer more information regarding the College's CORI/SORI process.

Students concerned about their prior actions are advised to complete the ARRT *Ethics Review* pre-application process well before completion of the program. Information is available at: <https://www.arrt.org/about-the-profession/arrt-certification-and-registration/requirements/ethics>.

1.3 Drug Screening: Students will be required to undergo and pass a drug screening analysis each year in order to be eligible for and/or remain at an assigned clinical education setting. Students who either fail to pass or refuse to submit to a drug screening analysis will be deemed ineligible for clinical placement.

1.4 Fingerprint Identification – Students could be required to verify their identity by fingerprint methods for clinical access and/or certification eligibility.

1.5 Technical Standards – The program requires student to be capable of the following physical activities:

- Assist with lifting/moving patients from wheelchairs, stretchers and beds to the x-ray table and vice versa.
- Move equipment and patients; lift/carry, push/pull 50 pounds
- Reach overhead to move the ceiling mounted equipment.
- Audible abilities (with corrective devices) to detect and respond to verbal communication and acoustic signals on medical devices and equipment, from a distance of 15 feet.
- Communicate, orally and in writing, instructions and directions to/from patients and other healthcare personnel.
- Manual dexterity and fine motor skills in at least one upper limb; eye hand coordination to manipulate equipment, position patients and handle sterile supplies without compromise.
- Eyesight which is astute enough to determine subtle differences in gradual changes in blacks, grays and whites for purposes of assessing images for technical quality. (Corrective lenses are permitted.)
- Rapid, simultaneous mental and muscular coordination; to adapt procedures and sequences of activities to accommodate changing status of a patient's condition/mobility.
- Tolerance for exposure to cleaning materials and latex products.
- Further detailed information is available at <http://www.onetonline.org/link/summary/29-2034.00>

1.6 Trajecsys® (Clinical Management System) – Each student will be provided access to create an account at www.trajecsys.com. Students are expected to consistently document their clinical attendance (policy 3.1), record their clinical activity on their daily log (policy 7) and review their clinical performance and competency evaluations (policy 9) and dosimetry reports (policy 13.2.1).

2. Clinical Education Setting (CES): The maximum number of students assigned to each CES is determined according to the JRCERT Standards. These Standards are also used to set weekly work limits for clinical and didactic assignments to ten (10) hours per day and forty (40) hours per week. Students may volunteer to exceed these limits as needed to acquire clinical experience (policy 3.7). Students are responsible for providing their own transportation to any assigned CES. Request from students for a specific clinical setting based on individual family, work or travel matters will not be considered.

Clinical Orientation is required prior to the beginning of each clinical assignment period. Students must complete all *onboarding* activities required of the CES and agree to abide by the specific policies of the CES as provided.

- 3. Attendance:** The complete clinical calendar is included in the Appendix of this document. Students are required to comply with the following:
- 3.1 Clock in/Clock out** process will be as follows:
- Using a computer at clinical, students must logon to their account, select the clinical site they are attending and clock in and clock out. A student must be on the floor ready to work and is considered tardy if they arrive anytime later than their assigned time. Incomplete or missing attendance data will require students to file an “exception” for which the clinical preceptor may or may not “approve” with further evidence of attendance.
 - Use of personal mobile devices will be determined by individual clinical sites/preceptors.
- 3.2 Absences** - Each student is allowed four (4) absences per academic year defined as: first year - September – June and second year - August – May. Absences must be used in a minimum of 4 hour increments.
- 3.3 Planned Extended or intermittent Medical Absence:** Conditions likely to cause multiple absences require the student to provide prior notice (in writing) to the Program Director; to include projected number of dates to be missed, and a plan of dates for makeup. Student must provide the program director with documentation from their medical provider of their ability to perform clinical duties at full capacity, as defined below, prior to returning to the clinical setting.
- 3.3.1** Stand and/or walk for up to 4 hours
- 3.3.2** Lift, bend and/or reach overhead with no limitations
- 3.3.3** Be free of medication having the potential to impair judgment, vision or ability to operate heavy equipment
- 3.4 Acute Extended Absence:** Student must notify the program director within 48 hours of a sudden onset of illness/injury likely to require additional absences. A tentative plan will be made for their return to clinical and subsequent make up of missed time. Student must provide the program director with documentation from their medical provider of their ability to perform clinical duties at full capacity, as defined above, prior to returning to the clinical setting.
- 3.5 Reporting absence/tardiness** – In the event of absence or tardiness, the student must notify the clinical preceptor or designee prior to the scheduled start time according to the process defined by the preceptor. Attendance records shall be kept by the clinical preceptor. Students will be subject to *counseling/discipline* action for;
- 3.5.1 Non-compliance** with the reporting process (no call, no show), resulting in counseling/discipline action (policy 6).
- 3.5.2 Excessive Absences:** defined as more than (4) episodes during an academic year; upon the **fifth** occurrence, counseling/disciplinary action shall be initiated and the missed time must be made up.
- 3.5.3 Excessive tardiness:** defined as three (3) episodes within an academic semester; upon the **fourth** occurrence, counseling/disciplinary action shall be initiated. A student must be on the floor ready to work and is considered tardy if they arrive anytime later than their assigned time.
- 3.6 Make up Time:** The days and times for makeup of excessive absences will be agreed upon by the student and clinical preceptor, and will adhere to the following criteria:
- 3.6.1** Clinical preceptor or designee will be present and available for competency evaluation.
- 3.6.2** A minimum of a four (4) hour period must be agreed to and completed
- 3.6.3** Any clinical assignment must occur between the hours of 7 am and 7 pm, for a maximum shift of 10 hours; excluding weekends and holidays unless otherwise permitted.
- 3.6.4** Students agreeing to work in excess of the 40-hour combined clinical/didactic policy must do so in writing prior to the assignment.
- 3.6.5** All aspects of the attendance policy will apply.
- 3.6.6** Clinical preceptor will assign students to the clinical area for which they need experience.
- 3.7 Added Clinical Time:** Students demonstrating limited clinical skill development may be recommended for additional experience, in accordance with the criteria listed in section 3.6 and documented through the Added clinical experience agreement form.

3.8 Attendance history for each student is cumulative and shall carry forward from each semester, as will any disciplinary action generated from attendance issues

4. Confidential Information: ALL hospital and patient records are confidential in nature. Students will be required to abide by the confidentiality standards of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), which will be explained during class and clinical experiences. Requests for information concerning a patient, for medical or educational purpose, should be addressed with the clinical instructor for proper determination. Non-compliance of these standards may be grounds for dismissal from the clinical setting.

4.1 Patient Privacy – Protected health information (PHI) is any information about a patient's past, present or future healthcare, or payment for that care that could be used to identify them. Students may only access the minimum amount of PHI that they need to complete their assigned tasks. All students will learn about and are expected to comply with all laws, regulations and guidelines related to Health Insurance Portability and Accountability Act (HIPAA) and patient protected health information (PHI).

4.2 Use of Social Media related to any activity or information obtained at the CES. Social Media is defined as including, but not limited to internet forums, blogs and other on-line journals, bulletin boards and chat rooms: microblogging such as Twitter, instant messaging, wikis, podcasts, on-line collaborative information, posting photos and/or videos on social networking sites such as Facebook or LinkedIn or to media publishing systems such as YouTube.

4.2.1 Students may not disclose any protected health or other patient identifiable information of any kind on any social media. Although an individual may not be identified by name, if there is a reasonable basis to believe that the person could be identified from information, its used could be a violation of HIPAA.

4.2.2 Students may not post videos or photographs of materials displaying any CES equipment, logo, or other identifying information.

5. Professionalism: Radiologic technology students are expected to act in a professional manner as evidenced by their behavior and attitude in the clinical setting. Students receive instruction on the specifics of the profession's Standards of Ethics, which are included in the appendix of this handbook. Evaluation of the student's clinical skills shall include assessment of their professional behavior and attitude. Unsatisfactory development or practice of professional standards may lead to counseling/discipline action and/or dismissal from the clinical setting. The CES reserves the right to dismiss any radiologic technology student from the clinical setting, who is involved in any activity not considered professional or conducive to proper patient care. ALL program students are expected to demonstrate professionalism & practice professional etiquette as follows:

5.1 Introduce yourself, explain your role and what to expect during and after the imaging procedure.

5.2 Show concern for your patient through effective and frequent communication, address their needs in a prompt and caring manner, follow all safety policies, and maintain confidentiality standards.

5.3 Show respect, courtesy and dignity towards all people encountered.

5.4 Demonstrate a readiness to learn by being alert, on time, asking appropriate questions and actively participating in procedures.

5.5 Contribute to the overall efficiency of the radiology department by being available in their assigned area(s), accepting assignments, commensurate with their capabilities, and/or taking direction from any staff member of the CES.

5.5.1 Acknowledge the supervising Radiographer as having ultimate responsibility as to how a procedure is performed

5.5.2 Obtain the approval of the supervising Radiographer for any changes/adjustments the student has made to exam procedure prior to exposure

5.6 Utilize equipment/supplies within the CES for professional/educational reasons only, including telephone and computer services.

5.6.1 Do not carry/use any form of personal communication device (voice or email) during clinical hours except during assigned break/lunch periods.

5.6.2 Access the internet for direct clinical purposes only

5.7 Maintain a professional attitude with fellow students, staff technologists, program faculty, physicians and the public.

6. Counseling/Discipline: Non-compliance with clinical/program policies are grounds for counseling and/or disciplinary action as follows:

6.1 Category 1 Violations – grounds for immediate failure of the associated clinical course (“F” grade)

- 6.1.1 Any criminal activity occurring in the clinical setting including, but not limited to: controlled substances, assault, weapons, or theft.
- 6.1.2 Unprofessional/unethical conduct including, but not limited to: impaired behavior, misrepresentation of self or duties, lying, cheating, plagiarism, patient safety issues, inappropriate radiation exposures in the lab.
- 6.1.3 Non-compliance with clinical policies including, but not limited to: HIPAA violation, alteration/falsification of clinical documents, misuse/destruction of clinical property, i.e. documents, equipment, supplies.
- 6.1.4 Excessive failed competencies: 3 attempts on the same exam; 5 attempts of various exams.
- 6.1.5 Excessive counseling reports (3 occurrences).

6.2 Category II Violations – grounds for counseling report

- 6.2.1 Unprofessional behavior including, but not limited to: insubordination, sleeping or failure to be alert & prepared, hindering the work flow, unorganized, unauthorized absence from the assigned work area, use of cell phone or email for non-clinical purposes.
- 6.2.2 Poor quality patient care and/or safety including, but not limited to: leaving an unstable patient alone, inappropriate immobilization methods, insufficient assistance/support with patient movement, failure to safely escort patient, indifferent/unresponsive to patient needs, performing incorrect exam
- 6.2.3 Misuse of clinical property including, but not limited to: falsification of records/documents, unsafe or rough handling of equipment, and non-clinical/educational use of phone or computer.
- 6.2.4 Non-compliance with program/CES policies including, but not limited to: attendance (policy 3), appearance (policy 9), health and safety (11), radiation safety (policy 13), supervision (policy 14), CES specific policies
- 6.2.5 Insufficient clinical skills including, but not limited to: lack of progress, regression/loss of clinical skills, inability to apply positioning and/or imaging principles, poor communication, lack of initiative/involvement in learning activities, failed competencies (3 failed comps of different imaging exams), accepting poor quality images.

6.3 Demerits: A loss of two (2) points from the final clinic grade average will be applied for each counseling/discipline report.

6.4 Counseling Actions:

- 6.4.1 First offense – A counseling report will be completed by the CP, reviewed with and signed by the student. The student will meet with the clinical coordinator to discuss possible consequences of additional counseling actions.
- 6.4.2 Second offense – A counseling report will be completed by the CP, reviewed with and signed by the student. The student will meet with the clinical coordinator to discuss possible consequences of additional counseling actions. The student will be suspended* from clinical for 2 days to consider their suitability to the profession and/or to attend to personal matters. A schedule for making up the missed clinical time will be established by the CP and student.
*Suspension action may be waived for counseling reports issued for *insufficient clinical skills*” (policy 6.2.5) upon recommendation by the clinical instructor or coordinator.
- 6.4.3 Third offense – A counseling report will be completed by the CP, reviewed with and signed by the student. This action will be grounds for a failing grade and ineligibility for the student to continue with the clinical assignment (Category 1 Violation – policy 6.1.5). The student will be directed to schedule an appointment with the program director for final actions.
- 6.4.4 All counseling reports are cumulative and shall be kept on file for the duration of the student’s enrollment in the RT program

7. Daily Log Records: Students will keep a daily record of radiographic exams performed by utilizing a paper log that is then submitted into the **Trajecsys** reporting system on a daily basis. These log records will be used to critique images, to ensure students

are participating in a variety of procedures and to track progress in clinical skill development. This data is confidential and must be handled according to professional standards.

7.1 In accordance with the Supervision policy (14), the student must be *directly supervised by a licensed radiographer* during repeat exposure of any image performed “solo” by the student.

7.2 The radiographer’s must sign the paper log entry under the “Employee” heading which will then be submitted into the Trajecsys® as a means of documenting student compliance with this policy.

7.3 Repeated inaccuracies or failure to comply with this policy will result in counseling/discipline action (6.1.3).

8. Clinical Equity: The structure of clinical experiences is designed to provide equitable opportunities for all students to observe, practice and demonstrate competency on a full variety of entry-level imaging procedures. Some gender specific exams may prohibit male participation, specifically mammography and hysterosalpinography. The program will make every effort to place male students in clinical settings for these elective procedures, *if requested*; however, the program is not in a position to override clinical setting policies that restrict such participation. Male students are advised that participation in female specific exams (mammography/HSG) is not guaranteed and is subject to the availability of a clinical setting that allows male involvement. The program will not deny female students the opportunity to participate in mammography rotations if clinical settings are not available to provide the same opportunity to male students.

9. Clinical Progress & Assessment:

Student clinical progress will be based on evidence of professional and clinical skills development and documented through performance and competency evaluations, respectively, as described below. The grading policy for midterm and final semester grades are stated in the syllabi for courses RDT 131, 132, 133, 230 231 & 232. **A minimum final grade of “C” (73%) and the completion of ALL designated competencies is required to pass each clinical course and continue in the program.** Students who do not successfully meet the competency requirement will receive a failing grade for that clinical course. The Program Director or Clinical Coordinator will counsel students not achieving the minimum grade at midterm on their performance and future expectation.

9.1 Performance Evaluation: This process is used to assess the development of the student's professional characteristics, including conduct, attitude, clinical skills and work ethic. The clinical preceptor will meet with the student to review their performance using a graded performance evaluation tool. Two – four performance evaluations will be completed per semester. Students not in agreement with the assessment may add their own comments

9.2 Competency Evaluation (of specific imaging exams): In order to meet the outcome objectives of the radiologic technology program and ARRT eligibility requirements, each student must demonstrate competency in **all of the 37 mandatory** exam categories and **at least 18 elective** exam categories listed at the end of this section. Additionally, 8 ongoing competencies will be required during the 3rd & 4th semesters of the program. Each competency exam requires the student to demonstrate appropriate patient care, radiographic procedural skills, radiation protection, professionalism and image evaluation. Whenever possible, evaluations shall be performed with actual patients, however some exams may need to be performed in a simulated manner as described in section 9.8.

The order for learning new radiologic procedures and demonstrating competency is explained by the Competency Education Plan. The clinical preceptor may choose to re-evaluate any student for an exam on which continued competency is not being demonstrated. Unsatisfactory results will support a counseling/discipline report for insufficient clinical skills.

9.3 Failed competency evaluations: If a score of 85% is not achieved on any competency evaluation, a remedial learning process is required before the student will be re-evaluated.

9.3.1 This process shall include:

- Documentation in Trajecsys® using the Failure/Remedial Process form by Clinical preceptor
- Student reviews information using teaching/learning resources associated with that positioning course
- Simulate procedural skills with clinical preceptor and/or program faculty
- Practice in the clinical setting until prepared for repeat evaluation.

9.3.2 A minimum score of 90% must be achieved on the *second attempt*. A second failed competency (less than 90% of the same radiographic exam) will generate a Category II counseling action & demerits (policy 6.4). The student will be allowed further remediation and a *third attempt* to pass the competency with a score of 90% or better. A third failure will result in failure of that clinical course and program dismissal.

9.3.3 Unsuccessful competency evaluation of three (3) different radiographic exams (eg. chest, shoulder, knee) shall be grounds for a Category II counseling action with demerits and documentation that the student is not progressing with clinical skill development for the current clinical course (policy 6.2.5).

9.3.4 A student may file a Grade Appeal through the College Student Grievance Policy (described in the QCC Student Handbook), if a grade dispute cannot be resolved by the faculty member or Faculty Board.

9.4 Ongoing Clinical Competency Evaluations: Students are required to complete instructor selected competency evaluations of radiographic procedures previously completed as part of clinical courses RDT 231 & 232. Patients of varying degrees of medical status, including trauma, pediatric and chronically ill patients will be utilized for these on-going competencies.

9.4.1 Minimum passing grade for ongoing competency procedure is 85% on first attempt

9.4.2 Failing grades in this category will be indicative of a regression of clinical skills and will be grounds for counseling.

9.4.3 Students are required to remediate and successfully demonstrate competency of the exam procedure with a score of 90% or better.

9.5 Trauma Competency Evaluations: Students are required to demonstrate competency in performing radiographic exam on patients who have sustained a serious injury or shock to the body requiring modifications in positioning and monitoring of the patient's condition.

9.6 Pediatric Competency Evaluations: Students are required to demonstrate competency in performing radiographic exam on *pediatric* patients (children age six (6) years or younger).

9.7 Geriatric Competency Evaluations: Students are required to demonstrate competency in performing radiographic exams on *geriatric* patients (persons aged 65 and older with physical and/or cognitive impairment due to aging).

9.8 Simulated Competency Evaluations: Students may be evaluated for competency on those radiographic exams which are infrequently available using a simulation process as described below. A maximum of 5 mandatory exams may be completed through simulation and are *preceptor selected*.

9.8.1 The clinical preceptor will determine which exam procedures may be.

9.8.2 The student must simulate the procedure on another person with the same level of cognitive, psychomotor and affective skills as would be expected of an actual patient, up to the point of generating an exposure (positioning, centering, exposure settings and patient instructions)

9.8.3 The image evaluation portion of a simulated competency will be completed using images selected by the clinical.

9.9 Elective Rotations: Students are encouraged to observe various imaging modalities within the field of Radiology during the seventh semester of the program (RDT 232). These modalities include: Mammography, Sonography, Interventional Radiology, Nuclear Medicine, Radiation Oncology, Magnetic Resonance Imaging, Education and Management. Each student is required to do a rotation in computed tomography. The scheduling of students to modality imaging assignments is arranged between the student and their clinical preceptor, based on the preceptor and clinical instructor's assessment of the student's ability to benefit from the experience. Male participation in mammography procedures is not guaranteed as previously discussed in the policy.

10. Personal Appearance: Students are required to purchase and wear the program designated uniform during all clinical assignments. Students not complying with the dress code, will be sent home and be required to make up the lost clinical time. Personal appearance standards include the following:

- Navy colored, program assigned brand and style number of tops/bottoms; a navy warm-up jacket is optional.
- Short or long sleeved or sleeveless navy blue tee shirts may be worn under the uniform top; must be tucked into the uniform pants.
- White or black solid color professional or low cut athletic shoes.
- QCC student patches are to be sewn and centered onto the left sleeve of the uniform top and warm up jacket.
- Uniforms must be neat, clean, pressed and free of tears or stains. Radiation dosimeter shall be supplied by the program and worn as indicated in the program's Radiation Safety policy.

- Hair shall be neat and clean, and long hair must be pulled away from the face.
- Facial hair must be neatly trimmed.
- No visible body piercings, including but not limited to nose piercings are allowed, except for the ears.
- Tattoos may need to be covered according to CES policy.
- Personal hygiene shall include daily bathing and the use of deodorants. Perfumes and after-shave shall be used in moderation.
- Fingernails shall be natural short, neat and clean; clear polish may be worn. Artificial nails are not permitted.
- Student required to wear their name pin, hospital ID badge and radiation dosimeter (provided by program) during every clinical shift. Additionally, they must have their initialed “right” and “left” markers. The first set of markers is provided by program; student shall purchase replacement markers.

11. Health & Safety: Students are required to submit to Castle Branch® Health immunization tracker, evidence of good health by means of a recent (within one year) physical exam with their personal healthcare provider, by **July 15thth**. This document must be fully completed and show evidence of immunization, by date of **vaccine or titer level**, for measles, mumps, rubella, varicella, Hepatitis B, diphtheria/tetanus, and two-step Tb screening (most recent being within six months) and Covid 19 vaccination. Flu vaccine must be completed by Oct. 1. If health compliance is not met by July 15 their acceptance into the program will be revoked. **No student shall be allowed to attend clinical until Castle Branch is updated as complete.** Students failing to maintain health compliance in the duration of the program will be removed from clinical, receive a category II counseling # 4 for failure to comply with clinical policy 6.2.4 and the missed time will be recorded and processed as described in policy 3.

11.1 Liability Insurance: Due to direct patient contact, it is mandatory that students carry professional liability insurance. The fee for this coverage shall be included with each fall semester’s tuition bill. The limits of liability shall total \$1,000,000.00 per incident or occurrence and \$3,000,000.00 in the aggregate.

11.2 Declared Pregnant Student: Although the risks associated with occupational exposure to ionizing radiation are for the most part considered negligible, the potential harm to an unborn fetus must be considered separately. The National Council on Radiation Protection and Measurements (NCRP) has recommended that the pregnant technologist restrict her exposure to radiation to “...a total dose equivalent limit (excluding medical exposure) of 5 mSv (0.5 rem) for the embryo-fetus. Once a pregnancy becomes known, exposure of the embryo-fetus shall be no greater than 0.5 mSv (0.05 rem) in any month (excluding medical exposure).” NCRP Report No. 91

11.2.1 The student radiographer who becomes pregnant during any phase of her enrollment in the RT program is encouraged to volunteer such information to the Program Director, in writing, as soon as possible. This is a recommendation *only* and the student has the option of continuing without modification or interruption.

The *declared pregnant* student will:

- Review Nuclear Regulatory Guide No. 8.13 “Instruction Concerning Prenatal Radiation Exposure” with the program director;
- Receive a fetal dosimeter and appropriate instruction on its use;
- May withdraw the declaration at any time.

Other possible options include:

- Some modification of clinical assignment through the higher-level radiation areas, i.e., fluoroscopy, surgery and portables, as agreed upon by student, program director and clinical instructor. The student must realize that due to restrictions on these rotations she might not be able to fulfill all clinical requirements, which may delay their graduation date.
- Withdraw from the clinical course or the program with the understanding that they may be fully reinstated the following year on a *space available basis*.

11.2.2 Although it is both procedure and practice of this program to offer the utmost in radiation protection to the students, the college or its affiliates will not be responsible for injury to either the mother or child due to radiation exposure during pregnancy.

11.2.3 The student who elects to remain in the program must be under the care of a physician and may be requested to provide periodic authorization from her doctor regarding her physical status and ability to continue her participation

in the clinical setting. This student will be issued a second radiation-monitoring device to be worn at the waist level, under any protective apparel, to monitor fetal dose.

11.2.4 A student may voluntarily withdraw pregnancy disclosure, at any point during the pregnancy. If the student chooses to withdraw pregnancy disclosure, they **MUST** put it into writing along with a signed doctor's agreement order and submit it to the Program Director.

11.3 Accidents/Incidents: All accidents that occur while on clinical assignment, resulting in injury to any student, patient, hospital personnel or visitor and/or damage to equipment, must be reported immediately to the clinical preceptor. When applicable, a hospital occurrence report may be filed of which a copy will be forwarded to the Program Director and kept in the student's permanent file. Students will be required to fully understand the safest methods for properly performing routine radiographic procedures before undertaking them. The clinical preceptor, based on the policy of the clinical setting, shall refer students injured during clinical assignment for treatment. The student is responsible for payment.

11.4 Latex Exposure: Latex products are common in the medical environment. Allergic responses to latex can range from irritation and allergic contact dermatitis to the possibility of life threatening anaphylactic shock. Guidelines have been established at Quinsigamond Community College to provide information to potential allied health and nursing program applicants and staff who are sensitive to latex.

11.4.1 Latex free environments are seldom available in either clinical or academic settings. Therefore, an individual with a latex allergy/sensitivity wearing alternative vinyl or nitrile gloves is still exposed to latex residue of others working in the area or to latex present in the equipment, models and mannequins. Although latex gloves are the most prominent source of latex allergens, many other products contain latex including, but not limited to:

- Blood pressure cuffs, medication vials, syringe connectors and wound drains
- Stethoscopes, catheters, respirators, and goggles
- Oral and nasal airways, surgical masks, and electrode pads
- Endotracheal tubes, syringes, IV tubing, and tourniquets

11.4.2 Any student who has or develops symptoms consistent with latex allergy/sensitivity is advised to consult a qualified allergist for evaluation prior to or during their enrollment in the Health Programs at Quinsigamond Community College. All such evaluations are at the student's expense. If it is determined that a student suffers from a latex sensitivity/allergy and the student desires an academic adjustment, including auxiliary aids or service, or reasonable accommodation due to this condition, the student must contact the College's Office of Disability Services.

- Disclosure of latex sensitivity/allergy is the responsibility of the student; submit the form on page 65.

11.4.3 As with all matters related to one's health, the utmost precautions should be taken by the student to reduce the risk of exposure and allergic reactions. This may include the carrying of an epi-pen by the individual or other precautions as advised by the student's healthcare provider. It is the responsibility of the student with a latex sensitivity to understand and acknowledge the risks associated with continued exposure to latex during a clinical education and healthcare career, even when reasonable accommodations are made and to regularly consult with his/her healthcare provider.

11.4.4 The program strives to minimize the presence of latex products by purchasing latex-free supplies as they are available.

11.4.5 As with all students in the Healthcare Programs, a student with a latex sensitivity or allergy is required to satisfactorily complete all requirements and technical standards of the program to which they have been accepted.

11.5 Standard Precaution: The U.S. Department of Health & Human Service, Public Health Service Centers for Disease control (CDC) have established guidelines for the prevention of human immunodeficiency virus (HIV) transmission in healthcare settings. Each hospital that provides clinical experience for Q.C.C. radiologic technology students has developed policies, procedures and/or protocols based on the CDC guidelines regarding the handling of blood and other body fluids by healthcare personnel. Radiologic technology students shall observe all policies, procedures, and/or protocols that the institution has established when handling blood or other body fluids. Failure to do so will constitute a major breach of SAFETY and will result in the student's failure in the radiologic technology course currently in progress. This policy shall extend to interaction with all patients who may have life-threatening communicable diseases.

11.6 Infection Control: Students are expected report occurrences of exposure to diagnosis of a communicable disease to the Clinical preceptor in order to determine the appropriate course of action to protect co-workers and the public. Depending on the specific exposure, the student may be required to stay out of the clinical setting and/or to obtain documentation of non-contagious status from their personal physician or Board of Health prior to returning to the clinical setting. Time missed from clinical may be required to be made up upon recommendation Clinical preceptor based on the time missed and the student's clinical skill level.

11.6.1 Respiratory infections, herpes simplex infections (cold sores), draining skin infections, poison ivy, and acute diarrhea illnesses do not require quarantine, but limit patient contact, especially in high-risk patients; e.g. newborns, major burns or other severely immune-compromised conditions.

11.6.2 Exposures with specific quarantine periods are as follows:

- Streptococcus (Strep) – Until 24 hours after beginning course of antibiotic
- Infectious Conjunctivitis – Until discharge ceases
- Scabies/pediculosis (Lice) – Until 24 hours after treatment has started
- Staphylococcus Aureus (skin lesions) – Until lesions resolve
- Infectious Mononucleosis – Until fever ceases/clearing of pharyngeal lesions
- Covid 19- quarantine according to school policy and CDC guidelines
- Any other communicable exposures- quarantine according to School policy and CDC guidelines

11.7 MRI Safety – students are presented with MRI safety training during the clinical site orientation program and in appropriate didactic courses in accordance with The ACR Manual on MR safety. MR systems produce strong magnetic fields which may be hazardous to individuals with metallic, electronic, magnetic or mechanical implants, devices or objects. Students are informed of potential hazards, policies and protection standards for their own safety as well as others associated with the MR environment. This training will include an instructional video presentation, successfully complete a quiz (repeated until a score of 100% is achieved) and be screened according to each clinical setting's policy. Students must notify program officials if their status changes any time during the program. Additionally, students are expected to:

11.7.1 Remove all metallic objects prior to entering the MR environment or scan room, , including, but not limited to:

- Hearing aids; Dentures/Partial plates; Eye glasses,
- Keys, Cards with a magnetic strip (credit, bank, etc.); coins
- cell phones
- Hair clips/pins, etc.; jewelry including body piercings; watches
- Pens, pocket knives, any loose metallic item
- Clothing with metal fasteners and/or metallic threads

11.7.2 Students are considered Non MR personnel and are expected to be screened and must be supervised by MR personnel prior to entering the MR scan room.

11.8 Workplace – Students are informed of specific workplace safety policies & practices as part of the clinical orientation. These include: fire, electrical, chemical, medical emergencies and armed threat as well as those previously addressed in this policy. Students are expected to review these policies as published in the QCC student handbook as well.

11.9 Impaired Behavior – Students are expected to be clear minded and able to assume responsibilities for clinical duties and care of patients at all times when in the clinical setting. Behaviors which put patients, co-workers and/or themselves at risk must be acted upon by appropriate program and/or clinical personnel. Students whose actions suggest they may be impaired by alcohol or drugs (prescribed or illegal) will be removed from the patient care area and evaluated for their personal safety by Emergency services prior to being permitted to leave the clinical site. The student will be expected to explain their behavior prior to being permitted to return to patient care activities. Should it be determined the student was indeed under the influence of alcohol or illegal drugs they shall be subject to counseling action (category 1 or 2) dependent upon the circumstances. The student's personal time may be forfeited to account for the time lost from clinical activity. Subsequent occurrence of impaired behavior may be grounds for a failing grade in that clinical course (policy 6.1.2).

- 11.9.1 Behaviors which suggest impairment include, but are not limited to: slurred speech, sleepiness, lack of focus, unstable posture, difficulty walking, poor work performance, unexplained absence from the assigned clinical area, irrational actions, confusion and/or odor of alcohol on breath.
- 11.9.2 Students who observe reportable behaviors by fellow students or clinical staff shall report such to the clinical preceptor, technical supervisor or program personnel (director or clinical coordinator).

12. Clinical Leave: Short or long-term absence from clinical may occur without penalty for the following circumstances.

- 12.1 **Bereavement:** In the event of the death of an immediate family member, the student will be allowed to miss three (3) days without penalty. Immediate family includes: mother, father, sister, brother, spouse, child, grandparent, uncles, aunts and members of the spouse's immediate family, including immediate step-family members. Any other request for bereavement time will be at the discretion of the clinical preceptor and coordinator on a case by case basis.
- 12.2 **Jury Duty:** Any student called upon to fulfill jury duty will be excused from their clinical assignments for the duration of their civic duty. Students will provide the clinical preceptor with official documentation of having completed such duty for the time period absent from clinical.
- 12.3 **Military:** Any student who qualifies for military leave shall be granted such in accordance with Federal and State laws governing such leaves. The student's program of study may be extended to meet the attendance requirements.
- 12.4 **Extended leave of absence** for personal and/or family medical issues will be decided on a case-by-case basis. Requests for such consideration must be made directly to the program coordinator. See policy 3.3.

13. Radiation Safety & Monitoring: All students are made aware of methods and procedures for protecting themselves, co-workers, patients and the general public from unnecessary exposure to radiation, before using the energized lab or beginning clinical assignment. In accordance with established recommendations of the National Council on Radiation Protection and Measurements (NCRP), current regulations of the commonwealth of Massachusetts DPH, Radiation Control Program and the Federal Government, each student is issued a personal dosimeter as a required part of the uniform for clinical assignment. These devices are renewed bi-monthly. It is expected that students will strive to ensure radiation doses are maintained "As Low As Reasonably Achievable" (ALARA principle) at all times.

13.1 The student shall protect patients and personnel from unnecessary exposure by practicing the following:

- 13.1.1 Implementation of the "Cardinal rules" (time, distance & shielding) of radiation protection.
- 13.1.2 Gonadal shielding should only be used when it will not interfere with the purpose of the examination and when it aligns with the clinical facility policy or if it requested by a patient or guardian of a patient.
- 13.1.3 Wearing protective apparel (lead aprons, etc) during any fluoroscopic or mobile procedure.
- 13.1.4 Questioning all female patients of childbearing age, as to the likelihood of pregnancy.
- 13.1.5 Compliance with the program policy pertaining to student pregnancy.
- 13.1.6 Ensure the area is cleared of persons prior to energizing the x-ray unit.
- 13.1.7 Closely review and accurately comply with exam orders according to department policy prior to generating an exposure.

13.2 The student is required to wear the radiation dosimeter at the collar level and outside the protective lead apron whenever he/she is at the CES. A lost or damaged dosimeter must be reported to the Program Director, as soon as noted, and a replacement shall be provided. The student will be re-assigned to an area of non-radiation exposure within the CES until the new device is received. The student is responsible for making up any clinical work missed during this period. **No punitive action would be taken against the student in terms of the clinical grade.**

- 13.2.1 The Program Director or designee reviews the bi-monthly radiation dosimetry report and enters the data for student review in Trajecsys within 30 days upon receiving the report. Each student is responsible for reviewing their report data. A bi-monthly exposure report above 40 mrem shall be deemed higher than expected and the report reviewed with the student to determine possible reasons for the elevated exposure and discuss proper work habits to minimize future occurrences. Any findings that may explain the exposure will be documented on the student's exposure report and will be made part of the student's permanent file. (It should be noted that a reading of this level is not considered excessive and is well within the established guidelines of reasonable exposure and was arbitrarily chosen to provide an opportunity to counsel the individual on their work habits.)

- 13.2.2** Student will receive a cumulative report of exposure accrued during their enrollment in the program upon completion of or withdrawal from the program.
- 13.2.3** It will be the responsibility of the student to turn in and replace their dosimeter when directed. Students not completing this action in a timely manner will be sent from the CES to the college to do so and required to make up the missed clinical time. Repeated lateness in exchanging dosimeters will result in the loss of points from clinical performance evaluation.

13.3 In an effort to keep the radiation exposure levels of students to a minimum, students:

- 13.3.1** **Shall not** hold patients during exposure for ANY reason.
- 13.3.2** **Should not** make an exposure while another Radiology employee holds the patient.
- 13.3.2** Shall inform the clinical preceptor of any real or suspected radiation exposure error.
- 13.3.4** Must comply with policy 14.3 regarding direct supervision whenever repeat exposures are required.

14. Supervision: Students are supervised in the performance of Radiologic procedures as follows:

14.1 Direct Supervision - when performing radiographic procedures on patients, a registered/licensed radiographer shall directly supervise students until the student has successfully completed the competency evaluation for the specific exam. Direct Supervision requires that a registered/licensed radiographer oversee the student as follows:

- Review the requisition in relation to the student's ability.
- Evaluate the patient's condition in relation to the student's knowledge.
- Be present during the execution of the exam.
- Review and approve the final radiographs.

14.2 Indirect Supervision – Upon successful completion of competency evaluation, the student is able to perform that exam while being indirectly supervised; which requires that a registered/licensed radiographer be immediately available (present in an area adjacent to the room or location where the student is performing a radiographic exam) to assist the student, if needed.

14.3 Repeating an Image – Students performing “solo” imaging exams (after successful competency evaluation) must have "direct supervision" when repeating an image. The name of the supervising radiographer must be entered under the “Employee” heading on the Trajecsys daily log form.

14.3.1 **It is the student's responsibility to ensure they have proper supervision.**

14.3.2 **Occasions whereby second year students are working together on procedures for which the second student has successfully demonstrated competency, that student shall be responsible for ensuring appropriate supervision by a licensed Technologist during repeat imaging.**

14.3.3 **Failure to comply with this policy will result in Disciplinary action under Category II.**

15. Communication: The program strives to have good communication between all those involved within the educational process including, faculty, students, clinical preceptors and clinical staff. The faculty promotes communication with students by offering counseling/discipline assistance on an individual basis or for the class as a whole as needed. Communication avenues exist by providing periodic time in class for general discussions of trends and problems in both the didactic and clinical setting. Communication links with each clinical setting occur through regular meetings with the faculty, clinical preceptors and clinical staff and clinical setting visits.

15.1 Clinical Coordinator/Student Communication: Periodic visits made by the clinical coordinator to each CES will enable one-on-one observation/instruction of student's clinical development.

15.2 Clinical Preceptor/Student Communication: Students meet with the clinical preceptor to review and discuss periodic performance evaluations. Additional formal and informal communication shall occur as needed to address current student/clinical issues.

15.3 Communication for Resolution: Students seeking resolution of an unsatisfactory occurrence within the clinical setting must communicate their concern with the appropriate individual, as follows: Clinical Preceptor; Clinical Coordinator; Program Director.

15.3.1 Steps taken to resolve the student's concern are to be addressed using the Communication of Resolution form. A brief, written description of the issue is to be attached to the form and conveyed to each person the student interacts with.

15.3.2 It is expected this process will be conducted in a timely and professional manner by all parties involved and according to the Student Grievance procedure (policy 21).

15.3 Student Initiated Changes in Handbook/Policies: Students wishing to make changes in program policies or having suggestions for the improvement of the educational process may do so as follows:

15.4.1 Submit requests, in writing, through a class representative (usually class president) to the program director;

15.4.2 The program director will review the request and decide whether or not the next step in the process should be taken;

15.4.3 If warranted, the suggestion(s) will be reviewed by program faculty and clinical preceptor. The Program Director will notify the students of the response to their requests in a timely manner.

15.4.4 Student Notification of Policy Changes/Updates: Addition or deletion of policies contained in this manual shall be issued to each student, in writing, providing a minimum of 2 weeks' notice of the policy's date of effect

16. Harassment/Discrimination: Harassment or discrimination of a student, employee, patient, or any individual associated with QCC is unlawful, impermissible and intolerable. Students are expected to comply with the QCC Code of Conduct (Student Handbook) as well as related policies of the clinical setting. Allegations of sexual harassment or discrimination due to race, creed, religion, color, sex, sexual orientation, gender identity, age, disability, veteran status, genetic information or national origin are processed by the QCC Affirmative Action Officer in accordance with the process detailed in the Student Handbook.

17. Clinical/School Cancellation: Do **NOT** call the CES. For information regarding cancellation or delay of classes or clinical, please do one or all of the following:

1. Check <https://www.qcc.edu> – “Inclement Weather Alerts”
2. Check **The Q** – “Closing Announcements” under “Helpful Links”
3. Call 508-854-4545 for the inclement weather line.
4. Text message notification to your cell phone. Log onto “The Q” Welcome page, click on: QCC Alert Notification System, then follow the instructions.

Students may choose to attend clinical when school has been canceled for weather related conditions when safe to do so and at their own risk, but must do this with approval of their clinical preceptor to ensure proper supervision is established. Students will receive credit for that day in the form of a compensatory day off which must be used within thirty (30) days.

In the case of poor weather conditions, without an official school announcement, students are responsible for making their own decision to travel and for notifying the clinical preceptor if they choose not to attend, as stated in policy 3. This missed day will be considered an absence unless otherwise decided by the Faculty Board

17.1 Catastrophic Event Closure:

In the event of a catastrophic event (including, but not limited to: weather, public health, and local, state or federal emergency situations) that result in college or clinical affiliate closures for extended periods of time, the QCC Rad Tech program retains the right to alter or suspend normal didactic and/or clinical coursework. When a catastrophic event plan needs to be activated, the decision to suspend or alter didactic and/or clinical coursework will be communicated via QCC email by QCC administration and the program director to all faculty and staff based on communications, recommendations and orders from, clinical affiliates, local, state and federal governmental agencies, The Center for Disease Control and Prevention (CDC), Massachusetts Department of Public Health, FEMA, and MEMA.

17.1.1 Program contingency plan: In order to maintain continuity of instruction for the Rad Tech students, while sustaining the mission, vision, and values of the program during a catastrophic event, a contingency plan with alternative solutions may be implemented during these catastrophic events when safe to do so. These modifications of course formats and class attendance requirements alternatives include, but are not limited to, temporarily incorporating distance learning utilizing QCC's Learning Management System (LMS), altering semester requirements for both didactic and clinical courses, altering didactic and clinical calendars, utilizing the energized

lab for competency simulations and/or reassigning students to clinical affiliates not effected by the catastrophic event. These alternative solution plans will be created and implemented on a situational basis. Students are required to have a laptop with webcam, microphone, internet access, and exam proctoring software capabilities. All students and faculty are expected to access their college email and LMS regularly. Faculty are responsible for communicating with their assigned students and maintain FERPA in all environments. Additional technology training can be provided by the Center for Academic Excellence if necessary. QCC administration and the program director are responsible for maintaining communication with regulatory agencies, the JRCERT, clinical affiliates and provide students and faculty with status updates of the catastrophic event and of any necessary deviations of the contingency plan. The college will determine: financial aid requirements if didactic and/or clinical courses are disrupted; if course grading will change in response to the catastrophe (i.e., Pass/Fail); provide guidance for temporary alteration(s) to the curricular sequence; provide faculty support for resources not typically utilized by the program; and assure that student support services are not interrupted. Upon recovery of the catastrophic event, the college administration and program director will communicate via QCC email, updates on contingency plan end dates and process of resumption of normal learning formats.

18. Student Records: All student records shall be kept confidential in accordance with FERPA (Family Educational Rights and Privacy Act) Policy **G**, found in the Student Handbook under College Policies. These records are stored in the program “G” drive or locked and accessible to the clinical preceptor or program faculty only. Students may review their file by making an appointment with the program director.

19. Readmission: Students may request readmission to the Radiologic Technology program according to college procedure in accordance with this policy and that of the QCC Student Handbook (College Procedure Q). Students who have been dismissed or withdrawn from a program within the School of Healthcare at Quinsigamond Community College for reasons of “clinically unsafe practice/behavior” or who violate the College’s Student Code of Conduct **are not eligible** for admission/ readmission to any Healthcare program. **Readmission will be on a space-available basis.**

19.1 This process requires the student to:

19.1.1 Meet with Program Director to request Readmission immediately following withdrawal or dismissal from the Radiologic Technology program. The student should immediately contact the Admissions Office to declare a new major and with financial aid to ensure their continued eligibility for aid;

19.1.2 Specific criteria will be determined upon recommendation of program faculty, such as, but are not limited to:

- Demonstration of knowledge retention by means of examination for students requesting readmission to the second, third or fourth semester of the program; exam will include subject matter from RDT courses completed during the semester previous to the semester student is seeking admission for; e.g. Knowledge from first semester courses for admission to second semester, etc.
- TEAS scores meeting the program’s admission criteria if these have changed since student was originally accepted.

19.2 Applicants meeting the specific criteria and due dates will be recommended to the Dean of the School of Healthcare and VP of Academic Affairs for final determination of readmission, according to College Procedure Q (Student Handbook);

19.6 Students granted readmission **will** be required to repeat the clinical course associated with the semester the student is admitted to, even if the course had been successfully completed during the initial enrollment period.

19.4 Should the number of students applying for readmission exceed the number of available openings for a semester, priority will be given to the student(s) who has/have completed the most RDT courses toward graduation. In the event that all applicants have successfully and equally completed the set criteria, readmission will be granted to the applicant(s) with the highest GPA.

20. Honors & Awards: It is the desire of the program faculty and clinical faculty to inspire students to perform to the best of their ability during all aspects of their radiologic technology education. In choosing radiologic technology for their career, the students enter a professional workforce that is constantly evolving in terms of technology and procedures that require a commitment to continuing professional development. Students who perform to the high standards set by program faculty and clinical instructors are recognized in the following ways:

20.1 College Awards – eligible student will be nominated by program faculty for various awards presented by the college at the annual Honors & Awards banquet each spring. Refer to the college student handbook for specific award categories and criteria.

20.2 Recognition of Student Merit – a student who goes above and beyond the basic expectations of their clinical assignments may be invited by their clinical instructor to a regularly scheduled meeting of program faculty and clinical instructors for introduction and sharing of their merit actions and awarded the remainder of the day off.

20.3 Outstanding Student in Radiologic Technology – Annually, the program faculty and clinical instructors select a member of the graduating class to receive the Outstanding Student award, which is presented at the Radiologic Technology Pinning & Alumni Event and the student's name, is added to the recognition plaque in the radiology lab. The selection of the Outstanding Student is based on:

- High academic achievement based on a minimum GPA of 3.0.
- Outstanding Clinical Achievement based on performance in the CES as indicated on clinical staff and instructor evaluations. These reflect excellence in meeting clinical objectives including technical skills, student/patient relationships, and the fulfillment of professional roles and responsibilities.
- Potential for contribution to the profession, as evidenced by involvement in community projects, leadership roles, interest and involvement in professional organizations, and a desire for continuing education.
- Demonstration of the following qualities:
 - Consistency - performs at a steady level of excellence.
 - Maturity - accepts responsibility in class and in clinical settings.
 - Creativity - demonstrates talent and proficiency in completing course assignments.
 - Leadership - motivates other students by positive example.
- Impact of counseling/disciplinary actions will be considered on case-by-case basis.

20.4 JRCERT Certificate of Excellence – this award is not presented on a regular basis, but rather is reserved for those students who distinguish themselves through excellence in their academic and clinical efforts. No specific criterion is set. Recipients have their name added to the recognition plaque in the radiology lab.

20.5 Pinning Ceremony – Pinning reflects the tradition of entering a healthcare profession and pledging an oath that the graduates will honor the Standards and Ethics of Radiologic Technology in their practice.

- Only students eligible for graduation may participate in pinning.
- Students will be required to purchase specific assigned professional attire for Pinning. The dress code for the pinning will be decided during the fourth semester by program faculty and student representatives. The final attire must be approved by the Program Director
- Students must participate in class/club activities to support the costs associated with the Pinning Ceremony.

21. Grievance: The program and clinical faculty make every effort to meet the educational needs of all students enrolled in the Radiologic Technology program. Students are encouraged to informally address any concern they may have in the clinical or classroom setting with their Clinical Preceptor or Academic instructor, Clinical Coordinator, Faculty Advisor or Program Director. If resolution of the student concern does not occur, the following steps should be considered:

21.1 Academic Issues – students who are unable to resolve an academic concern with the appropriate QCC faculty member may pursue a Grade Appeal via the QCC Student Grievance policy published in the QCC Student Handbook.

21.2 Student Generated Actions – Allegations of unfair/unequal application of Clinical Policy & Procedures as described in this handbook should be addressed as described in policy 15.3; a Communication Resolution form must be submitted to the Program Director within 30 days of incident/concern (earlier submission is encouraged for the most timely resolution).

21.2.1 Program Director will investigate the concern with all parties involved and respond in writing to the Grievant within 10 days.

- Supported allegations will cause corrective action by the offending party and related clearing of the student's record.
- Unsupported allegations will offer mediation between the parties involved to promote resolution. In very extreme cases, the Program Faculty may decide to reassign the student's clinical education setting.

21.3 Clinical Generated Actions

21.3.1 Category I dismissals from clinical may be reviewed as a Grade Appeal as described by the QCC Student Grievance Policy published in the QCC Student Handbook.

21.3.2 Category II dismissals from clinical may be appealed as follows:

- 21.3.2.a** The student may submit a written request for a hearing before the Radiologic Technology program and clinical faculty within ten (10) days of the dismissal. The program director will respond in writing with a hearing date within ten (10) days. The student may present his/her case to the Faculty Board and request reinstatement or re-assignment to another clinical setting. A written decision will be issued to the student within ten (10) days of the hearing.
- The student is not permitted to participate in the clinical assignment during the appeal process. A decision made in the student's favor will permit the student to resume their clinical experience and may require the student to complete additional clinical time to meet clinical requirements in a timely manner. A make-up schedule will be mutually agreed upon by the student and clinical instructor.
 - If a decision is made against the student, they may consult the QCC Student Grievance policy for Grade Appeal as published in the QCC Student Handbook
- 21.3.2.b** Students may elect to initiate the QCC Student Grievance process directly without first pursuing the course of action described in section 21.3.2.a.

21.4 All documentation pertaining to a student's grievance shall be kept on file.

Forms

CLINICAL PERFORMANCE EVALUATION

First Semester (RDT131)

Student Name: _____

Evaluation Period: _____

Grade: _____

Objective: To assess the student’s clinical performance according to the stated objectives as expected of the first semester student and to provide the student with a performance improvement strategy.

Point Scale:

(3) Meets expectation; (2) Needs minor improvement; (1) Needs major improvement; (0) No basis for evaluation

1. PATIENT CARE & INTERPERSONAL SKILLS – THE STUDENT IS EXPECTED TO:

a. Speak clearly with appropriate enunciation, tone & volume
b. Use correct medical/professional terminology during patient/peer interactions
c. Be aware & attentive to patients’:
i. Medical Status
ii. Safety & well-being
iii. confidentiality (HIPAA) & modesty
d. Successfully interact with patient before, during & after procedures by:
i. Properly locating & following identification procedures
ii. Providing clear instructions
iii. Escorting & assisting during all phases of movement
e. Utilize proper body mechanics & standard precautions

PERFORMANCE IMPROVEMENT STRATEGY:

2. INITIATIVE – THE STUDENT IS EXPECTED TO:

a. Attendance to the clinical setting is timely, regular & according to program/site policies (inclusive of beginning/ending shifts & breaks)
b. Actively participate in clinical procedures according to their level of skill development as follows:
i. Obtain required materials, i.e. IR’s, positioning aides, shields, etc.
ii. Move equipment into place
iii. Set control panel, as instructed
iv. Closely observe/assist technologist’s procedural actions
c. Demonstrate purposeful organizational skills
d. Comply with department protocols and standards
e. Maintain all required documentation including, but not limited to daily log records

PERFORMANCE IMPROVEMENT STRATEGY:

3. PROGRESS – THE STUDENT IS EXPECTED TO:

a. Demonstrate understanding of the department workflow
b. Successfully navigate through the main and specialized sections of the radiology department
c. Interpret requisition/order for proper history and correct radiographic procedure
d. Apply information learned in the classroom to the clinical setting
e. Successfully simulate radiographic procedures presented in class and practiced in lab and clinic
f. Successfully complete required pre-clinical (check-off) skills
<u>BY MIDTERM:</u> Patient Care, Image Processing, Equipment Manipulation, Patient Transfer
<u>BY FINALS:</u> The above plus Vital Signs & Oxygen Administration

PERFORMANCE IMPROVEMENT STRATEGY:

4. PROFESSIONALISM – THE STUDENT IS EXPECTED TO:

a. Present a neat appearance and full compliance with dress code policy
b. Demonstrate confidence consistent with level of instruction
c. Accept constructive comments as learning moments and strive to apply suggestions
d. Maintain a positive attitude and be cooperative with any and all clinical personnel
e. Act in a manner which reflects respect for self and all others in all areas of the clinical setting; i.e. appropriate language, manners, consideration, tolerance.
f. Comply with all program & departmental radiation safety policies, including:
i. Personal dosimetry
ii. Patient/personnel shielding
iii. Closing door(s)
iv. Collimation

PERFORMANCE IMPROVEMENT STRATEGY:

COMMENTS:

EVALUATOR’S SIGNATURE: _____

STUDENT’S SIGNATURE: _____

DATE: _____

CLINICAL PERFORMANCE EVALUATION
Second-Fourth Semester (RDT 132,133,230 231, 232)

Student Name: _____

Evaluation Period: _____

Grade: _____

Objective: To assess the student's clinical performance according to the stated objectives at the level appropriate to and expected of students at the present stage of development and to provide the student with performance improvement strategies.

Point Scale:

(3) Meets expectation; (2) Needs minor improvement; (1) Needs major improvement; (0) No basis for evaluation

1. PATIENT CARE & INTERPERSONAL SKILLS – THE STUDENT IS EXPECTED TO:

	a. Communicate effectively with patients, family members and other healthcare professionals; articulated information which is readily understandable & audible; tone indicates compassion; demonstrates understanding of information provided
	b. Uses correct medical/professional terminology appropriate to age and audience
	c. Be attentive to patient's condition; demonstrates concern for patient's safety; maintains patient's confidentiality (HIPAA) and modesty
	d. Utilize proper body mechanics & standard precautions
	e. Effectively evaluate exam order for proper history and determines correct radiographic procedure

PERFORMANCE IMPROVEMENT STRATEGY:

2. EQUIPMENT USE & CARE – THE STUDENT IS EXPECTED TO:

	a. Correctly & efficiently use radiographic tube, table, upright bucky, control panel, image receptors & accessory devices
	b. Maintain safe, clean and orderly work environment
	c. Effectively & consistently utilize radiographic markers

PERFORMANCE IMPROVEMENT STRATEGY:

3. IMAGE PROCESSING PROCEDURES – THE STUDENT IS EXPECTED TO:

	a. Utilize RIS & image processing equipment correctly & efficiently
	b. Ensure images are correctly identified & oriented
	c. Perform timely completion of image processing & archiving procedures

PERFORMANCE IMPROVEMENT STRATEGY:

4. RADIATION PROTECTION – THE STUDENT IS EXPECTED TO:

	a. Comply with all program & departmental radiation safety policies, including proper selection of exposure factors, collimation, patient/personnel shielding, closing door(s), & personal dosimetry
	b. Adhere to departmental protocol regarding pregnancy status of patient; determination & documentation
	c. Obtain proper supervision and documentation when repeating images

PERFORMANCE IMPROVEMENT STRATEGY:

5. APPLICATION OF KNOWLEDGE & PROGRESS OF CLINICAL SKILLS – THE STUDENT IS EXPECTED TO:

	a. Demonstrate effective patient positioning & improvement over time
	b. Demonstrate safe, effective utilization of imaging equipment in the performance of imaging exams & ongoing progress
	c. Recognize sub-optimum image results; able to suggest appropriate corrective actions; ongoing progress is noted
	d. Identify required anatomical structures, projections displayed and completeness of exam requirements
	e. Demonstrate continued & improved competency of exams over time

PERFORMANCE IMPROVEMENT STRATEGY:

6. PROFESSIONALISM – THE STUDENT IS EXPECTED TO:

	a. Present a neat appearance and be compliant with uniform/appearance policy
	b. Accept constructive comments and apply suggestions
	c. Maintain positive attitude & cooperate with personnel
	d. Demonstrate respect for self and all encountered in the clinical setting (i.e. appropriate language, consideration, tolerance)
	e. Demonstrate confidence consistent with level of instruction; strives to work independently when appropriate

PERFORMANCE IMPROVEMENT STRATEGY:

7. WORK ETHIC – THE STUDENT IS EXPECTED TO:

	a. Arrive to assigned location on time (start of shift, lunch, break); prepared to work
	b. Initiate and participate in learning experiences
	c. Demonstrate good organizational skills, be attentive to tasks, show evidence of understanding & engagement
	d. Comply with department protocol and maintain all required documentation, including daily logs

PERFORMANCE IMPROVEMENT STRATEGY:

COMMENTS

EVALUATOR'S SIGNATURE: _____

STUDENT'S SIGNATURE: _____ DATE: _____

POSITIONING SIMULATION CHECKOFF

STUDENT:

CES:

The student is able to:	YES	NO
1. Prepare the radiographic room for the exam.		
2. Identify the correct exam protocol.		

The student successfully:	AP/PA	LAT	OBL
3. Selected appropriate size/type IR.			
4. Correctly utilized IR with grid, bucky or tabletop.			
5. Correctly oriented the IR for projection.			
6. Effectively manipulated radiographic tube into alignment with IR.			
7. Effectively instructed/maneuvered the patient into required position.			
8. Provided appropriate patient support aides and immobilization devices.			
9. Utilized appropriate landmarks for centering.			
10. Directed CR to the correct entrance/exit point with the appropriate angle (if needed).			
11. Correctly shielded patient.			
12. Appropriately collimated beam to anatomy of interest.			
13. Used correct SID.			
14. Markers correctly utilized.			
15. Selected appropriate exposure factors.			
16. Gave proper breathing instructions.			
17. Effectively assisted patient onto/off of table.			
18. Explained procedure while positioning.			

This student is ready to perform this procedure on patients under direct supervision.

Evaluator:

Student Signature:

Preceptor's Initials:

Date Reviewed:

**CHECK-OFF EVALUATION
PATIENT CARE (RDT 131)**

Student:

Date:

	The student demonstrates the following skills in their routine practice by the end of RDT 131	Passed
1.	Located & identified patients using 2 identifiers according to department policy and introduced self.	
2.	Reviewed and evaluated exam order for appropriateness according to patient history and confirmed with patient and/or exam order.	
3.	Reviewed patient's chart for information relevant to requested exam.	
4.	Determined patient's pregnancy status.	
5.	Had the patient properly gowned & properly managed patient's belongings	
6.	Assisted the patient into the radiographic room and onto the table/chair	
7.	Explained procedure to the patient in terms they understood & acquired information from patient.	
8.	Noted the patient's significant physical or emotional response.	
9.	Communicated positioning, moving & breathing directions to patient during procedure.	
10.	Stabilized patient movement during procedures.	
11.	Maintained patient privacy, confidentiality and respect.	
12.	Demonstrated proper hand washing technique.	
13.	Demonstrated "Foam in, Foam out" technique.	
14.	Answered patient's questions with reasonable accuracy.	
15.	Located the emergency cart.	

COMMENTS:

Evaluator:

Student Signature:

Preceptor's Initials:

Date Reviewed:

**CHECK-OFF EVALUATION
IMAGE PROCESSING EQUIPMENT (RDT 131)**

Student:

Date:

The student performed the following tasks to an acceptable degree:	Passed
1. Identify the sizes of image receptors available; differentiates from CR/DR IR's, if applicable.	
2. Correctly handle CR cassettes during radiographic and processing activities.	
3. Identify imaging plate within CR cassette and demonstrate proper care/cleaning of the IP.	
4. Correctly "ID" cassettes for processing; include all required patient/exam information & modification (if needed)	
5. Correctly introduce CR cassettes into reader.	
6. Call images & verify correct information; make adjustments as permitted by department policy.	
7. Locate/assess exposure indicator value. Students are NEVER permitted to adjust exposure values.	
8. Correctly transfer/archive images to PACS unit.	
9. Effectively re-call images.	
10. Create hard copy images; manage laser printer equipment	

COMMENTS:

Evaluator:

Student Signature:

Preceptor's Initials:

Date Reviewed:

**CHECK-OFF EVALUATION
PATIENT TRANSFER (RDT 131)**

STUDENT:

DATE:

POINTS: ____/____

The student performed the following tasks to an acceptable degree:

TRANSFER FROM WHEELCHAIR TO TABLE

YES NO

1. Positioned the wheelchair parallel to the table		
2. Locked the wheels and lifted the foot pedals		
3. Positioned the step stool close to table or lowered table height		
4. Stood at the side of the wheelchair with foot under the wheel		
5. Used proper body mechanics to assist patient to standing position-one hand under upper arm and one supporting lower arm		
6. Assisted patient onto step stool and table		
7. Supported patient when lying down		

TRANSFER FROM TABLE TO WHEELCHAIR

1. Had patient flex knees and place feet flat on table; safely assisted patient to sitting position		
2. Had patient sit for a few minutes to overcome any postural hypotension		
3. Placed the wheelchair parallel to table & locking wheels; step stool available or lowered table height		
4. Assisted patient to stand up and safely step off the stool & turn to sit in wheelchair		
5. Using body mechanics, assisted patient into wheelchair		
6. Properly positioned foot pedals; unlocked wheelchair and wheeled it away		

TRANSFER FROM STRETCHER TO TABLE WITH PATIENT ASSISTANCE

1. Closed door/ maintained patient privacy		
2. Aligned stretcher next to and even with the table; locked or sandbagged the stretcher		
3. Stood against stretcher pressing with abdomen to add extra support holding the stretcher against the table		
4. Had patient bend knees, feet flat on stretcher, ask patient to scoot pelvis/ torso over alternately while pushing with feet until they are solidly on the table		
5. Assisted, if necessary, by placing arms under patient's shoulders/knees		
6. Unlocked (removed the sandbags from) the stretcher and removed it from the work area		

TRANSFER FROM STRETCHER WITH USE OF SLIDE BOARD

1. Placed the stretcher next to the table; locked or sandbagged the stretcher		
2. Using the patient's draw sheet, rolled the patient up on their side and placed slide board half way under the patient		
3. Ensured half the slide board was solidly on the table and covered the gap between stretcher and table		
4. Called for assistance		
5. Used the draw sheet to slide patient onto the table, with at least one person on each side of table		
6. Used draw sheet to partially roll patient and remove slide board		
7. Unlocked (removed the sandbags from) the stretcher; removed it from work area		

COMMENTS (USE REVERSE SIDE IF NEEDED):

EVALUATOR: _____ **STUDENT SIGNATURE:** _____

PRECEPTOR'S INITIALS: _____ **DATE REVIEWED:** _____

CHECK-OFF EVALUATION
Radiographic Equipment Manipulation (RDT 131)

STUDENT:

Date:

Room #:

The student:	YES	NO
1. Identified and operated each tube lock effectively.		
2. Located and operated the table locks.		
3. Properly align x-ray tube with table & upright bucky using for 72" and 40" SID.		
4. Inserted & removed IP from bucky tray. (CR only)		
5. Selected correct IR. (table or upright) (DR only)		
. Properly adjusted collimator to stated field size.		
6. Selected suggested exposure factors at the control panel.		
7. Operated upright imaging platform.		
8. Identified AEC components.		
10. Located & operated emergency equipment within the radiographic room.		
11. Recognized malfunctions (if applicable).		
12. Identified & utilized accessory equipment.		

Room #

The student:	YES	NO
1. Identified and operated each tube lock effectively.		
2. Located and operated the table locks.		
3. Properly align x-ray tube with table & upright bucky using for 72" and 40" SID.		
4. Inserted & removed cassettes from bucky tray.		
5. Properly adjusted collimator to stated field size.		
6. Selected suggested exposure factors at the control panel.		
7. Operated upright imaging platform.		
8. Identified AEC components.		
9. Measured patient with a caliper.		
10. Located & operated emergency equipment within the radiographic room.		
11. Recognized malfunctions (if applicable).		
12. Identified & utilized accessory equipment.		

COMMENTS:

Evaluator:

Student Signature:

Preceptor's Initials:

Date Reviewed:

**CHECK-OFF EVALUATION
ADVANCED PATIENT CARE (RDT 132)**

Student:

Date:

	The student demonstrates the following skills in their routine practice.	Passed
1.	Confirms appropriate patient ID and correct procedure: a. Locate patient; identify self b. Identifies patients using two identifiers according to department policy c. Verifies exam with order and then with patient; writes a "tech note" when applicable	
2.	Provides assistance to patient a. Sitting up and/or lying down on table, stretcher or bed b. Turning to an oblique or lateral position from supine or prone position c. Pillow and radiographic support adjustments d. Assist pt. to bathroom or use of bed pans, urinals and emesis basins e. Practice standard precautions f. Ensures patient comfort, safety and modesty at all times	
3.	Assesses patients physical condition and cognitive abilities for: a. Walking, standing and movement b. Comprehension, cooperation and/or ability to follow directions c. Specific needs of elderly, obese and debilitated patients d. Skin care for elderly, obvious fractures and open wounds	
4.	Knows appropriate response for emergency situations a. Recognizes changes in respiration, pulse, BP and O ₂ through observation of patient condition and/or monitors b. Demonstrates and/or describes the correct procedure for vomiting patients to avoid aspiration c. Aware of alarms on medical devices d. Maintains and/or recognizes correct head and neck placement for patients on ventilator e. Locates Code Cart & notifies appropriate personnel of incidents or adverse events	
5.	Effectively manages medical equipment: a. Properly operates oxygen supply on/off and flow rate (1-5 L/min) for wall and portable O ₂ sources. b. Demonstrated proper placement of oxygen mask and nasal cannula on patient c. Demonstrate movement of IV bag from stretcher/ wheelchair to IV pole d. Informs and observes patient movement with consideration of IV function (hand/arm position) e. Familiar with proper operation of IV equipment within department protocols/expectations f. Proper handling of patient tubes, lines and catheters	

COMMENTS:

Evaluator:

Student Signature:

Preceptor's Initials:

Date Reviewed:

**CHECK-OFF EVALUATION
VITAL SIGNS (RDT 132 & 232)**

Student:

Date:

	The student demonstrates correct procedure for:	Passed
6.	Obtaining a Blood Pressure: d. Located sphygmomanometer & stethoscope. e. Correctly applied the cuff to patient's upper arm & positioned stethoscope over antecubital fossa. f. Safely inflated the cuff to a level slightly above systolic pressure. g. Identified and accurately reported the systolic & diastolic values. h. Recognized typical values (120/80 +/-10 points on either value); differentiates between hyper- and hypotension	
7.	Assessing Pulse Rate: a. Effectively located and determined a pulse rate at the radial artery for a 60-second period. b. Effectively located and determined a pulse rate at the carotid artery for a 60-second period. c. Recorded the patient's pulse rate per minute. d. Stated typical pulse rates for adults (60-100 bpm)	
8.	Assessing Pulse Oximetry: a. Correctly applied device to patient. b. Accurately reported typical values (95-100%)	
9.	Assessing Respiration: a. Determined respiration by observing movement of the chest/abdomen for 60-second period. b. Recorded the number of respirations per minute. c. Stated typical respiration rates for adults 12-20 breaths per minute, at rest)	
10.	Assessing Temperature: a. Correctly prepared thermometer to hygienic use b. Properly utilized device for oral assessment of temperature c. Accurately read and documented temperature d. Described alternate methods (besides oral) for assessing a patient's temperature	

COMMENTS:

Evaluator:

Student Signature:

Preceptor's Initials:

Date Reviewed:

CHECK-OFF EVALUATION
Fluoroscopic Equipment Manipulation (RDT 132)

STUDENT:

Date:

Fluoroscopy

The student:	YES	NO
1. Located the fluoro x-ray tube, fluoro mA & kV controls, fluoro exposure switch, image intensifier.		
2. Set control panel for radiographic and fluoroscopic use.		
3. Maneuvered the fluoroscopic table in upright position.		
4. Assembled and /or adjusted foot stand and other accessory devices to table.		
5. Identified and manipulated fluoroscopic carriage lock.		
6. Correctly positioned bucky tray for fluoroscopic use.		
7. Identified and operated fluoro timer.		
8. Prepared & operated digital imaging system.		
9. Operated recording system, as needed.		
10. Radiation Safety and Protection: Student demonstrates correct use and care of protective equipment. (Apron, thyroid shield, gloves and glasses). Student knows where to wear the dosimeter and where to stand during a fluoroscopy procedure.		

COMMENTS:

Evaluator:

Student Signature:

Preceptor's Initials:

Date Reviewed:

CHECK-OFF EVALUATION

DR FLUOROSCOPIC UNIT EQUIPMENT MANIPULATION

The student:	YES	NO
1. Select patient name from work list.		
2. Set control panel for fluoroscopic and radiographic use.		
3. Identify and select fluoroscopic parameters- pulsed; continuous; single shot		
4. Identify and select radiographic parameters – KV; MAS; AEC.		
5. Maneuver table using tableside locks.		
6. Maneuver tube using tableside locks		
7. Attach/detach foot board and other table accessories.		
8. Radiation Safety and Protection: Student demonstrates correct use and care of protective equipment. (Apron, thyroid shield, gloves and glasses). Student knows where to wear the dosimeter and where to stand during a fluoroscopy procedure.		

STUDENT:

DATE:

Evaluator:

CHECK-OFF EVALUATION
Mobile/DR Equipment Manipulation (RDT 230)

STUDENT:

Date:

Radiographic Unit

To be completed before beginning portable rotations.

The student:	YES	NO
1. Turn unit on/off, Locate circuit breaker.		
2. Log-in/log out of portable		
3. Select patient name from work list or use barcode scanning.		
2. Properly adjust collimator and indicate the size field achieved.		
3. Select requested kVp and mAs and read them in the digital display (if applicable).		
4. Locate & utilize SID tape measure.		
5. Properly maneuver unit forward, backward, make turns, stop unit in open and narrow environments.		
6. Identify the status of the unit's battery; and DR plate, demonstrate/state procedure for recharging batteries.		
7. Position x-ray tube into various angles/rotations for overhead and horizontal beam projections.		
8. Demonstrate various methods for operating field light (if applicable).		
9. Demonstrate use of annotation, orientation, masking of images.		
10. Identify rotor & exposure controls.		
11. Properly make an exposure.		
12. Send images to PACS and verify delivery of images.		

COMMENTS:

C-arm Fluoroscopic Unit

Date:

To be completed before beginning surgery evaluations.

The student:	YES	NO
1. Demonstrate proper steering of C-arm.		
2. Demonstrate the proper sequence for connecting the C-arm unit to an AC source.		
3. Locate and describe the TV monitoring system including the controls.		
4. State the specific function of each of the controls on the C-arm control panel.		
5. Identify and manipulate all locks: extension, sway, vertical, angle, cradle		
6. Manipulate the C-arm from AP to lateral position.		
7. Locate the emergency "OFF" control.		
8. Demonstrate how to archive images		

COMMENTS:

Evaluator:

Student Signature:

Preceptor's Initials:

Date Reviewed:

CHECK-OFF EVALUATION
Sterile/Medical Aseptic Technique & Emergency Equipment (RDT 232)

Student:

Date:

	The student demonstrates the following skills in their routine practice by the end of RDT 231	Passed
1.	Prepared contrast media and/or medications for injection according to stated guidelines.	
2.	Checked for sterility indicators before opening/dropping on sterile tray	
3.	Located and collected requested sterile supplies.	
4.	Effectively opened & put on sterile gloves.	
5.	Read and reported name and expiration date of medication.	
6.	Used proper techniques to open, handle & maintain sterile materials.	
7.	Properly labelled all syringes and bowls containing contrast, medications, and solutions.	
8.	Maintained awareness of personal presence in the sterile environment.	
9.	Checked for and/or obtained consent forms.	
10.	Located emergency supplies/equipment. (Code cart, suction etc.)	
11.	Stated correct procedure for initiating emergency assistance. (Call a code or other similar event)	
12.	Disposed of biohazard waste according to hospital protocol.	
13.	Demonstrated when and how to use non-sterile gloves according to hospital policy.	
14.	Recognized type of precaution (droplet, airborne, contact) and used correct PPE (personal protective equipment)	
15.	Removed/disposed of PPE (personal protective equipment) according to hospital policy.	

COMMENTS:

Evaluator:

Student Signature:

Preceptor's Initials:

Date Reviewed:

**CHECK-OFF EVALUATION
CT Rotation (RDT 232)**

STUDENT:

Place a check mark in the column below if performed correctly.
If an action is not part of the protocol for a specific clinical site, please indicate as "N/A".

1. Evaluation of exam orders/ worklist or medical record	
• Review the history provided for consistency with the exam order	
• Verify exam protocol from Radiologist	
• Verify and document blood work within acceptable limits, (BUN, Creatinine, GFR)(PT, PTT) etc.	
2. Preparation of examination room	
• Ensure clean linen on the table	
• Correct head holder or body extension inserted into table	
• Safety straps connected to table and placed in a usable area	
3. Identification of patient	
• HIPPA compliant – two forms of identification, Last name and DOB verbal from patient	
• Name band visual verification	
4. Patient assessment and education concerning the procedure	
• Assess patients ability to tolerate position required on table	
• Assess patients ability to understand and follow breathing directions and in what language.	
• Evaluate for claustrophobia or other anxiety issues	
• Assure that artifact-producing objects have been removed from patient(e.g., dentures, Jewelry, zippers)	
• Explain the use of IV contrast (if applicable) including how it will feel and what to expect.	
5. Documentation – including: patient history, allergies, and lab results.	
• Assure contrast information checklist has been completed and reviewed with patient.	
• Evaluate patient home medication list for: Metformin, Avandamet, Fortamet, Glucophage, Glucophage XR, Glucovance, Glumetza, Janumet, Metaglip, Riomet, Actos Plus Met.	
• Evaluate BUN, CREATININ, GFR (PT. & PTT if applicable)	
6. Patient positioning	
• Place the patient on the table (head or feet first) according to scan protocol.	
• Utilize table motion control buttons to raise/lower table, move in/out of scanner.	
• Utilize the laser light to place patient at appropriate placement for scout images.	
7. Protocol selection	
• Select appropriate protocol according to the examination ordered.	
• Adjust imaging parameters as necessary for the patient	
8. Preparation and or administration of contrast media	
• Insert syringes into power injector	
• Connect and fill syringes with saline and contrast using aseptic technique	
• Connect and Ensure air has been flushed from connection tubing	
• Select appropriate flow rate for contrast delivery according to imaging protocols.	
• Ensure the IV is viable and will tolerate flow rate	
9. Initiate scan and evaluate resulting images for	
• Image quality (motion, artifacts, noise)	
• Optimal demonstration of anatomic region (delayed imaging, contrast enhancement)	
10. Radiation safety	
• Provide shielding according to department protocol.	
• Assure all doors are closed during scan	
• Assure all personnel have exited the room before initiating exposure.	

COMMENTS:

11. Image display, MPR, reformats and image archive	
• Evaluate for inclusion of required anatomy	
• Produce sagittal, coronal and 3D images according to protocol	
• Send images to archive	
12. Patient discharge with post-procedure instructions	
• Instruct patient as to hydration post IV contrast	
• Instruct patient and provide documentation of 48 hour discontinuation of Metformin type medication. (if applicable)	
13. CDC Standard Precautions	
• Wear Personal Protective equipment as needed according to CDC protocols	

Evaluator:
Preceptor's Initials:

Student Signature:
Date Reviewed:

COMPETENCY EVALUATION

Routine Exam

STUDENT: The occurrence of ANY of the following actions will require the competency process to be **terminated**:

- Incorrect patient selected/identified for procedure
- Incorrect imaging procedure initiated
- Student actions compromise patient's condition and/or safety
- Excessive procedural omissions

GENERAL EXAM SKILLS

Assessment Measures – Objective was: (3) met/exceeded; (2) mostly met; (1) minimally met; (0) not met	
<p>1. EXAM PREPARATION – THE STUDENT:</p> <ul style="list-style-type: none"> a. Read requisition and understood the exam to be ordered. Asked appropriate questions of patient, supervising radiographer, referring physician or radiologist if information is questionable b. Prepared room for exam; provided a clean room/table; orderly cabinets and storage space c. Ensured availability of patient care supplies (emesis basins, tape, shields, contrast media, etc.) d. Ensured availability of image receptors, positioning aides, lead markers, etc. 	
<p>2. PATIENT CARE/PREPARATION – THE STUDENT:</p> <ul style="list-style-type: none"> a. Located and properly identified the patient, pronounced patient's name with reasonable accuracy and introduced himself/herself to the patient; according to HIPAA policy b. Provided patient with proper attire for exam; kept patient clothed/draped for modesty c. Provided assistance to the mobile/mobility impaired patient and/or transferred them safely during exam/procedure d. Performed exam with emphasis on patient comfort/safety; attentive to patient throughout exam e. Complied with Standard Precautions policy 	
<p>3. EXAM FOLLOW UP – THE STUDENT:</p> <ul style="list-style-type: none"> a. Assist/directed patient to proper waiting area, if applicable b. Provided patient with correct information regarding follow up care c. Informed patient when to leave department or made transport arrangements; verified patient's departure d. Processes images and coordinated them with patient's exam order and/or file e. Noted correct patient information recorded on all images f. Ensured images reached the appropriate destination; procedure tracked in RIS g. Images archived in correct anatomical position 	
<p>4. PROFESSIONALISM – THE STUDENT:</p> <ul style="list-style-type: none"> a. Interacted with patient with apparent empathy and concern for their comfort and wellbeing b. Used communication skills/methods appropriate to the patient's age level and ability to understand c. Explained exam procedure to patient d. Answered patient's and/or caregiver's questions with reasonable accuracy and within accepted Practice Standards e. Demonstrated self-confidence throughout the exam f. Completed the correct exam and protocol in an organized and time efficient manner. 	

SPECIFIC EXAM SKILLS

Assessment Measures – Objective was: (3) met/exceeded; (2) mostly met; (1) minimally met; (0) not met					
<p>5. POSITIONING OF PATIENT/PART – THE STUDENT:</p> <ul style="list-style-type: none"> a. Correctly positioned the patient relative to the image receptor (head at appropriate end, prone or supine, etc.) b. Correctly positioned the anatomical part (proper obliquity, true lateral) within the patient's range of mobility c. Correctly adjusted positioning requirements to meet patient's limitations (AP vs. PA, seated vs. standing, use of horizontal beam, etc.) d. Properly oriented anatomy of interest to image receptor e. Removed unwanted anatomical parts and artifacts from radiographic area f. Successfully implemented corrective actions for additional/repeat images 	IMAGE:	1	2	3	4
<p>6. EQUIPMENT USE – THE STUDENT:</p> <ul style="list-style-type: none"> a. Selected appropriate image receptors and correctly used bucky tray, cassette-holding device, or tabletop surface b. Maneuvered all radiographic equipment efficiently and safely, including proper use of locks c. Aligned/detented CR to image receptor/bucky tray d. CR directed to center of part of interest using appropriate entrance/exit reference points and angle, if required e. Verified correct SID f. Used appropriate equipment/devices as required or to facilitate exam procedure (i.e. markers, cassette holder, filters, cones, immobilizers, etc.) g. Successfully implemented corrective actions for additional/repeat images 	IMAGE:	1	2	3	4
<p>7. EXPOSURE SEQUENCE – THE STUDENT:</p> <ul style="list-style-type: none"> a. Selected appropriate kVp, mAs settings based upon knowledge or department/personal technique chart b. Selected appropriate exposure time, focal spot, tube, and/or AEC photocells, for body part being imaged c. Adjusted standard exposure factors for changes in imaging parameters (i.e. body habitus, pathology, image receptor or SID variation, etc.) d. Gave correct and timely breathing instructions 	IMAGE:	1	2	3	4

e. Correctly initiated rotor/exposure operation; observed patient during exposure				
f. Noted valid/invalid post exposure readout and exposure indicator (digital)				
g. Successfully implemented corrective actions for additional/repeat images				
8. RADIATION PROTECTION – THE STUDENT IMAGE:	1	2	3	4
a. Inquired as to the patient’s pregnancy status prior to performing exam; followed department policy for documenting status; informed referring physician if applicable				
b. Utilized proper collimation and shielding				
c. Provided proper radiation protection for self, staff, and others				
d. Complied with all Radiation Protection standards and Student Supervision policy				
e. Successfully obtained repeat images (required for just cause, not due to negligence)				
9. ANALYSIS OF ANATOMICAL INFORMATION – THE STUDENT IMAGE:	1	2	3	4
a. Identified each projection demonstrated on the radiographic images				
b. Noted accuracy of patient & part position to meet requirements of each projection (true AP/PA, lateral, oblique, etc.)				
c. Indicated all pertinent anatomical structures were included on the image and free from superimposed structures and/or artifacts				
d. Recognized images as meeting department quality standards				
e. Suggested appropriate measures to correct for any sub optimum aspect of the radiographic image				
10. ANALYSIS OF IMAGE QUALITY – THE STUDENT IMAGE:	1	2	3	4
a. Correctly noted the geometric quality of the image with regard to presence of blur, magnification or distortion				
b. Correctly noted the exposure quality of the image with regard to proper density, contrast, scatter control				
c. Correctly noted evidence of appropriate collimation and shield placement on image				
d. Noted correct use and placement of lead markers				
e. Recognized images as meeting department quality standards				
f. Suggested appropriate measures to correct for any sub optimum aspect of the radiographic image				

COMMENTS:

EVALUATOR:

STUDENT SIGNATURE:

DATE REVIEWED:

COMPETENCY EVALUATION
Mobile Exam

STUDENT:

The occurrence of ANY of the following actions will require the competency process to be **terminated**:

- Incorrect patient selected/identified for procedure
- Incorrect imaging procedure initiated
- Student actions compromise patient's condition and/or safety
- Excessive procedural omissions

Assessment Measures - Objective was: (3) met/exceeded; (2) mostly met; (1) minimally met; (0) not met

1. Exam Preparation The student:	
a. Read requisition and understood the exam to be ordered. Asked appropriate questions of patient, supervising radiographer, referring physician or radiologist if information is questionable.	
b. Initiate patient and exam through the (RIS) Radiology Information System	
c. Log in/log out of portable	
d. Select patient name from work list or use barcode scanning on portable	
e. Demonstrated familiarity with location of patient rooms	
2. Standard Precautions The student:	
a. Stated <i>Standard Precautions</i> principles	
b. Complied with <i>Standard Precautions</i> policy	
3. Professionalism The student:	
a. Exhibited professional attitude and behaviors; demonstrated self-confidence throughout the exam.	
b. Interacted with patient with apparent empathy and concern for their comfort and wellbeing.	
c. Explained exam procedure to patient, answered patient's and/or caregiver's questions with reasonable accuracy and within accepted Practice Standards.	
d. Cooperated with supervising radiographer or other personnel	
e. Completed the correct exam and protocol in an organized and time efficient manner	
f. Complied with <i>Student Supervision</i> policy	
4. Equipment Preparation The student:	
a. Obtained appropriate type and quantity of image receptors, if applicable.	
b. Ensured portable was sufficiently clean and in good working order.	
c. Ensured batteries are charged on DR plate and portable	
5. Assessment of Patient The student:	
a. Evaluated patient's mental and physical condition	
b. Safely moved patient for exam positioning/IR placement with emphasis on comfort.	
c. Maintained awareness for effect and/or limitations to medical equipment associated with patient movement.	
d. Determined and obtained assistance for moving patient, as needed.	
6. Equipment Operation The student:	
a. Prepare the patient area to accommodate imaging equipment, taking care of patient belongings and medical equipment.	
b. Verify correct detector is selected	
c. Effectively manipulated equipment, aligned tube, part and IR, verified SID utilizing tape measure	
d. Select appropriate exposure factors	
e. Effectively used markers, immobilizers, etc.	
f. Noted valid/invalid post exposure readout and exposure value.	
g. Gave correct breathing instructions or effectively timed exposure with patient's breathing pattern.	
7. Radiation Protection The student:	
a. Inquired as to the patient's pregnancy status prior to performing exam; followed department policy for documenting status; informed referring physician if applicable.	
b. Utilized proper collimation and shielding, if applicable.	
c. Provided proper radiation protection for self, staff and others.	
d. Informed personnel of intent to initiate exposure	
e. Successfully obtained repeat images (required for just cause, not due to negligence)	

8. Analysis of Image Quality	
a. Noted accuracy of patient & part position to meet requirements of each projection.	
b. Noted the exposure and geometric quality of the image, according to instructed imaging principles.	
c. Recognized images as meeting department quality standards (including markers, collimating, shielding)	
d. Suggested appropriate measures to correct for any sub optimum aspect of the radiographic image.	
e. Identified selected anatomy; noted obvious pathology/injury.	
9. Exam Follow Up The student:	
a. Returned patient to same position as before exam.	
b. Returned furniture and patient belongings to appropriate location.	
c. Processed images and coordinated them with patient's exam order	
d. Noted correct patient information/demographics recorded on all images	
e. Ensured images archived in correct anatomical orientation with annotation and masking of images.	
f. Ensured images reached the appropriate destination; procedure tracked in RIS	

COMMENTS:

Evaluator:
Preceptor's Initials:

Student Signature:
Date Reviewed:

COMPETENCY EVALUATION
Surgical C-Arm Exam

STUDENT:

The occurrence of ANY of the following actions will require the competency process to be **terminated**:

- Incorrect patient selected/identified for procedure
- Incorrect imaging procedure initiated
- Student actions compromise patient's condition and/or safety
- Excessive procedural omissions

Assessment Measures - Objective was: (3) met/exceeded; (2) mostly met; (1) minimally met; (0) not met	
10. Exam Preparation The student:	
f. Located daily surgery schedule; identified exams requiring imaging services	
g. Initiate patient and exam through the (RIS) Radiology Information System	
h. Demonstrated familiarity with location of OR rooms	
i. Located and dressed in appropriate attire for surgical procedures, including caps & masks	
11. Standard Precautions The student:	
a. Stated <i>Standard Precautions</i> principles	
b. Complied with <i>Standard Precautions</i> policy	
12. Professionalism The student:	
g. Exhibited professional attitude and behaviors; demonstrated self-confidence throughout the exam.	
h. Cooperated with supervising radiographer & OR personnel	
i. Perform skills in an organized and time efficient manner	
j. Complied with <i>Student Supervision</i> policy	
13. Readiness The student:	
a. Was attentive to exam progress.	
b. Was available for imaging activities.	
c. Promptly reported to OR room, ready to provide service.	
14. Sterile Environment The student:	
a. Recognized sterile equipment & supplies.	
b. Moved cautiously within sterile area.	
c. Informed appropriate personnel of real or potential contamination, when applicable.	
15. Equipment Preparation The student:	
d. Obtained appropriate type and quantity of image receptors, if applicable.	
e. Ensured C-arm/portable to be in good working order.	
f. Ensured C-arm/portable was sufficiently clean.	
g. Prepared surgery processor for use, if applicable	
16. Equipment Operation The student:	
h. Safely maneuver C-arm/portable into OR room and exam position.	
i. Correctly utilized locks	
j. Activated power source for C-arm/portable	
k. Ensured display monitor(s) were on and functioning	
l. Select appropriate exposure factors	
17. Radiation Protection The student:	
f. Utilized proper collimation and shielding, if applicable.	
g. Ensured protective apparel was worn by all personnel required to be in OR room during exposure	
h. Informed personnel of intent to initiate exposure	
i. Complied with all Radiation Protection standards and Student Supervision policy	

18. Exam Follow Up The student:	
g. Retrieved equipment and properly stored it.	
h. Returned used surgical attire to appropriate location.	
i. Processed images and coordinated them with patient's exam order and/or file.	
j. Noted correct patient information recorded on all images	
k. Ensured images reached the appropriate destination; procedure tracked in RIS	
l. Images archived in correct anatomical position	

COMMENTS:

Evaluator:

Student Signature:

Date reviewed with student:

COMPETENCY EVALUATION

Trauma Exam

STUDENT:

EXAM:

The occurrence of ANY of the following actions will require the competency process to be **terminated**:

- Incorrect patient selected/identified for procedure
- Incorrect imaging procedure initiated
- Students actions compromise patient’s condition and/or safety
- Excessive procedural omissions

GENERAL EXAM SKILLS

Assessment Measures – Objective was: (3) met/exceeded; (2) mostly met; (1) minimally met; (0) not met	
1. Exam Preparation: The Student:	
a. Read requisition and understood the exam to be ordered. Asked appropriate questions of patient, supervising radiographer, referring physician or radiologist if information is questionable.	
b. Prepared room for exam; provided a clean room/table; orderly cabinets and storage space.	
c. Ensured availability of patient care supplies (emesis basins, tape, shields, contrast media, etc.).	
d. Ensured availability of image receptors, positioning aides, lead markers, etc.	
2. Patient Care/Preparation: The Student:	
a. Located and properly identified the patient, pronounced patient’s name with reasonable accuracy and introduced him/herself to the patient; according to HIPAA policy.	
b. Provided the patient with proper attire for exam; kept patient clothed/draped for modesty.	
c. Provided assistance to the mobile/mobility impaired patient and/or transferred the safely during exam/procedure.	
d. Performed exam with emphasis on patient comfort/safety; attentive to patient throughout exam.	
e. Complied with Standard Precautions policy.	
3. Exam Follow Up: The Student:	
a. Assisted/directed patient to proper waiting area, if applicable.	
b. Provided patient with correct information regarding follow up care.	
c. Informed patient when to leave department or made transport arrangements; verified patient’s departure.	
d. Processed images and coordinated them with patient’s exam order and/or file.	
e. Noted correct patient information recorded on all images.	
f. Ensured images reached the appropriate destination; procedure tracked in RIS.	
g. Images archived in correct anatomical position.	
4. Professionalism: The Student:	
a. Interacted with patient with apparent empathy and concern for their comfort and wellbeing.	
b. Used communication skills/methods appropriate to the patient’s age level and ability to understand.	
c. Explained exam procedure to the patient.	
d. Answered patient’s and/or caregiver’s questions with reasonable accuracy and within accepted Practice Standards.	
e. Demonstrated self-confidence throughout the exam.	
f. Completed the correct exam and protocol in an organized and time efficient manner.	

TRAUMA SKILLS

Assessment Measures – Objective was: (3) met/exceeded; (2) mostly met; (1) minimally met; (0) not met	
5. Assessment of Trauma Condition: The Student:	
a. Accurately assesses the unique needs and conditions of the trauma/ER patient.	
b. Obtains an adequate patient history of the injury.	
c. Assesses the patient’s mental status and physical condition.	
d. Recognizes/identifies possible complications due to the patient’s condition (cardiac arrest, shock, coma, seizure, etc.)	
e. Recognizes the indications of a fracture and dislocation.	
6. Organization of Procedure: The Student:	
a. Demonstrates organization when performing trauma procedures – all AP/PA images are done at one time, followed by laterals, etc.	
b. Images were obtained in a time efficient manner.	
c. Demonstrates recognition of need to modify imaging plan to meet changing conditions of the patient and/or situation.	
d. Performs critical procedures/exams in proper order; prioritizes actions.	

7. Application of Trauma Principles: The Student:	
a.	Adapts positions to non-routine conditions. Maintains relationship with the central ray, body part, and the image receptor.
b.	Obtains 2 projections 90 degrees apart.
c.	Uses correct body mechanics in moving trauma patient.
d.	Demonstrates appropriate and safe handling of fractured/injured limbs when movement is required.
e.	Uses immobilization techniques and devices to aid in alternate positioning.
8. Imaging Procedure: The Student:	
a.	Effectively manipulated equipment, aligned tube, part and IR, verified SID.
b.	Used appropriate accessory equipment to facilitate exam.
c.	Modified exposure factors for changes in imaging parameters (i.e. body habitus, pathology, image receptor or SID variation, etc.)
d.	Correctly positioned patient and part for each projection.
e.	Used correct combination of image receptors for each exposure.

SPECIFIC EXAM SKILLS

Assessment Measures – Objective was: (3) met/exceeded; (2) mostly met; (1) minimally met; (0) not met					
9. Radiation Protection: The Student:	Image:	1	2	3	4
a.	Used proper collimation and shielding.				
b.	Acquired pregnancy status of patient and/or caregiver prior to permitting their assistance with exam; obtained alternate assistance, if applicable.				
c.	Provided proper radiation protection apparel for self, caregiver, radiography staff, and others.				
d.	Complied with all Radiation Protection Standards and Student Supervision policy.				
e.	Successfully obtained repeat images (required for just cause, not due to negligence).				
10. Analysis of Image Quality: The Student:	Image:				
a.	Noted accuracy of patient & part position to meet requirements of each projection.				
b.	Noted the exposure and geometric quality of the image, according to instructed imaging principles.				
c.	Recognized images as meeting department quality standards (inclusive of markers, collimating, shielding, etc.)				
d.	Suggested appropriate measures to correct for any sub optimum aspect of the radiographic image.				
e.	Identified selected anatomy; noted obvious pathology/injury.				

COMMENTS:

EVALUATOR: _____ DATE REVIEWED WITH STUDENT: _____

STUDENT SIGNATURE: _____

COMPETENCY EVALUATION

Pediatric Exam

STUDENT:

EXAM:

The occurrence of ANY of the following actions will require the competency process to be **terminated**:

- Incorrect patient selected/identified for procedure
- Incorrect imaging procedure initiated
- Student actions compromise patient's condition and/or safety
- Excessive procedural omissions

GENERAL EXAM SKILLS

Assessment Measures – (3) met/exceeded; (2) mostly met; (1) minimally met; (0) not met	
1. Exam Preparation: The Student:	
a.	Read requisition and understood the exam to be ordered. Asked appropriate questions of child/caregiver, supervising radiographer, referring physician or radiologist if information is questionable.
b.	Prepared room for exam; provided a clean room/table, noted appropriate temperature and lighting.
c.	Had imaging equipment and ancillary devices in proper place for the exam prior to the child's arrival (markers, shielding).
d.	Ensured availability of patient care supplies (emesis basins, tape, shields, contrast media, etc.)
2. Patient Care/Preparation: The Student:	
a.	Located and properly identified the patient, pronounced patient's name with reasonable accuracy and introduced him/herself to the child/caregiver; according to HIPAA policy.
b.	Provided the child with proper attire for exam; kept child clothed/draped for modesty.
c.	Informed the child/caregiver of intent to assist child into position relative to the IR; used proper body mechanics for safe transfer of the child.
d.	Performed exam with emphasis on patient comfort.
e.	Complied with Standard Precautions.
3. Exam Follow Up: The Student:	
a.	Assisted/directed patient to the proper waiting area, if applicable.
b.	Provided patient with correct information regarding follow up care.
c.	Informed patient when to leave department or made transport arrangements; verified patient's departure.
d.	Processed images and coordinated them with patient's exam order and/or file.
e.	Noted correct patient information recorded on all images.
f.	Ensured images reached the appropriate destination: procedure tracked in RIS.
g.	Images archived in correct anatomical position.
4. Professionalism: The Student:	
a.	Interacted with patient with apparent empathy and concern for their comfort and wellbeing.
b.	Used communication skills/methods appropriate to the patient's age level and ability to understand.
c.	Explained exam procedure to the patient.
d.	Answered patient's and/or caregiver's questions with reasonable accuracy and within accepted Practice Standards.
e.	Demonstrated self-confidence throughout the exam.
f.	Completed the correct exam and protocol in an organized and time efficient manner.

PEDIATRIC SKILLS

Assessment Measures – (3) met/exceeded; (2) mostly met; (1) minimally met; (0) not met	
5. Age Specific Interactions & Assessment: The Student:	
a.	Recognized and attempted to relieve child's fears and/or nervousness.
b.	Attempted to build rapport with the child; bent down to be at child's eye level; spoke in calm, soothing manner.
c.	Praised child's assistance/behavior throughout the exam, as applicable.
d.	Determined appropriateness of including child's caregiver in exam procedure.
e.	Assured child was properly attended throughout during and after procedure.
6. Communication Skills: The Student:	
a.	Acquired child's cooperation through exam explanation and/or demonstration and/or appropriate distractions as applicable to child's age.

b.	Directed communication (instructions/directions) to child/caregiver, using age appropriate language.	
c.	Engaged caregiver's assistance with managing child during procedure.	
d.	Answered child/caregiver's questions with reasonable accuracy and within accepted Practice Standards.	
7. Imaging Protocol: The Student:		
a.	Stated correct exam protocol or modification, if needed.	
b.	Properly immobilized child, as needed (including use of Pigg-O-Stat, etc.).	
c.	Correctly adjusted exposure factors.	
d.	Coordinated exposure with child's breathing pattern.	
8. Imaging Procedure: The Student:		
a.	Correctly positioned child & part for each projection of the exam.	
b.	Effectively manipulated equipment, aligned tube, part & IR; verified SID.	
c.	Used appropriate accessory equipment to facilitate exam procedure (cassette holder, filters, and cones).	
d.	Successfully implemented corrective actions for additional/repeat images.	

SPECIFIC EXAM SKILLS

Assessment Measures – (3) met/exceeded; (2) mostly met; (1) minimally met; (0) not met		
9. Radiation Protection: The Student:		
a.	Utilized proper collimation and shielding.	
b.	Acquired pregnancy status of caregiver prior to permitting their assistance with exam; obtained alternate assistance, if applicable.	
c.	Provided proper radiation protection apparel for self, caregiver, radiography staff, and others.	
d.	Complied with all Radiation Protection standards and Student Supervision policy.	
e.	Successfully obtained repeat images (required for just cause, not due to negligence).	
10. Analysis of Image Quality: The Student:		
a.	Noted accuracy of child & part position to meet requirements of each projection.	
b.	Noted the exposure and geometric quality of the images, according to instructed imaging principles.	
c.	Recognized images as meeting department quality standards (inclusive of markers, collimating, shielding, etc.).	
d.	Suggested appropriate measures to correct for any sub optimum aspect of the radiographic image(s).	

COMMENTS:

EVALUATOR: _____

STUDENT SIGNATURE: _____

DATE REVIEWED WITH STUDENT: _____

COMPETENCY EVALUATION

Fluoroscopy Exam

STUDENT:

EXAM:

The occurrence of ANY of the following actions will require the competency process to be **terminated**:

- Incorrect patient selected/identified for procedure
- Incorrect imaging procedure initiated
- Student actions compromised patient's condition and/or safety
- Excessive procedural omissions

GENERAL EXAM SKILLS

Assessment Measures- Objective was: (3) met/exceeded; (2) mostly met; (1) minimally met; (0) not met	
1. Exam Preparation: The Student:	
a. Read requisition and understood the exam ordered. Asked appropriate questions of Patient, supervising Radiographer, referring Physician or Radiologist if information is questionable.	
b. Prepared room for exam; provided a clean room/table; orderly equipment, surfaces, etc.	
c. Properly prepared contrast agents.	
d. Ensured availability of positioning aides, lead markers, emesis basins, shields, etc.	
e. Acquired and prepared exam specific tray, if applicable.	
f. Maintained sterility of materials, as needed.	
g. Ensured availability of proper consent forms.	
h. Selected correct patient/procedure from worklist.	
2. Patient Care/ Interaction: The Student:	
a. Located/properly identified patient; pronounced patient's name with reasonable accuracy; introduce him/herself to patient; complied with HIPAA policies.	
b. Determined and provided proper attire for exam; kept patient clothed/draped for modesty.	
c. Provided assistance to the mobile/mobility impaired patient and/or transferred them safely during exam/procedure.	
d. Complied with Standard Precautions policy.	
e. Attended to the patient's comfort and safety.	
3. Professionalism: The Student:	
a. Interacted with patient with apparent empathy and concern for their comfort and wellbeing.	
b. Used communication skills/methods appropriate to the patient's age level and ability to understand.	
c. Explained exam procedure to the patient.	
d. Answered patient's and/or caregiver's questions with reasonable accuracy and within accepted Practice Standards.	
e. Interacted professionally with Radiologist; anticipated assistance/needs during the exam.	
f. Demonstrated self-confidence throughout the exam.	
g. Completed the correct exam and protocol in an organized and time efficient manner.	
4. Equipment & Technique Skills: The Student:	
a. Maneuvered all radiographic equipment efficiently and safely, including proper use of locks.	
b. Selected appropriate technical factors/framing frequency based on the fluoroscopic exam being performed.	
c. Re-set fluoroscopic timer, as needed (informed performing Radiologist).	
d. Adjusted standard exposure factors for changes in imaging parameters (body habitus, pathology, etc.)	
5. Radiation Protection: The Student:	
a. Inquired into patient's pregnancy status prior to exam; followed appropriate departmental policy for documentation & referral as needed.	
b. Utilized proper collimation and shielding.	

c. Provided proper radiation protection for self, staff, and others.	
d. Complied with all Radiation Protection standards and Student Supervision policy.	
6. Fluoroscopic Image Evaluation: The Student:	
a. Identified selected anatomical structures.	
b. Noted artifacts on images and determined their cause.	
7. Exam Follow Up: The Student:	
a. Assisted/directed patient to proper waiting area, if applicable.	
b. Provided patient with correct information regarding follow up care.	
c. Informed patient when to leave department or made transport arrangements; verified patient's departure.	
d. Processed images and coordinated them with patient's exam order and/or file.	
e. Noted correct patient information recorded on all images.	
f. Ensured images reached the appropriate destination; procedure tracked in RIS.	
g. Images archived in correct anatomical orientation.	

COMMENTS:

EVALUATOR: _____

STUDENT SIGNATURE: _____

DATE REVIEWED WITH STUDENT: _____

COMPETENCY EVALUATION

Geriatric Exam

STUDENT:

The occurrence of ANY of the following actions will require the competency process to be TERMINATED:

- Incorrect patient selected/identified for procedure
- Incorrect imaging procedure initiated
- Student actions compromise patient's condition and/or safety
- Excessive procedural omissions

GENERAL EXAM SKILLS

Assessment Measure – Objective was: (3) met/exceeded; (2) mostly met; (1) minimally met; (0) not met	
1. EXAM PREPARATION- THE STUDENT:	
a. Read requisition and understood the exam to be ordered. Asked appropriate questions of patient, supervising radiographer, referring physician or radiologist if information is questionable.	
b. Prepared room for exam; provided a clean room/table; orderly cabinets and storage space.	
c. Ensured availability of patient care supplies (emesis basins, tape, shields, contrast media, etc.)	
d. Ensured availability of image receptors, positioning aides, lead markers, etc.	
2. PATIENT CARE/ PREPARATION- THE STUDENT:	
a. Located and properly identified the patient, pronounced patient's name with reasonable accuracy and introduced himself or herself to the patient; according to HIPAA policy.	
b. Provided patient with proper attire for exam; kept patient clothed/draped for modesty.	
c. Provided assistance to the mobile/mobility impaired patient and/or transferred them safely during exam/procedure.	
d. Performed exam with emphasis on patient comfort/safety; attentive to patient throughout exam.	
e. Complied with Standard Precautions policy.	
3. EXAM FOLLOW UP- THE STUDENT:	
a. Assisted/directed patient to proper waiting area, if applicable.	
b. Provided patient with correct information regarding follow up care.	
c. Informed patient when to leave department or made transport arrangements; verified patient's departure.	
d. Processed images and coordinated them with patient's exam order and/or file.	
e. Noted correct patient information recorded on all images.	
f. Ensured images reached the appropriate destination; procedure tracked in RIS.	
g. Images archived in correct anatomical position.	
4. PROFESSIONALISM- THE STUDENT:	
a. Interacted with patient with apparent empathy and concern for their comfort and wellbeing.	
b. Used communication skills/methods appropriate to the patient's age level and ability to understand.	
c. Explained exam procedure to patient.	
d. Answered patient's and/or caregiver's questions with reasonable accuracy and within accepted Practice Standards.	
e. Demonstrated self-confidence throughout the exam.	
f. Completed the correct exam and protocol in an organized and time efficient manner.	

GERIATRIC SKILLS

Assessment Measure – Objective was: (3) met/exceeded; (2) mostly met; (1) minimally met; (0) not met	
5. AGE SPECIFIC INTERACTION & ASSESSMENT – THE STUDENT:	
a. Recognized and attempted to relieve patient's fears and/or nervousness.	
b. Attempted to build rapport and gain patient's cooperation.	
c. Determined appropriateness of including patient's caregiver in exam procedure.	
d. Assured patient was properly attended throughout, during, and after procedure.	

6. COMMUNICATION SKILLS – THE STUDENT:	
a. Acquired patient's cooperation through exam explanation and/or demonstration and/or appropriate distractions as applicable to patient's ability.	
b. Directed communication (instructions/directions) to patient/caregiver, using age appropriate language.	
c. Answered patient/caregiver's questions with reasonable accuracy and within accepted Practice Standards.	
7. IMAGING PROTOCOL – THE STUDENT:	
a. Stated correct exam protocol or modification, if needed.	
b. Properly immobilized patient, as needed with consideration for patient's limits.	
c. Correctly adjusted exposure factors.	
d. Coordinated exposure with patient's breathing pattern.	

8. IMAGING PROCEDURE – THE STUDENT:	
a. Correctly positioned patient for each projection of the exam.	
b. Effectively manipulated equipment, align tube, part & IR; verified SID.	
c. Used appropriate accessory equipment to facilitate exam procedure (cassette holder, filters, and cones).	
d. Successfully implemented corrective actions for additional/repeat images.	

SPECIFIC EXAM SKILLS

Assessment Measure – Objective was: (3) met/exceeded; (2) mostly met; (1) minimally met; (0) not met				
9. RADIATION PROTECTION – THE STUDENT:	IMAGE:	1	2	3
a. Utilized proper collimation and shielding.				
b. Provided proper radiation protection for self, staff and others.				
c. Complied with all Radiation Protection standards and Student Supervision policy.				
d. Successfully obtained repeat images (required for just cause, not due to negligence).				
10. ANALYSIS OF IMAGE QUALITY – THE STUDENT:	IMAGE:	1	2	3
a. Noted accuracy of positioning skills to meet requirements of each projection.				
b. Noted the exposure and geometric quality of the image, according to instructed imaging principles.				
c. Recognized images as meeting department quality standards (including markers, collimation, shielding).				
d. Suggested appropriate measures to correct for any sub optimum aspect of the radiographic image.				

COMMENTS:

EVALUATOR: _____ **STUDENT SIGNATURE:** _____

DATE REVIEWED WITH STUDENT: _____

COMPETENCY EVALUATION

Failure/Remedial Process

STUDENT _____

CES _____

EXAM FAILED _____

DATE _____

SCORE _____

Summary of primary error(s):

Student Signature

Preceptor Signature

Remedial Process

1. Information Review
2. Simulation
3. Practice on patients

STUDENT COMMUNICATION FOR RESOLUTION

Students seeking resolution of an unsatisfactory occurrence within the clinical setting must address their concern in writing (to be attached to this form) in the order listed below. The appropriate personnel signature must be obtained before advancing the process.

1. Discussed with Clinical Preceptor (date):

Issued resolved:

_____ (Student Signature)

_____ (Clinical Preceptor Signature)

Issued not resolved:

_____ (Student Signature)

_____ (Clinical Preceptor Signature)

2. Discussed with Clinical Coordinator (date):

Issued resolved:

_____ (Student Signature)

_____ (Clinical Coordinator Signature)

Issued not resolved:

_____ (Student Signature)

_____ (Clinical Coordinator Signature)

3. Discussed with Program Director (date):

Issued resolved:

_____ (Student Signature)

_____ (Program Director Signature)

Issued not resolved:

_____ (Student Signature)

_____ (Program Director Signature)

If satisfaction is not met, student is advised to initiate Student Grievance process as detailed in the QCC Student Handbook, policy 21.

Student Name (print) _____

Student Signature _____

Date _____

STUDENT COUNSELING/DISCIPLINE REPORT

The following counseling report was issued today and is to be made part of the following student's file.

Student Name	CES	Date
Category I		Category II
1. <input type="checkbox"/> Criminal activity (6.1.1)		1. <input type="checkbox"/> Unprofessional actions/disorderly behavior (6.2.1)
2. <input type="checkbox"/> Unprofessional/unethical conduct (6.1.2)		2. <input type="checkbox"/> Poor quality patient care and/or safety (6.2.2)
3. <input type="checkbox"/> Non-compliance with clinical policies (6.1.3)		3. <input type="checkbox"/> Misuse of CES property (6.2.3)
4. <input type="checkbox"/> Excessive failed competencies (6.1.4)		4. <input type="checkbox"/> Noncompliance with Program/CES policies (6.2.4)
5. <input type="checkbox"/> Excessive counseling reports (6.1.5)		5. <input type="checkbox"/> Insufficient clinical skills* (6.2.5)

Group I Dismissal from CES & program.

Group II 1st offense – Counseling & 2 demerits
 2nd offense – Three-Day Suspension (*may be waived according to policy 6.3.2.a) & 2 demerits
 3rd offense – Dismissal from CES & Course Failure

REMARKS: (Continue on back if necessary.)

Student Signature:

Date:

Preceptor Signature:

Program Director Signature:

**Quinsigamond Community College
School of Healthcare**

Student Latex Release Form for Students with Identified Latex Allergy

I _____, disclose to Quinsigamond Community College School of Healthcare and Radiologic Technology Program that I have a sensitivity/allergy to latex.

I have attached documentation of testing that I have received from a physician confirming this allergy/sensitivity. This documentation clears me for participation in college lab activities and clinical rotations as required in the Radiologic Technology Program's Handbook in which I am enrolled.

I understand that, due to my participation in a Health Program, I may be exposed to latex, which may result in a worsening of my pre-existing latex sensitivity. I understand that continued exposure may cause my condition to worsen and potentially lead to life threatening symptoms. I accept these risks knowingly and voluntarily and will take all reasonable precautions to prevent such exposure.

Further, I understand that:

- It is my responsibility to be aware of potential exposure to latex in my learning environment and to avoid or minimize such exposure;
- It is my responsibility to notify each of my course instructors/clinical faculty or preceptors of my latex sensitivity/allergy in every situation where potential exposure may be present;
- It is my responsibility to follow up with my healthcare provider/allergist for services related to my latex allergy and follow their recommendations;
- It is my responsibility to assume any costs related to latex allergy screening and treatment;
- It is my responsibility to have on my person emergency medication (Epi-Pen or other) as prescribed by my physician in the event of an allergic/anaphylactic reaction;
- College and clinical labs are not a latex free environment and therefore the risk of exposure to latex cannot be eliminated; and
- Quinsigamond Community College cannot guarantee a latex free environment during College lab activities or clinical rotations.

By my signature, I release and discharge Quinsigamond Community College, its officers and employees from all responsibility and liability related to personal injury suffered by me because of exposure to latex in the College's lab or during a clinical rotation.

Student Signature

Date

Parent Signature if Student is under 18 years old

Witness

AGREEMENT

Clinical Policies & Procedures

I acknowledge that I have received a copy of the current Quinsigamond Community College Radiologic Technology Clinical Policies and Procedure Handbook. I have read and understand the rules and regulations set forth in this handbook and agree to abide by set policies. I am aware that in order to continue in the program, I must maintain satisfactory clinical progress, and maintain a grade of "C" (73%) or better **in all Radiography & required science courses and all Radiography final exams**. I agree to adhere to these policies, procedures, and ethical standards, as well as those of the clinical education setting to which I am assigned. I understand that counseling or dismissal actions will be taken as described herein, if I do not comply with these policies and procedures.

Permission for Release of Student Information

I give permission for the Radiologic Technology program to release my medical records to the clinical affiliates, as needed, for purposes of personal and client health and safety. Additionally, I agree to allow all documents related to my Radiologic Technology education to be reviewed by program and clinical faculty for counseling/advising purposes and for program accreditation review.

Statement of Confidentiality

I agree that, except when required by subpoena or other legal process, I will not divulge any client/patient information, which comes to me through the completion of my responsibilities as a Radiologic technology student at Quinsigamond Community College. This includes:

- Discussing any client/patient or any information pertaining to any client/patient or his/her family with anyone (including my own family or friends), who is not directly involved in providing care to the client other than in the Radiologic technology class or clinical setting.
- Discussing any client/patient, or any information pertaining to any client/patient or his/her family, in any location where it can be overheard by anyone not directly involved in providing care to the client/patient.
- Contacting any individual or agency outside of the assigned clinical education setting to get or give information about a client/patient unless I have been duly authorized by my clinical instructor to do so.

Drug Screening

I understand that students enrolled in the QCC Radiologic Technology program **will be required** to undergo and pass a drug screening analysis in order to be eligible for and/or remain at an assigned clinical affiliate of their program. I further understand that if I either fail to pass or refuse to submit to a drug screening analysis I will be deemed ineligible for clinical placement, which may affect my status in the program.

Fingerprint ID

I understand that students enrolled in the QCC Radiologic Technology program **may** be required to verify their identity by fingerprint methods for clinical access and/or certification eligibility.

Health & Safety Policies

I understand the risks associated with current or future latex sensitivity/allergy, exposure to radiation and magnetic fields and concerns related to pregnancy while enrolled in the Radiologic Technology program. I acknowledge my responsibility to comply with the specifics of policies 11 & 13 and to inform appropriate college and clinical staff for resources to aid in completing program requirements.

Health Compliance

I understand that all Health compliance data needs to be submitted to Castle Branch ® by **July 15** to be eligible for the Radiologic Technology program. If student is not compliant by July 15, their acceptance to the program will be revoked. Health Compliance data also needs to be maintained throughout the program. Students failing to maintain health compliance in the duration of the program will be removed from clinical, and counseling actions will be taken as described herein.

By my signature, I acknowledge that I have been provided with the above notifications and agree to each.

Signature:

Date:

Print Name:

Parent/Guardian (If under 18 years of age):

DECLARATION OF PREGNANCY

To: _____
(Name of Program Director)

In accordance with the NRC regulation 10 CFR 20.1208, "Dose to an Embryo/Fetus," I am declaring that I am pregnant. I believe I became pregnant in _____ (only the month and year need be provided).

I understand the radiation dose to my embryo/fetus during my entire pregnancy will not be allowed to exceed 0.5 rem (5 millisievert) with monthly exposure to be no greater than 0.05 rem (0.5 millisievert) (Unless that dose has already been exceeded between the time of conception and submission of this letter). I also understand that meeting the lower dose limit may require a change in assignment or job responsibilities during my pregnancy.

(Your Signature)

(Your Name Printed)

(Date)

**Policy 3 Attendance
Added Clinical Experience**

Student Name:

Clinical Education Setting:

I am requesting to be permitted to participate in clinical experiences beyond that required of my current clinical course assignment (RDT ____) according to the schedule below. I understand that all Clinical policies will be applicable to these added hours including, but not limited to, compliance with the agreed upon dates & hours, proper notification of absence or tardiness, proper supervision, personal appearance, radiation safety, assessment, etc. Any competencies performed during this period will be formalized; the number of competencies completed may not exceed the allotted number for this clinical course. The added hours will not be used to accrue additional personal time or be used towards early completion of the clinical course.

The Clinical preceptor has final authorization on determining the extended clinical schedule and may modify and/or terminate this agreement as needed to ensure proper supervision and experience or for just cause.

Proposed Schedule (include dates & times):

I understand and agree to abide by program/clinical policies.

Student signature:

Date:

I agree to permit the student to participate in the additional clinical experiences as requested above.

Clinical Preceptor signature:

Date:

MRI Screening Form (sample)

(To be completed during orientation for RDT 131 & RDT 230)

The MRI environment is a restricted area. By choosing to enter this area, you are placing yourself within a magnetic field and must be screened for metal that might be in your body to disclose any removable metal object or electronic device.

To the best of your ability, please indicate the likelihood of each of the following by checking the appropriate box:

	Yes	No
Pacemaker		
Aneurysm Clip		
Heart Valve		
Joint Replacements		
Shrapnel		
Metal in eyes		
Pregnancy		
Inner Ear/Eye Surgery		
Programmable/electronic Devices (internally or externally)		

Please list previous surgeries:

Please lock up all jewelry, watches, credit cards, coins, keys, and all loose metal objects.

To the best of my knowledge, I do not have any metal or devices within me, as described above.

Student Signature:

CI or MR Technologist:

Date:

CLASS OF 2025

**Clinical Calendar
First Rotation
81 days total**

SEPTEMBER 2023 7 days ** 1pm orientation

S	M	T	W	T	F	S
					1	2
3	H	5**	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

OCTOBER 2023 9 days

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	H	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

NOVEMBER 2023 8 days

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	H	11
12	13	14	15	16	17	18
19	20	21	22	H	H	25
26	27	28	29	30		

DECEMBER 2023 3 days

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13*	14	15	16
17	18	19*	20	21	22	23
24	25	26	27	28	29	30
31						

*finals period

Please Note: Personal and/or make up time must be a minimum of 4 hours (per CPPH policy 3).

JANUARY 2024 12 days

S	M	T	W	T	F	S
	H	2	3	4	5	6
7	8	9	10	11	12	13
14	H	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

FEBRUARY 2024 9 days

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	H	20	21	22	23	24
25	26	27	28	29		

MARCH 2024 6 days

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

APRIL 2024 9 days

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	H	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

MAY 2024 8 day

S	M	T	W	T	F	S
			1	2*	3	4
5	6	7	8	9*	10	11
12	13**	14	15	16	17***	18
19	20	21	22	23	24	25
26	H	28	29	30	31	

*finals period ** pinning ceremony ***graduation

June 2024 10 day

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	H	20	21	22
23	24	25	26	27	28	29
30						

CLASS OF 2025

Clinical Calendar Second Rotation

July 2024 3 days

S	M	T	W	T	F	S
	1	2	3	H	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

AUGUST 2024 17 days

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

SEPTEMBER 2024 12 days

S	M	T	W	T	F	S
1	H	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

OCTOBER 2024 12 days

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	H	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

NOVEMBER 2024 11 days

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	H	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	H	H	30

DECEMBER 2024 4 days

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11*	12	13	14
15	16	17*	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Jan 25	M	T	W	T	F	S
5 days			H	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	H	21	22	23	24	25
26	27	28	29	30	31	

Feb 25	M	T	W	T	F	S
11 days						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	H	18	19	20	21	22
23	24	25	26	27	28	

March 25	M	T	W	T	F	S
10 days						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

April	M	T	W	T	F	S
12 days		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	H	22	23	24	25	26
27	28	29	30			

May 25	M	T	W	T	F	S
2 days				1	2	3
4	5	6	7*	8	9	10
11	12	13*	14	15	16	17
18	19**	20	21	22***	23	24
25	H	27	28	29	30	31

*finals period ** pinning ceremony ***graduation

Appendix

National & State Professional Agencies

Joint Review Committee on Education in Radiologic Technology (JRCERT): The radiologic technology program is accredited by the JRCERT and strives to continuously meet all standards. Complaints regarding allegations that the radiologic technology program is in non-compliance of the standards should be directed to:

JRCERT

20 N. Wacker Drive, Suite 2850
Chicago, IL 60606-3182
(312) 704-5300
mail@jrcert.org or www.jrcert.org

Upon notification from the JRCERT that the program is in non-compliance the program director will meet with the program faculty and clinical instructors within one week and devise a plan to bring the program into compliance. The accreditation Standards are available for review at JRCERT Standards for Accreditation 2021 <https://www.jrcert.org/jrcert-standards/> .

American Registry of Radiologic Technologists: Graduates of the radiologic technology program are eligible to apply for national certification by the American Registry of Radiologic upon providing evidence of ethical behavior that shows the applicant to “be a person of good moral character and must not have engaged in conduct that is inconsistent with the ARRT Rules of Ethics,” and successful completion of an examination. All students accepted to the radiologic technology program are required to submit to a Criminal and Sexual Offender Records Information (CORI/SORI) review prior to beginning the program. Individuals having a criminal record (misdemeanor or felony) will be advised as to their potential for admittance to a clinical setting (during the educational process and/or when seeking employment) and ARRT eligibility. Such individuals are strongly advised to complete the ARRT *pre-application* process to determine their eligibility for ARRT examination, upon completion of the program. An application for this assessment may be obtained by calling the ARRT at (651) 687-0048 ext. 544 or from the “Ethics” section of their web site, [ARRT](http://www.rrt.org). Early action with this matter is recommended to avoid delay of ARRT eligibility upon completion of the program OR to re-assess one’s enrollment in the program. Once registered, technologists must obtain 24 approved CEUs ever two years to maintain registered status.

Massachusetts Radiologic Technology License Commission: The Commonwealth of Massachusetts requires the licensing of all operators of ionizing medical radiography equipment through the DPH Radiation Control Program. Student radiographers are permitted to operate such equipment while enrolled in an accredited program of Radiologic Technology and under the direct or indirect supervision of a licensed radiographer, as described in policy 12 “Student Supervision”. Radiography graduates are eligible to apply for a license to practice radiologic technology. Specific regulations and additional information on licensing requirements may be accessed through the state’s website [MA Radiation Control Program](http://www.mass.gov). Radiographers must obtain 20 approved CEUs during each licensure period in order to be eligible for renewal; at least 8 of these must be in the technologist’s primary discipline, and at least 2 must be in radiation protection.

Professional & Student Organizations: All students enrolled in the Radiologic Technology will be provided with membership to the Massachusetts Society of Radiologic Technologists (MSRT) and the American Society of Radiologic Technologists (ASRT). These memberships provide students with professional journals and access to scholarships as well as educational meetings. Students currently registered for RDT courses are automatic members of the Radiologic Technology Club.

RADIOLOGIC TECHNOLOGY PROGRAM
Assessment Plan for Academic Year 2022-2023

Goal 1: Demonstrate clinical competence.				
Outcomes	Measurement Tool	Benchmark	Time Frame	Person/Group Responsible
1. Students practice effective patient care.	1. RDT 122 Lab Practical; rubric items I. e-o	Average score ≥ 9 (11 point scale)	2 nd semester	Lab Faculty
	2. RDT 231 final clinical performance evaluation (item 1.C)	Average score ≥ 2.5 (3 point scale)	3 rd semester	Clinical instructor
2. Students produce diagnostic images according to protocol.	1. RDT 122 lab practical – Rubric items III. b-f	Average score ≥ 15 (18 point scale)	2 nd semester	Lab Instructor
	2. RDT 231 Competency evaluation (items 5 & 6); random selection of 3 exams/student (2 views)	Average score ≥ 30 (36 point scale)	3 rd semester	Clinical Instructor
3. Students practice effective radiation safety to include appropriate use of exposure factors	1. RDT 231 Competency evaluation (item 7); random selection of 3 exams/student (2 views)	Average score ≥ 15 (18 point scale)	3 rd semester	Clinical Instructor
	2. RDT 231 final clinical performance evaluation items # 4.a-c	Average score ≥ 7.5 (9 point scale)	3 rd semester	Clinical Instructor
Goal 2: Exhibit professional and ethical behaviors.				
Outcomes	Measurement Tool	Benchmark	Time Frame	Person/Group Responsible
1. Students work effectively as part of a team	1. RDT 252 group project; Rubric items III c-e	Average score ≥ 7.5 (9 point scale)	4 th semester	Didactic Faculty
	2.. Employer survey – item III.C	Average score ≥ 4 (5 point scale)	Biennial	Program Director
2. Students exhibit a professional work ethic	1. RDT 231 final clinical performance evaluation items 6 & 7	Average score ≥ 23 (27 point scale)	3 rd semester	Clinical Instructor
	2..Employer survey – items III.D-I	Average score ≥ 25 (30 point scale)	Biennial	Program Director
3. Students understand the	1. RDT 102 Test #1 – items 1-10	Average score ≥ 16 (20 point scale)	1 st semester	Didactic Faculty

importance of continued professional development	2. RDT 252 Career Plan Assignment; Rubric items 1-3	Average score \geq 22 (26 point scale)	4 th semester	Didactic Faculty
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Goal 3: Utilize critical thinking and problem solving skills.

Outcomes	Measurement Tool	Benchmark	Time Frame	Person/Group Responsible
1. Students modify routine imaging parameters to accommodate patient limitations	1. RDT 240 Trauma/Mobile Lab activity; rubric item 5	Average score \geq 2.5 (3 point scale)	3 rd semester	Lab instructor
	2. Geriatric extremity competency evaluation (items 5 a-d)	Average score \geq 10 (12 point scale)	3 rd semester	Clinical instructor
2. Students assess image quality and implement corrective actions to ensure optimal images.	1. RDT 122 Image critique assignment – rubric items III. a-k	Average score \geq 42 (52 point scale)	2 nd semester	Didactic Faculty
	2. RDT 240 Image Critique – rubric items 1-4	Average score \geq 10 (12 point scale)	3 rd semester	Didactic Faculty

Goal 4: Employ effective written and oral communication skills.

Outcomes	Measurement Tool	Benchmark	Time Frame	Person/Group Responsible
1. Students employ age/audience appropriate oral communication	1. RDT 122 Image critique – Rubric items 4. a-d	Average score \geq 13 (16 point scale)	2 nd semester	Didactic Faculty
	2. Pedi Chest Competency (item 6)	Average score \geq 2.5 (3 point scale)	3 rd /4 th semester	Clinical Instructor
2. Students utilize effective writing skills	1. RDT 102 Clinical Perspective Paper – rubric item B	Average score \geq 20 (25 point scale)	1 st semester	Didactic Faculty
	2. RDT 240 Incident Report Assignment – Rubric item	Average score \geq 2.5 (3 point scale)	3 rd semester	Didactic Faculty

Program Effectiveness Data

The following is the most current program effectiveness data. Our programmatic accreditation agency, the Joint Review Committee on Education in Radiologic Technology (JRCERT), defines and publishes this information. [Click here](#) to go directly to the JRCERT webpage.

Credentialing Examination: The number of students who pass, on the first attempt, the American Registry of Radiologic Technologists (ARRT) certification examination, or an unrestricted state licensing examination, compared with the number of graduates who take the examination within six months of graduation. The five-year average benchmark established by the JRCERT is 75%.

Credentialing Examination Rate	number passed on 1 st attempt divided by number attempted within 6 months of graduation
Year	Results
Year 1 - 2018	14 of 14 - 100 %
Year 2 - 2019	15 of 17 - 88 %
Year 3 - 2020	11 of 12 - 92 %
Year 4 - 2021	11 of 11 - 100%
Year 5 - 2022	8 of 11 - 72.7%
Program 5-Year Average	59 of 65 - 90.7 %

Job Placement: The number of graduates employed in the radiologic sciences compared to the number of graduates actively seeking employment in the radiologic sciences within twelve months of graduating. The five-year average benchmark established by the JRCERT is 75%.

Job Placement Rate	number employed divided by number actively seeking employment within 12 months of graduation
Year	Results
Year 1 - 2018	13 of 13 - 100 %
Year 2 - 2019	17 of 17 - 100 %
Year 3 - 2020	16 of 16 - 100 %
Year 4 - 2021	13 of 13 - 100 %
Year 5 - 2022	11 of 11 - 100 %
Program 5-Year Average	70 of 70 - 100 %

Program Completion: The number of students who complete the program within the stated program length. The annual benchmark established by the program is 75 %.

Program Completion Rate	number graduated divided by number started the program
Year	Results
Year 1 - 2022	11 of 12
Annual Completion Rate	91.6 %

Radiologic Technology Program Policy Review

Policy Name/No.	Dates Reviewed	Comments	Next Review Date
1. Pre-clinical Requirements	2018 2020 2022	- No change - Random removed from drug tested - Students will be required to submit information to CastleBranch®. - No changes	2024
2. CES Assignment	2018 2020 2022	- No change - clinical orientation is <i>provided</i> to clinical orientation is <i>required</i> - no changes	2024
3. Attendance	2018 2020 2022 2023	- No change - update 3.7 page number to 68 instead of 67 - changed wording of policy 3.3 Planned Extended or Intermittent Medical Absences - change 3.1 & 3.5.3 to state student is considered tardy if they arrive anytime after the assigned start time and be ready on the floor to work	2026
4. Confidential information	2018 2023	- addition to policy 4 on Social Media use related to clinical information, images, etc. - no change	2026
5. Professionalism	2015 2023	- No change No change	2026
6. Counseling/ Discipline	2018 2020 2022	- the maximum Counseling actions a student may incur before generating a Category 1 infraction (failing grade for that clinical course) Changed from 5 to 3 Counseling actions to trigger a Category 1 infraction (6.1.5). update policy 6.2.4 to include the word policy instead of just the number No change	2024
7. Daily Log Record	2018 2020 2022	- Recommendations were primarily editorial to reflect the program's current use of Trajecsys® - Included paper logs into documentation of signatures - No change	2024
8. Clinical equity	2020 2022	- No change - - no change	2024
9. Clinical Progress and Assessment	2018 2020 2022	- recommended separating "clinical equity" from "assessment & progress"; review of performance eval schedule to be more general by number of reviews rather than by months; noted items 8.2.1 – 8.2.9 repeats info on page 13 (education plan) – eliminate this and refer to education plan; streamline terminology related to "trauma", "pedi", "geri" and "simulations" to reflect ARRT definitions. - 9.3.4 was accidentally labeled 8.3.4 - (9.2)(9.3.4)needs updates to align with new curriculum grid - No change	2024
10. Personal Appearance	2018 2020 2022	- Recommendations were editorial to reflect currency with the majority of clinical setting standards. Policy number changed to 10 - No change - Wording updates to be more specific of color requirements	2024
11. Health & Safety	2016 2018 2020 2022	- "Workplace" added to address institutional safety policies - "Impaired Behavior" address to address potential alcohol/drug impairment at clinical - Pregnancy policy clarified - Policy number changed to 11 -no change - minor updates 11.4.2 updated to state page 65 - 11.6.2 update to state any other communicable exposure to quarantine according to CDC -(11.6.2 update)add in Covid, meningococcal vaccine and update wording	2024
12.Clinical Leave	2015 2018 2023	No change -include "step" family members in bereavement section. Policy number changed to 12	2026

		- change wording to state student will allowed to miss 3 days and any other requests for bereavement time will be at the discretion of the clinical coordinator and preceptor	
13. Radiation Safety	2018 2020 2022 2023	-minor edits to reflect reporting process in Trajecsys. Policy number changed to 13 - minor update 13.3.4 must comply with policy 14.3 - minor wording change to include mSv as well as REMS - wording change to policy 13.1.2 to say "Gonadal shielding should only be used when it will not interfere with the purpose of the examination and when it aligns with the clinical facility policy"	2026
14. Supervision	2018 2020 2022	- Policy number changed to 14 - No change - No change	2024
15. Communication	2015 2018 2023	No change - Policy number changed to 15 - No change	2026
16. Harassment	2016 2018 2023	Reviewed to align with QCC Student Handbook Policy number changed to 16 No change	2026
17. Clinical/School Cancellation	2016 2018 2020 2023	- No change - Policy number changed to 17 - New Addition of Catastrophic event 17.1 & 17.1.1 - Wording change to state student must get approval from clinical preceptor and coordinator to ensure proper supervision	2026
18. Student Records	2016 2018 2023	- No change - Policy number changed to 18 - No change	2026
19. Readmission	2018 2020 2022	- Policy number changed to 19 - No change - no change	2024
20. Honors & Award	2018 2020 2022	- Editorial – Policy number changed to 20 - No change - Minor wording change to 20.1 to include approval by program director	2024
21. Grievance	2018 2020 2022	- No change except policy number is now 21 - Minor change misprint of 20.1 should state 21. - No change	2024

Radiography

The practice of radiography is performed by health care professionals responsible for the administration of ionizing radiation for diagnostic, therapeutic or research purposes. A radiographer performs a full scope of radiographic and fluoroscopic procedures and acquires and analyzes data needed for diagnosis at the request of and for interpretation by a licensed practitioner.

Radiographers independently perform or assist the licensed practitioner in the completion of radiographic and fluoroscopic procedures. Radiographers prepare, administer and document activities related to medications and radiation exposure in accordance with federal and state laws, regulations or lawful institutional policy.

Medical Imaging and Radiation Therapy Scope of Practice

Scopes of practice delineate the parameters of practice and identify the boundaries for practice. A comprehensive procedure list for the medical imaging and radiation therapy professional is impractical because clinical activities vary by the practice needs and expertise of the individual. As medical imaging and radiation therapy professionals gain more experience, knowledge and clinical competence, the clinical activities may evolve.

The scope of practice of the medical imaging and radiation therapy professional includes:

- Administering medications enterally, parenterally, through new or existing vascular or through other routes as prescribed by a licensed practitioner.*†
- Administering medications with an infusion pump or power injector as prescribed by a licensed practitioner.*†
- Applying principles of ALARA to minimize exposure to patient, self and others.
- Applying principles of patient safety during all aspects of patient care.
- Assisting in maintaining medical records while respecting confidentiality and established policy.
- Corroborating a patient's clinical history with the procedure and ensuring information is documented and available for use by a licensed practitioner.
- Educating and monitoring students and other health care providers.*
- Evaluating images for proper positioning and determining if additional images will improve the procedure or treatment outcome.
- Evaluating images for technical quality and ensuring proper identification is recorded.
- Identifying and responding to emergency situations.
- Identifying, calculating, compounding, preparing and/or administering medications as prescribed by a licensed practitioner.*†
- Performing ongoing quality assurance activities.
- Performing venipuncture as prescribed by a licensed practitioner.*†
- Postprocessing data.
- Preparing patients for procedures.
- Providing education.
- Providing input for equipment and software purchase and supply decisions when appropriate or requested.
- Providing optimal patient care.
- Receiving, relaying and documenting verbal, written and electronic orders in the patient's medical record.
- Selecting the appropriate protocol and optimizing technical factors while maximizing patient safety.
- Starting, maintaining and/or removing intravenous access as prescribed by a licensed practitioner.*†
- Verifying archival storage of data.
- Verifying informed consent for applicable procedures.*

*Excludes limited x-ray machine operator

†Excludes medical dosimetry



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PREAMBLE

The *Standards of Ethics* of The American Registry of Radiologic Technologists (ARRT) shall apply solely to persons that are either currently certified and registered by ARRT or that were formerly certified and registered by ARRT, and to persons applying for certification and registration by ARRT (including persons who submit an Ethics Review Preapplication) in order to become Candidates. Radiologic Technology is an umbrella term that is inclusive of the disciplines of radiography, nuclear medicine technology, radiation therapy, cardiovascular-interventional radiography, mammography, computed tomography, magnetic resonance imaging, quality management, sonography, bone densitometry, vascular sonography, cardiac-interventional radiography, vascular-interventional radiography, breast sonography, and radiologist assistant. The *Standards of Ethics* are intended to be consistent with the Mission Statement of ARRT, and to promote the goals set forth in the Mission Statement.

STATEMENT OF PURPOSE

The purpose of the ethics requirements is to identify individuals who have internalized a set of professional values that cause one to act in the best interests of patients. This internalization of professional values and the resulting behavior is one element of ARRT's definition of what it means to be qualified. Exhibiting certain behaviors as documented in the *Standards of Ethics* is evidence of the possible lack of appropriate professional values.

The *Standards of Ethics* provides proactive guidance on what it means to be qualified and to motivate and promote a culture of ethical behavior within the profession. The ethics requirements support ARRT's mission of promoting high standards of patient care by removing or restricting the use of the credential by those who exhibit behavior inconsistent with the requirements.

A. CODE OF ETHICS

The Code of Ethics forms the first part of the *Standards of Ethics*. The Code of Ethics shall serve as a guide by which Registered Technologists and Candidates may evaluate their professional conduct as it relates to patients, healthcare consumers, employers, colleagues, and other members of the healthcare team. The Code of Ethics is intended to assist Registered Technologists and Candidates in maintaining a high level of ethical conduct and in providing for the protection, safety, and comfort of patients. The Code of Ethics is aspirational.

1. The Registered Technologist acts in a professional manner, responds to patient needs, and supports colleagues and associates in providing quality patient care.
2. The Registered Technologist acts to advance the principal objective of the profession to provide services to humanity with full respect for the dignity of mankind.
3. The Registered Technologist delivers patient care and service unrestricted by the concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, familial status, disability, sexual orientation, gender identity, veteran status, age, or any other legally protected basis.
4. The Registered Technologist practices technology founded upon theoretical knowledge and concepts, uses equipment and accessories consistent with the purposes for which they were designed, and employs procedures and techniques appropriately.
5. The Registered Technologist assesses situations; exercises care, discretion, and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.
6. The Registered Technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.
7. The Registered Technologist uses equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice, and demonstrates expertise in minimizing radiation exposure to the patient, self, and other members of the healthcare team.
8. The Registered Technologist practices ethical conduct appropriate to the profession and protects the patient's right to quality radiologic technology care.
9. The Registered Technologist respects confidences entrusted in the course of professional practice, respects the patient's right to privacy, and reveals confidential information only as required by law or to protect the welfare of the individual or the community.

- I 0. The Registered Technologist continually strives to improve knowledge and skills by participating in continuing education and professional activities, sharing knowledge with colleagues, and investigating new aspects of professional practice.
- I 1. The Registered Technologist refrains from the use of illegal drugs and/or any legally controlled substances which result in impairment of professional judgment and/or ability to practice radiologic technology with reasonable skill and safety to patients.

B. RULES OF ETHICS

The Rules of Ethics form the second part of the *Standards of Ethics*. They are mandatory standards of minimally acceptable professional conduct for all Registered Technologists and Candidates. ARRT certification and registration demonstrates to the medical community and the public that an individual is qualified to practice within the profession. The Rules of Ethics are intended to promote the protection, safety, and comfort of patients. Accordingly, it is essential that Registered Technologists and Candidates act consistently with these Rules.

The Rules of Ethics are enforceable. Registered Technologists are required to notify ARRT of any ethics violation, including state licensing issues and criminal charges and convictions, within 30 days of the occurrence or during their annual renewal of certification and registration, whichever comes first. Applicants for certification and registration are required to notify ARRT of any ethics violation, including state licensing issues and criminal charges and convictions, within 30 days of the occurrence.

Registered Technologists and Candidates engaging in any of the following conduct or activities, or who permit the occurrence of the following conduct or activities with respect to them, have violated the Rules of Ethics and are subject to sanctions as described hereunder:

The titles and headings are for convenience only, and shall not be used to limit, alter or interpret the language of any Rule.

Fraud or Deceptive Practices

FRAUD INVOLVING CERTIFICATION AND REGISTRATION

1. Employing fraud or deceit in procuring or attempting to procure, maintain, renew, or obtain or reinstate certification and registration as issued by ARRT; employment in radiologic technology; or a state permit, license, or registration certificate to practice radiologic technology. This includes altering in any respect any document issued by ARRT or any state or federal agency, or by indicating in writing certification and registration with ARRT when that is not the case.

FRAUDULENT COMMUNICATION REGARDING CREDENTIALS

2. Engaging in false, fraudulent, deceptive, or misleading communications to any person regarding any individual's education, training, credentials, experience, or qualifications, or the status of any individual's state permit, license, or registration certificate in radiologic technology or certification and registration with ARRT.

FRAUDULENT BILLING PRACTICES

3. Knowingly engaging or assisting any person to engage in, or otherwise participating in, abusive or fraudulent billing practices, including violations of federal Medicare and Medicaid laws or state medical assistance laws.

Subversion

EXAMINATION / CQR SUBVERSION

4. Subverting or attempting to subvert ARRT's examination process, and/or ARRT's Education Requirements, including the Structured Self-Assessments (SSA) that are part of the Continuing Qualifications Requirements (CQR) process. Conduct that subverts or attempts to subvert ARRT's examination, Education Requirements and/or CQR or SSA processes, includes but is not limited to:
 - i. disclosing examination and/or CQR SSA information using language that is substantially similar to that used in questions and/ or answers from ARRT examinations and/or CQR SSA when such information is gained as a direct result of having been an examinee or a participant in a CQR SSA or having communicated with an examinee or a CQR participant; this includes, but is not limited to, disclosures to students in educational programs, graduates of educational programs, educators, anyone else involved in the preparation of Candidates to sit for the examinations, or CQR participants; and/or
 - ii. soliciting and/or receiving examination and/or CQR SSA information that uses language that is substantially similar to that used in questions and/or answers on ARRT examinations or CQR SSA from an examinee, or a CQR participant, whether requested or not; and/or
 - iii. copying, publishing, reconstructing (whether by memory or otherwise), reproducing or transmitting any portion of examination and/or CQR SSA materials by any means, verbal or written, electronic or mechanical, without the prior express written permission of ARRT or using professional,

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or repeat examination takers and/or CQR SSA participants, or any other individual for the purpose of reconstructing any portion of examination and/or CQR SSA materials; and/or

- iv. using or purporting to use any portion of examination and/or CQR SSA materials that were obtained improperly or without authorization for the purpose of instructing or preparing any Candidate for examination or participant for CQR SSA; and/or
- v. selling or offering to sell, buying or offering to buy, or distributing or offering to distribute any portion of examination and/or CQR SSA materials without authorization; and/or vi. removing or attempting to remove examination and/or CQR SSA materials from an examination or SSA room; and/or
- vii. having unauthorized possession of any portion of or information concerning a future, current, or previously administered examination or CQR SSA of ARRT; and/or
- viii. disclosing what purports to be, or what you claim to be, or under all circumstances is likely to be understood by the recipient as, any portion of or “inside” information concerning any portion of a future, current, or previously administered examination or CQR SSA of ARRT; and/or
- ix. communicating with another individual during administration of the examination or CQR SSA for the purpose of giving or receiving help in answering examination or CQR SSA questions, copying another Candidate’s or CQR participant’s answers, permitting another Candidate or a CQR participant to copy one’s answers, or possessing or otherwise having access to unauthorized materials including, but not limited to, notes, books, mobile devices, computers and/or tablets during administration of the examination or CQR SSA; and/or
- x. impersonating a Candidate, or a CQR participant, or permitting an impersonator to take or attempt to take the examination or CQR SSA on one’s own behalf; and/or
- xi. using any other means that potentially alters the results of the examination or CQR SSA such that the results may not accurately represent the professional knowledge base of a Candidate, or a CQR participant.

EDUCATION REQUIREMENTS SUBVERSION

5. Subverting, attempting to subvert, or aiding others to subvert or attempt to subvert ARRT’s *Education Requirements for Obtaining and Maintaining Certification and Registration* (“Education Requirements”), including but not limited to, continuing education (CE), clinical experience and competency requirements, structured education activities, and/or Continuing Qualifications Requirements (CQR). Conduct that subverts or attempts to subvert ARRT’s Education Requirements or CQR Requirements includes, but is not limited to:
- i. providing false, inaccurate, altered, or deceptive information related to CE, clinical experience or competency requirements, structured education or CQR activities to ARRT or an ARRT recognized recordkeeper; and/or
 - ii. assisting others to provide false, inaccurate, altered, or deceptive information related to education requirements or CQR activities to ARRT or an ARRT recognized recordkeeper; and/or
 - iii. conduct that results or could result in a false or deceptive report of CE, clinical experience or competency requirements, structured education activities or CQR completion; and/or
 - iv. conduct that in any way compromises the integrity of ARRT’s education requirements, including, but not limited to, CE, clinical experience and competency requirements, structured education activities, or CQR Requirements such as sharing answers to the post-tests or self-learning activities, providing or using false certificates of participation, or verifying credits that were not earned or clinical procedures that were not performed.

FAILURE TO COOPERATE WITH ARRT INVESTIGATION

6. Subverting or attempting to subvert ARRT’s certification and registration processes by:
- i. making a false statement or knowingly providing false information to ARRT; or
 - ii. failing to cooperate with any investigation by ARRT in full or in part.

Unprofessional Conduct

FAILURE TO CONFORM TO MINIMAL ACCEPTABLE STANDARDS

7. Engaging in unprofessional conduct, including, but not limited to:
- i. a departure from or failure to conform to applicable federal, state, or local governmental rules regarding radiologic technology practice or scope of practice; or, if no such rule exists, to the minimal standards of acceptable and prevailing radiologic technology practice.
 - ii. any radiologic technology practice that may create unnecessary danger to a patient’s life, health, or safety.

Actual injury to a patient or the public need not be established under this clause.

SEXUAL MISCONDUCT

8. Engaging in conduct with a patient that is sexual or may reasonably be interpreted by the patient as sexual, or in any verbal behavior that is seductive or sexually demeaning to a patient; or engaging in sexual exploitation of a patient or former patient. This also applies to any unwanted sexual behavior, verbal or otherwise.

UNETHICAL CONDUCT

9. Engaging in any unethical conduct, including, but not limited to, conduct likely to deceive, defraud, or harm the public; or demonstrating a willful or careless disregard for the health, welfare, or safety of a patient. Actual injury need not be established under this clause.

Scope of Practice

TECHNICAL INCOMPETENCE

10. Performing procedures which the individual is not competent to perform through appropriate training and/or education or experience unless assisted or personally supervised by someone who is competent (through training and/or education or experience).

IMPROPER SUPERVISION IN PRACTICE

11. Knowingly assisting, advising, or allowing a person without a current and appropriate state permit, license, registration, or ARRT certification and registration to engage in the practice of radiologic technology, in a jurisdiction that mandates such requirements.

IMPROPER DELEGATION OR ACCEPTANCE OF A FUNCTION

12. Delegating or accepting the delegation of a radiologic technology function or any other prescribed healthcare function when the delegation or acceptance could reasonably be expected to create an unnecessary danger to a patient's life, health, or safety. Actual injury to a patient need not be established under this clause.

Fitness to Practice

ACTUAL OR POTENTIAL INABILITY TO PRACTICE

13. Actual or potential inability to practice radiologic technology with reasonable skill and safety to patients by reason of illness; use of alcohol, drugs, chemicals, or any other material; or as a result of any mental or physical condition.

INABILITY TO PRACTICE BY JUDICIAL DETERMINATION

14. Adjudication as mentally incompetent, mentally ill, chemically dependent, or dangerous to the public, by a court of competent jurisdiction.

Improper Management of Patient Records

FALSE OR DECEPTIVE ENTRIES

15. Improper management of records, including failure to maintain adequate patient records or to furnish a patient record or report required by law; or making, causing, or permitting anyone to make false, deceptive, or misleading entry in any patient record and/or any quality control record.

FAILURE TO PROTECT CONFIDENTIAL PATIENT INFORMATION

16. Revealing a privileged communication from or relating to a former or current patient, except when otherwise required or permitted by law, or viewing, using, releasing, or otherwise failing to adequately protect the security or privacy of confidential patient information.

Knowingly Providing False Information

17. Knowingly providing false or misleading information that is directly related to the care of a former or current patient.

Violation of State or Federal Law or Regulatory Rule

NARCOTICS OR CONTROLLED SUBSTANCES LAW

18. Violating a state or federal narcotics or controlled substance law, even if not charged or convicted of a violation of law. Regulatory Authority or Certification Board Rule
19. Violating a rule adopted by a state or federal regulatory authority or certification board resulting in the individual's professional license, permit, registration or certification being denied, revoked, suspended, placed on probation or a consent agreement or order, voluntarily surrendered, subjected to any conditions, or failing to report to ARRT any of the violations or actions identified in this Rule.

CRIMINAL PROCEEDINGS

20. Convictions, criminal proceedings, or military courts-martial as described below:
- i. conviction of a crime, including, but not limited to, a felony, a gross misdemeanor, or a misdemeanor; and/or
 - ii. criminal proceeding where a finding or verdict of guilt is made or returned but the adjudication of guilt is either withheld, deferred, or not entered or the sentence is suspended or stayed; or a criminal proceeding where the individual enters an Alford plea, a plea of guilty or nolo contendere (no contest); or where the individual enters into a pre-trial diversion activity; and/or
 - iii. military courts-martial related to any offense identified in these Rules of Ethics; and/or iv. required sex offender registration.

Duty to Report

FAILURE TO REPORT VIOLATION

21. Knowing of a violation or a probable violation of any Rule of Ethics by any Registered Technologist or Candidate and failing to promptly report in writing the same to ARRT.

FAILURE TO REPORT ERROR

22. Failing to immediately report to the Registered Technologist's or Candidate's supervisor information concerning an error made in connection with imaging, treating, or caring for a patient. For purposes of this rule, errors include any departure from the standard of care that reasonably may be considered to be potentially harmful, unethical, or improper (commission). Errors also include behavior that is negligent or should have occurred in connection with a patient's care, but did not (omission). The duty to report under this rule exists whether or not the patient suffered any injury.

C. ADMINISTRATIVE PROCEDURES

These Administrative Procedures provide for the structure and operation of the Ethics Committee; they detail procedures followed by the Ethics Committee and by the Board of Trustees of ARRT in administering challenges raised under the Rules of Ethics, and in handling matters relating to the denial of an application for certification and registration (for reasons other than failure to meet the criteria as stated in Article II, Sections 2.03 and 2.04 of the *Rules and Regulations* of ARRT, in which case, there is no right to a hearing) or the denial of renewal or reinstatement of certification and registration. All Registered Technologists and Candidates are required to comply with these Administrative Procedures. All Registered Technologists and Candidates are expected to conduct themselves in a professional and respectful manner in their interactions with the ARRT Board of Trustees, Ethics Committee and/or staff. Failure to cooperate with the Ethics Committee or the Board of Trustees may be considered by the Ethics Committee and by the Board of Trustees according to the same procedures and with the same sanctions as failure to observe the Rules of Ethics.

1. Ethics Committee

(A) MEMBERSHIP AND RESPONSIBILITIES OF THE ETHICS COMMITTEE

The President, with the approval of the Board of Trustees, appoints three Trustees to serve as members of the Ethics Committee, each such person to serve on the Committee until removed and replaced by the President, with the approval of the Board of Trustees, at any time, with or without cause. The President, with the approval of the Board of Trustees, will also appoint a fourth, alternate member to the Committee. In the event that the full Committee is not available for a meeting, an alternate member may participate on the Committee. If an alternate member is not available, the remaining members of the Committee will hold the meeting and act irrespective of the composition of the Committee. The Ethics Committee is responsible for: (1) investigating and reviewing each alleged violation of the Rules of Ethics and determining whether a Registered Technologist or Candidate has failed to observe the Rules of Ethics and determining an appropriate sanction; and (2) periodically assessing the Code of Ethics, Rules of Ethics, and Administrative Procedures and recommending any amendments to the Board of Trustees.

(B) THE CHAIR OF THE ETHICS COMMITTEE

The President, with the approval of the Board of Trustees, appoints one member of the Ethics Committee as the Committee's Chair to serve for a maximum term of two years as the principal administrative officer responsible for management of the promulgation, interpretation, and enforcement of the *Standards of Ethics*. In the event that the Chair is not available for a meeting, the Chair may appoint any remaining member to act as Chair. The President may remove and replace the Chair of the Committee, with the approval of the Board of Trustees, at any time, with or without cause. The Chair presides at and participates in meetings of the Ethics Committee and is responsible directly and exclusively to the Board of Trustees, using staff, legal counsel, and other resources necessary to fulfill the responsibilities of administering the *Standards of Ethics*.

(C) PRELIMINARY SCREENING OF POTENTIAL VIOLATIONS OF THE RULES OF ETHICS

The Chair of the Ethics Committee shall review each alleged violation of the Rules of Ethics that is brought to the attention of the Ethics Committee. If, in the sole discretion of the Chair: (1) there is insufficient information upon which to base a charge of a violation of the Rules of Ethics; or (2) the allegations against the Registered Technologist or Candidate are patently frivolous or inconsequential; or (3) the allegations, if true, would not constitute a violation of the Rules of Ethics, the Chair may summarily dismiss the matter. The Chair may be assisted by staff and/or legal counsel of ARRT. The Chair shall report each such summary dismissal to the Ethics Committee.

At the Chair's direction and upon request, the Chief Executive Officer of ARRT shall have the power to investigate allegations regarding the possible settlement of an alleged violation of the Rules of Ethics. The Chief Executive Officer may be assisted by staff members and/or legal counsel of ARRT. The Chief Executive Officer is not empowered to enter into a binding settlement, but rather may convey and/or recommend proposed settlements to the Ethics Committee. The Ethics Committee may accept the proposed settlement, make a counterproposal to the Certificate Holder or Candidate, or reject the proposed settlement and proceed under these Administrative Procedures.

2. Hearings

Whenever ARRT proposes to take action in respect to the denial of an application for certification and registration (for reasons other than failure to meet the criteria as stated in Article II, Sections 2.03 and 2.04 of the *Rules and Regulations* of ARRT, in which case there is no right to a hearing) or of an application for renewal or reinstatement of certification and registration, or in connection with the revocation or suspension of certification and registration, or the censure of

a Registered Technologist or Candidate for an alleged violation of the Rules of Ethics, it shall give written notice thereof to such person, specifying the reasons for such proposed action. A Registered Technologist or Candidate to whom such notice is given shall have 30 days from the date the notice of such proposed action is mailed to make a written request for a hearing. The written request for a hearing must be accompanied by a nonrefundable hearing fee in an amount to be determined by ARRT. In rare cases, the hearing fee may be waived, in whole or in part, at the sole discretion of ARRT.

Failure to make a written request for a hearing and to remit the hearing fee (unless the hearing fee is waived in writing by ARRT) within such period or submission of a properly executed Hearing Waiver form within such period shall constitute consent to the action taken by the Ethics Committee or the Board of Trustees pursuant to such notice. A Registered Technologist or Candidate who requests a hearing in the manner prescribed above shall advise the Ethics Committee of the intention to appear at the hearing. A Registered Technologist or Candidate who requests a hearing may elect to appear in person, via teleconference, videoconference, or by a written submission which shall be verified or acknowledged under oath.

A Registered Technologist or Candidate may waive the 30 day timeframe to request a hearing. To request a waiver of the 30 day timeframe, the Registered Technologist or Candidate must complete a Hearing Waiver form that is available on the ARRT website at www.rrt.org. The Hearing Waiver form must be signed by the Registered Technologist or Candidate, notarized, and submitted to ARRT. The Chief Executive Officer of ARRT shall have the authority to receive, administer, and grant the Hearing Waiver form and may be assisted by staff members and/or legal counsel of ARRT. Any sanction proposed by the Ethics Committee would become effective on the date the hearing waiver is processed.

Failure to appear at the hearing in person or via teleconference, videoconference, or to supply a written submission in response to the charges shall be deemed a default on the merits and shall be deemed consent to whatever action or disciplinary measures that the Ethics Committee determines to take. Hearings shall be held at such date, time, and place as shall be designated by the Ethics Committee or the Chief Executive Officer. The Registered Technologist or Candidate shall be given at least 30 days notice of the date, time, and place of the hearing. The hearing is conducted by Ethics Committee members other than any members of the Ethics Committee who believe for any reason that they would be unable to render an objective and unbiased decision. In the event of such disqualification, the President may appoint Trustees to serve on the Ethics Committee for the sole purpose of participating in the hearing and rendering a decision. At the hearing, ARRT shall present the charges against the Registered Technologist or Candidate in question, and the facts and evidence of ARRT in respect to the basis or bases for the proposed action or disciplinary measure. The Ethics Committee may be assisted by legal counsel. The Registered Technologist or Candidate in question, by legal counsel or other representative (at the sole expense of the Registered Technologist or Candidate in question), shall have up to 30 minutes to present testimony, and be heard in the Registered Technologist's or Candidate's own defense; to call witnesses; hear the testimony of and to cross-examine any witnesses appearing at such hearing; and to present such other evidence or testimony as the Ethics Committee shall deem appropriate to do substantial justice. Any information may be considered that is relevant or potentially relevant. The Ethics Committee will be afforded 15 minutes in addition to any unused time remaining from the Registered Technologist's or Candidate's time allotment, to ask questions and shall not be bound by any state or federal rules of evidence. The Registered Technologist or Candidate in question shall have the right to make a closing statement before the close of the hearing. A transcript or an audio recording of the hearing testimony is made for in person, teleconference, and videoconference hearings only. Ethics Committee deliberations are not recorded.

In the case where ARRT proposes to take action in respect to the denial of an application for certification and registration (for reasons other than failure to meet the criteria as stated in Article II, Sections 2.03 and 2.04 of the *Rules and Regulations* of ARRT) or the denial of renewal or reinstatement of certification and registration, the Ethics Committee shall assess the evidence presented at the hearing, or continue the matter and request the Registered Technologist or Candidate provide additional evidentiary information prior to making its decision, and shall subsequently prepare written findings of fact and its determination as to whether grounds exist for the denial of an application for certification and registration or renewal or reinstatement of certification and registration, and shall promptly transmit the same to the Registered Technologist or Candidate in question and to the Board of Trustees at the next Board of Trustees meeting.

In the case of alleged violations of the Rules of Ethics by a Registered Technologist or Candidate, the Ethics Committee shall assess the evidence presented at the hearing, or continue the matter and request the Certificate Holder or Candidate provide additional evidentiary information prior to making its decision, and shall subsequently prepare written findings of fact and its determination as to whether there has been a violation of the Rules of Ethics and, if so, the appropriate sanction, and shall promptly transmit the same to the Registered Technologist or Candidate in question and to the Board of Trustees at the next Board of Trustees meeting.

Potential actions available to the Ethics Committee are set forth in Section 4 (Range of Actions). Unless a timely appeal from any findings of fact and determination by the Ethics Committee is taken to the Board of Trustees in accordance with Section 3 below (Appeals), the Ethics Committee's findings of fact and determination in any matter (including the specified sanction) shall be final and binding upon the Registered Technologist or Candidate in question.

3. Appeals

Except as otherwise noted in these Administrative Procedures, the Registered Technologist or Candidate may appeal any decision of the Ethics Committee to the Board of Trustees by submitting a written request for an appeal within 30 days after the decision of the Ethics Committee is mailed. The written request for an appeal must be accompanied by a nonrefundable appeal fee in an amount to be determined by ARRT. In rare cases, the appeal fee may be waived, in whole or in part, at the sole discretion of ARRT.

Failure to make a written request for an appeal and to remit the appeal fee (unless the appeal fee is waived in writing by ARRT) within such period or submission of a properly executed Appeal Waiver form within such period shall constitute consent to the action taken by the Ethics Committee or Board of Trustees pursuant to such notice.

A Registered Technologist or Candidate may waive the 30 day timeframe to request an appeal. To request a waiver of the 30 day timeframe, the Registered Technologist or Candidate must complete an Appeal Waiver form that is available on the ARRT website at www.rrt.org. The Appeal Waiver form must be signed by the Registered Technologist or Candidate, notarized, and submitted to ARRT. The Chief Executive Officer of ARRT shall have the authority to receive, administer, and grant the Appeal Waiver form and may be assisted by staff members and/or legal counsel of ARRT. Any sanction proposed by the Ethics Committee would become effective on the date the appeal waiver is processed.

In the event of an appeal, those Trustees who participated in the hearing of the Ethics Committee shall not participate in the appeal. The remaining members of the Board of Trustees, other than any members who believe for any reason that they would be unable to render an objective and unbiased decision, shall consider the decision of the Ethics Committee, the files and records of ARRT applicable to the case at issue, and any written appellate submission of the Registered Technologist or Candidate in question, and shall determine whether to affirm or to modify the decision of the Ethics Committee or to remand the matter to the Ethics Committee for further consideration. In making such determination to affirm or to modify, findings of fact made by the Ethics Committee shall be conclusive if supported by any evidence. The Board of Trustees may grant re-hearings, hear additional evidence, or request that ARRT or the Registered Technologist or Candidate in question provide additional information in such manner, on such issues, and within such time as it may prescribe. All hearings and appeals provided for herein shall be private at all stages. It shall be considered an act of professional misconduct for any Registered Technologist or Candidate to make an unauthorized publication or revelation of the same, except to the Registered Technologist's or Candidate's attorney or other representative, immediate superior, or employer.

4. Range of Actions

(A) NO ACTION

A determination of no action means that there is little or no evidence to substantiate that a violation even occurred. In a situation lacking even a preponderance of evidence, the complaint is determined to be unsubstantiated.

(B) CLEAR

A determination that there was a violation of the Rules of Ethics but that no further action will be taken against a person's eligibility for certification and registration or for continued certification and registration. The determination of cleared/eligible can be made administratively by staff, by the Chair, or by the Committee depending on the nature of the violation and existing policies addressing authority for taking action. After a violation has been cleared, the applicant or registrant will not be required to report the violation in the future.

(C) PRIVATE REPRIMANDS

A private reprimand is a reprimand that is between the individual and ARRT and is not reported to the public. Private reprimands allow for continued certification and registration.

(D) PUBLIC REPRIMANDS

A public reprimand is a sanction that is published on ARRT's website for a period of one year. Public reprimands allow for continued certification and registration.

(E) CONDITIONAL

Conditional status may be given for continued certification and registration in those cases where there are additional requirements that need to be met before the ethics file can be closed (e.g., conditions mandated by the court, regulatory authority and/or Ethics Committee).

(f) Suspensions

Suspension is the temporary removal of an individual's certification and registration in all categories for up to one year.

(G) SUMMARY SUSPENSIONS

Summary suspension is an immediate suspension of an individual's certification and registration in all categories. If an alleged violation of the Rules of Ethics involves the occurrence, with respect to a Registered Technologist, of an event described in the Rules of Ethics, or any other event that the Ethics Committee determines would, if true, potentially pose harm to the health, safety, or well-being of any patient or the public, then, notwithstanding anything apparently or expressly to the contrary contained in these Administrative Procedures, the Ethics Committee may, without prior notice to the Registered Technologist and without a prior hearing, summarily suspend the certification and registration of the individual pending a final determination under these Administrative Procedures with respect to whether the alleged violation of the Rules of Ethics in fact occurred. Within five working days after the Ethics Committee summarily suspends the certification and registration of an individual in accordance with this provision, the Ethics Committee shall, by expedited delivery or certified mail, return receipt requested, give to the individual written notice that describes: (1) the summary suspension; (2) the reason or reasons for it; and (3) the right of the individual to request a hearing with respect to the summary suspension by written notice to the Ethics Committee, which written notice must be received by the Ethics Committee not later than 15 days after the date of the written notice of summary suspension by the Ethics Committee to the individual. If the individual requests a hearing in a timely manner with respect to the summary suspension, the hearing shall be held before the Ethics Committee or a panel comprised of no fewer than two members of the Ethics Committee as promptly as practicable, but in any event within 30 days after the Ethics Committee's receipt of the individual's request for the hearing, unless both the individual and the Ethics Committee agree to a postponement beyond the 30 day period. The Ethics Committee has the absolute discretion to deny any request for a postponement and to proceed to a hearing with or without the

participation of the individual. The applicable provisions of Section 2 (Hearings) of these Administrative Procedures shall govern all hearings with respect to

summary suspensions, except that neither a determination of the Ethics Committee, in the absence of a timely request for a hearing by the affected individual, nor a determination by the Ethics Committee or a panel, following a timely requested hearing, is appealable to the Board of Trustees.

(H) INELIGIBLE

An individual may be determined ineligible to obtain or renew certification and registration or ineligible for reinstatement of certification and registration. The time frame may be time limited or permanent.

(i) Revocation

Revocation removes the individual's certification and registration in all categories. The time frame may be time limited or permanent.

(J) ALTERNATIVE DISPOSITIONS

An Alternative Disposition ("AD") is a contract between an individual and the ARRT (as represented by the Ethics Committee) that allows for continued certification and registration in lieu of revocation, provided the individual performs certain requirements, including, but not limited to, providing documentation, attending counseling and/or submitting to random drug and/or alcohol screening. A Registered Technologist or Candidate who voluntarily enters into an Alternative Disposition Agreement agrees to waive all rights set forth in these Administrative Procedures.

(K) DENY REMOVAL OF A SANCTION

After a predetermined time, an individual may request removal of a sanction that had been previously imposed by the Committee. Sufficient compelling evidence must be provided to convince the Committee the sanction should be removed or modified. If evidence is not provided, the Committee may deny removal of the sanction. Situations that may result in denial of a sanction removal request include: additional violations of the Rules of Ethics after the sanction was imposed, failure to demonstrate that there has been adequate rehabilitation, and/or continued denial of responsibility.

(L) CIVIL OR CRIMINAL PENALTIES

Conduct that violates ARRT's Rules of Ethics may also violate applicable state or federal law. In addition to the potential sanctions under the *Standards of Ethics*, ARRT may, without giving prior notice, pursue civil and/or criminal penalties.

5. Publication of Adverse Decisions

Summary suspensions and final decisions (other than private reprimands, Alternative Dispositions and conditional statuses) that are adverse to a Registered Technologist or Candidate will be communicated to the appropriate authorities of certification organizations and state licensing agencies and provided in response to written inquiries into an individual's certification and registration status. The ARRT shall also have the right to publish any final adverse decisions and summary suspensions and the reasons therefore. For purposes of this paragraph, a "final decision" means and includes: a determination of the Ethics Committee relating to an adverse decision if the affected individual did not request a hearing in a timely manner; a non-appealable decision of the Ethics Committee; an appealable decision of the Ethics Committee from which no timely appeal is taken; and, the decision of the Board of Trustees in a case involving an appeal of an appealable decision of the Ethics Committee.

6. Procedure to Request Removal of a Sanction

A sanction imposed by ARRT, including a sanction specified in a Settlement Agreement, specifically provides a sanction time frame and it shall be presumed that a sanction may only be reconsidered after the time frame has elapsed. At any point after a sanction first becomes eligible for reconsideration, the individual may submit a written request ("Request") to ARRT asking the Ethics Committee to remove the sanction. The Request must be accompanied by a nonrefundable fee in an amount to be determined by ARRT. A Request that is not accompanied by the fee will be returned to the individual and will not be considered. In rare cases, the fee may be waived, in whole or in part, at the sole discretion of ARRT. The individual is not entitled to make a personal appearance before the Ethics Committee in connection with a Request to remove a sanction or to modify a Settlement Agreement.

Although there is no required format, Requests for both sanction removal and Settlement Agreement modification must include compelling reasons justifying the removal of the sanction or modification of the Settlement Agreement. It is recommended that the individual demonstrate at least the following: (1) an understanding of the reasons for the sanction; (2) an understanding of why the action leading to the sanction was felt to warrant the sanction imposed; and (3) detailed information demonstrating that the individual's behavior has improved and similar activities will not be repeated. Letters of recommendation from individuals, who are knowledgeable about the person's sanction imposed; and current character and behavior, including efforts at rehabilitation, are advised. If a letter of recommendation is not on original letterhead or is not duly notarized, the Ethics Committee shall have the discretion to ignore that letter of recommendation.

Removal of the sanction is a prerequisite to apply for certification and registration. If, at the sole discretion of the Ethics Committee, the sanction is removed, the individual will be allowed to pursue certification and registration via the policies and procedures in place at that time as stated in Section 6.05 of the *ARRT Rules and Regulations*.

If the Ethics Committee denies a Request for removal of the sanction or modification of a Settlement Agreement, the decision is not subject to a hearing or to an appeal, and the Committee will not reconsider removal of the sanction or modification of the Settlement Agreement for as long as is directed by the Committee.

7. Amendments to the Standards of Ethics

The ARRT reserves the right to amend the *Standards of Ethics* following the procedures under Article XII, Section 12.02 of the *ARRT Rules and Regulations*.



Standards for an Accredited Educational Program in Radiography

Effective January 1, 2021

Adopted April 2020



Excellence in Education

Introductory Statement

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.

The JRCERT is recognized by both the United States Department of Education (USDE) and the Council for Higher Education Accreditation (CHEA). The JRCERT **Standards** incorporate many of the regulations required by the USDE for accrediting organizations to assure the quality of education offered by higher education programs. Accountability for performance and transparency are also reflected in the **Standards** as they are key factors for CHEA recognition.

The JRCERT accreditation process offers a means of providing assurance to the public that a program meets specific quality standards. The process not only helps to maintain program quality but stimulates program improvement through outcomes assessment.

There are six (6) standards. Each standard is titled and includes a narrative statement supported by specific objectives. Each objective, in turn, includes the following clarifying elements:

- A. **Explanation** - provides clarification on the intent and key details of the objective.
- B. **Required Program Response** - requires the program to provide a brief narrative and/or documentation that demonstrates compliance with the objective.
- C. **Possible Site Visitor Evaluation Methods** - identifies additional materials that may be examined and personnel who may be interviewed by the site visitors at the time of the on-site evaluation in determining compliance with the particular objective. Review of supplemental materials and/or interviews is at the discretion of the site visit team.

Regarding each standard, the program must:

- D. Identify strengths related to each standard
- E. Identify opportunities for improvement related to each standard
- F. Describe the program's plan for addressing each opportunity for improvement
- G. Describe any progress already achieved in addressing each opportunity for improvement
- H. Provide any additional comments in relation to each standard

THE SELF-STUDY REPORT, AS WELL AS THE RESULTS OF THE ON-SITE EVALUATION CONDUCTED BY THE SITE VISIT TEAM, WILL DETERMINE THE PROGRAM'S COMPLIANCE WITH THE STANDARDS BY THE JRCERT BOARD OF DIRECTORS.

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The sponsoring institution and program promote accountability and fair practices in relation to students, faculty, and the public. Policies and procedures of the sponsoring institution and program must support the rights of students and faculty, be well-defined, written, and readily available.

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The sponsoring institution and program have policies and procedures that promote the health, safety, and optimal use of radiation for students, patients, and the public.

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The extent of a program’s effectiveness is linked to the ability to meet its mission, goals, and student learning outcomes. A systematic, ongoing assessment process provides credible evidence that enables analysis and critical discussions to foster ongoing program improvement.

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Standard One: Accountability, Fair Practices, and Public Information

The sponsoring institution and program promote accountability and fair practices in relation to students, faculty, and the public. Policies and procedures of the sponsoring institution and program must support the rights of students and faculty, be well-defined, written, and readily available.

Objectives:

- The sponsoring institution and program provide students, faculty, and the public with policies, procedures, and relevant information. Policies and procedures must be fair, equitably applied, and readily available.
- The sponsoring institution and program have faculty recruitment and employment practices that are nondiscriminatory.
- The sponsoring institution and program have student recruitment and admission practices that are nondiscriminatory and consistent with published policies.
- The program assures the confidentiality of student educational records.
- The program assures that students and faculty are made aware of the JRCERT **Standards for an Accredited Educational Program in Radiography** and the avenue to pursue allegations of noncompliance with the **Standards**.
- The program publishes program effectiveness data (credentialing examination pass rate, job placement rate, and program completion rate) on an annual basis.
- The sponsoring institution and program comply with the requirements to achieve and maintain JRCERT accreditation.

STANDARD TWO: INSTITUTIONAL COMMITMENT AND RESOURCES

The sponsoring institution demonstrates a sound financial commitment to the program by assuring sufficient academic, fiscal, personnel, and physical resources to achieve the program's mission.

Objectives:

- The sponsoring institution provides appropriate administrative support and demonstrates a sound financial commitment to the program.
- The sponsoring institution provides the program with the physical resources needed to support the achievement of the program's mission.
- The sponsoring institution provides student resources.
- The sponsoring institution and program maintain compliance with United States Department of Education (USDE) Title IV financial aid policies and procedures, if the JRCERT serves as gatekeeper.

STANDARD THREE: FACULTY AND STAFF

The sponsoring institution provides the program adequate and qualified faculty that enable the program to meet its mission and promote student learning.

Objectives:

- The sponsoring institution provides an adequate number of faculty to meet all educational, accreditation, and administrative requirements.
- The sponsoring institution and program assure that all faculty and staff possess the academic and professional qualifications appropriate for their assignments.
- The sponsoring institution and program assure the responsibilities of faculty and clinical staff are delineated and performed.
- The sponsoring institution and program assure program faculty performance is evaluated and results are shared regularly to assure responsibilities are performed.
- The sponsoring institution and/or program provide faculty with opportunities for continued professional development.

STANDARD FOUR: CURRICULUM AND ACADEMIC PRACTICES

The program's curriculum and academic practices prepare students for professional practice. Objectives:

- The program has a mission statement that defines its purpose.
- The program provides a well-structured curriculum that prepares students to practice in the professional discipline.
- All clinical settings must be recognized by the JRCERT.
- The program provides timely, equitable, and educationally valid clinical experiences for all students.
- The program provides learning opportunities in advanced imaging and/or therapeutic technologies.
- The program assures an appropriate relationship between program length and the subject matter taught for the terminal award offered.
- The program measures didactic, laboratory, and clinical courses in clock hours and/or credit hours through the use of a consistent formula.

STANDARD FIVE: HEALTH AND SAFETY

The sponsoring institution and program have policies and procedures that promote the health, safety, and optimal use of radiation for students, patients, and the public.

Objectives:

- The program assures the radiation safety of students through the implementation of published policies and procedures.
- The program assures each energized laboratory is in compliance with applicable state and/or federal radiation safety laws.
- The program assures that students employ proper safety practices.
- The program assures that medical imaging procedures are performed under the appropriate supervision of a qualified radiographer.
- The sponsoring institution and/or program have policies and procedures that safeguard the health and safety of students.

STANDARD SIX: PROGRAMMATIC EFFECTIVENESS AND ASSESSMENT:
USING DATA FOR SUSTAINED IMPROVEMENT

The extent of a program's effectiveness is linked to the ability to meet its mission, goals, and student learning outcomes. A systematic, ongoing assessment process provides credible evidence that enables analysis and critical discussions to foster ongoing program improvement.

Objectives:

- The program maintains the following program effectiveness data:
 - five-year average credentialing examination pass rate of not less than 75 percent at first attempt within six months of graduation,
 - five-year average job placement rate of not less than 75 percent within twelve months of graduation, and
 - annual program completion rate.

- The program analyzes and shares its program effectiveness data to facilitate ongoing program improvement.

- The program has a systematic assessment plan that facilitates ongoing program improvement.

- The program analyzes and shares student learning outcome data to facilitate ongoing program improvement.

- The program periodically reevaluates its assessment process to assure continuous program improvement.

Awarding, Maintaining, and Administering Accreditation

- **PROGRAM/SPONSORING INSTITUTION RESPONSIBILITIES**

- Applying for Accreditation

The accreditation review process conducted by the Joint Review Committee on Education in Radiologic Technology (JRCERT) is initiated by a program through the written request for accreditation sent to the JRCERT, on program/institutional letterhead. The request must include the name of the program, the type of program, and the address of the program. The request is to be submitted, with the applicable fee, to:

Joint Review Committee on Education in Radiologic Technology 20 North
Wacker Drive, Suite 2850
Chicago, IL 60606-3182

Submission of such information will allow the program access to the JRCERT's Accreditation Management System (AMS). The initial application and self-study report will then be available for completion and submission through the AMS.

- Administrative Requirements for Maintaining Accreditation

- Submitting the self-study report or a required progress report within a reasonable period of time, as determined by the JRCERT.
 - Agreeing to a reasonable site visit date before the end of the period for which accreditation was awarded.
 - Informing the JRCERT, within a reasonable period of time, of changes in the institutional or program officials, program director, clinical coordinator, full-time didactic faculty, and clinical preceptor(s).
 - Paying JRCERT fees within a reasonable period of time. Returning, by the established deadline, a completed Annual Report.
 - Returning, by the established deadline, any other information requested by the JRCERT.

Programs are required to comply with these and other administrative requirements for maintaining accreditation. Additional information on policies and procedures is available at www.jrcert.org.

Program failure to meet administrative requirements for maintaining accreditation will lead to Administrative Probationary Accreditation and potentially result in Withdrawal of Accreditation.

- **JRCERT Responsibilities**

- Administering the Accreditation Review Process

The JRCERT reviews educational programs to assess compliance with the **Standards for an Accredited Educational Program in Radiography**.

The accreditation process includes a site visit.

Before the JRCERT takes accreditation action, the program being reviewed must respond to the report of findings.

The JRCERT is responsible for recognition of clinical settings.

- Accreditation Actions

Consistent with JRCERT policy, the JRCERT defines the following as accreditation actions:

Accreditation, Probationary Accreditation, Administrative Probationary Accreditation, Withholding Accreditation, and Withdrawal of Accreditation (Voluntary and Involuntary).

For more information regarding these actions, refer to JRCERT [Policy 10.200](#).

A program or sponsoring institution may, at any time prior to the final accreditation action, withdraw its request for initial or continuing accreditation.

Educators may wish to contact the following organizations for additional information and materials:

Accreditation: Joint Review Committee on Education in Radiologic Technology
 20 North Wacker Drive, Suite 2850
 Chicago, IL 60606-3182
 (312) 704-5300
 www.jrcert.org

Curriculum: American Society of Radiologic Technologists 15000
 Central Avenue, S.E.
 Albuquerque, NM 87123-3909
 (505) 298-4500
 www.asrt.org

Certification: American Registry of Radiologic Technologists 1255
 Northland Drive
 St. Paul, MN 55120-1155 (651) 687-
 0048
 www.arrt.org

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20 North Wacker Drive Suite 2850
Chicago, IL 60606-3182
(312) 704-5300
(312) 704-5304 (fax)
mail@jrcert.org (e-mail)
www.jrcert.org

