RADIOLOGIC TECHNOLOGY

CLINICAL POLICIES & PROCEDURES HANDBOOK

(CPPH)

2016-2017

TABLE OF CONTENTS

GENERAL INFORMATION

POLICIES

FORMS

Appendix

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

Linda LeFave, M.Ed., RT(R)(M)(QM)
Program Director
lindal@qcc.mass.edu
508-854-4289

Colleen Kirley, B.S., RT(R)(CT)
Clinical Coordinator
ckirley@qcc.mass.edu
508-854-2769

Margaret Gniadek, B.S., RT(R)(M)
Clinical Coordinator
mgniadek@qcc.mass.edu
508-854-7547

Mission Statement:

The QCC Radiologic Technology program educates individuals, who upon completion of the program demonstrate entry level skills, knowledge and professional attributes essential to the practice of Radiologic Technology. Students meet the professional responsibilities of caring for patients from a global society, through the integration of personal and professional values, theoretical knowledge and clinical skills.

Program Goals*

The Radiologic Technology program prepares students to serve the local community as medical imaging professionals by meeting the specific goals to: (1) demonstrate competence in performing entry-level medical radiography procedures, (2) exhibit professional and ethical behaviors, (3) demonstrate critical thinking & problem solving skills for immediate and life-long learning, and (4) employ effective written and oral communication skills.

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

RADIOLOGIC TECHNOLOGY PROGRAM CURRICULUM

Course Number	Course Title	Credits
	First Year	
Summer Session		
ENG 101	English Composition & Literature I	3
BIO 111	Anatomy & Physiology I	4
MAT 122	Statistics	3
		10 total
Fall Semester		
PSY 101	Introduction to Psychology OR	
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	2
		18 total
Second Semester		
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	5
RDT 141	Radiation Science	2
		17 total
	Second Year	
First Semester		
ENG 102	English Composition & Literature II	3
RDT 231	Medical Radiographic Clinic III	5
RDT 240	Imaging Applications	4
RDT 245	Medical Radiographic Equipment & Quality Assurance	3
		15 total
Second Semester		
RDT 232	Medical Radiographic Clinic IV	4
RDT 252	Radiology Seminar	4
RDT 254	Radiographic Pathology and Pharmacology	3
RDT 260	CT & Cross Section Anatomy	2
		13 total
	Total credits required for degree	**73**

QUINSIGAMOND COMMUNITY COLLEGE

RADIOLOGIC TECHNOLOGY PROGRAM

CLINICAL EDUCATION SETTINGS & INSTRUCTORS

St. Vincent Hospital
123 Summer Street
Worcester, MA 01604
(508) 363-6370
Joan Shea, B.S., R.T.(R)(M)(ARRT)
joan.shea@stvincenthospital.com

Health Alliance Hospital
Leominster Campus
60 Hospital Road
Leominster, MA 01420
(978) 466-2685
Bethann Fatcheric, A.S., R.T. (R)(M)(ARRT)
bfatcheric@healthalliance.com

Kayte Foley, B.S., R.T.(R)(ARRT)
kfoley1@healthalliance.com

Heywood Hospital
242 Green Street
Gardner, MA. 01440
(978) 630-6530
Amanda Ares, B.A., R.T.(R)(ARRT)
Amanda.ares@heywood.org

Harrington Hospital
100 South Street
Southbridge, MA 01550
(508) 765-3043
Jessica Forcier, A.S., R.T.(R)(ARRT)
jforcier@harringtonhospital.org

Lisa Maniatis, B.S., R.T.(R)(ARRT)
lmaniatis@qcc.mass.edu

UMassMemorial Medical Center
Memorial Campus
119 Belmont Street
Worcester, MA 01605
(508) 334-5794
Michele Foley, A.S., R.T.(R)(ARRT)
Michele.Foley@umassmemorial.org

University Campus
55 North Lake Avenue
Worcester, MA 01655
(774) 442-5147
Jessica Helliwell, A.S., R.T.(R)(ARRT)
jhelliwell@qcc.mass.edu

Jonathan Umana, A.S., R.T.(R)(ARRT)
jumana@qcc.mass.edu

Marlborough Hospital
157 Union Street
Marlborough, MA 01752
(508) 486-5615
Matthew Carey, A.S., R.T.(R)(ARRT)
Matthew.Carey@umassmemorial.org

Reliant Medical Group
135 Gold Star Boulevard
Worcester, MA 01606
(508) 853-0011 x56223
Lisa Kisiel, A.S., R.T.(R)(ARRT)
Lisa.Kisiel@reliantmedicalgroup.org

MEDICAL RADIOGRAPHIC CLINIC SCHEDULE

RDT 131 is scheduled on Tuesdays & Thursdays. The hours will be 12:30 – 4 pm for Thursdays during the first five weeks and then will be for an 8.5 hr shift. Tuesdays will be the 8.5 hr shift for the full semester. Each clinical education setting determines the specific hours for the full-day shift (i.e. 7:00-3:30; 7:30-4:00; 8:00-4:30).

RDT 132* begins the first weekday following January 1st, Monday - Friday (40 hrs. per week) for the duration of the college winter intersession, then resumes the Tuesday/Thursday schedule when second semester classes begin. Clinical hours will be a full 8.5-hour day shift. At the conclusion of the semester, the clinical assignment will increase to full time (32-40 hrs. per week) through the end of June.

RDT 231* begins the first week of August (may include the last days of July) and occurs at a new clinical education setting (students notified of their assignment during May). During this period clinical will be scheduled on a full time basis (40 hrs. per week) until the fall semester begins (approximately Sep.1), at which time the scheduled days will be Monday, Wednesday and Friday.

RDT 232* begins the week before the start of the spring semester on a full time basis (40 hrs. per week) and follows the Monday/Wednesday/Friday schedule when the regular semester starts.

***** Each student may be assigned to work an alternate (i.e. 11 a.m.-7 p.m.) shift 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 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 size cassette/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, tomographic 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 (policy 8).
4. State the process to follow upon failing a competency examination (policy 8.7).
5. State and practices proper radiation protection and dosimetry methods (policy 12).
6. Identify the correct procedural steps required for repeating a radiographic exam (policy 13).
7. Differentiate between "direct" & "indirect" supervision; explain these terms relative to their competency status (policy 13).

RDT 131

Medical Radiography – Clinic I

Placement: First Year: First Semester S.H. Credit: 2
Instructor: Clinical Instructor of Assigned CES/Clinical Coordinator
Time Span: September – December
Co-Requisites: RDT 110 & RDT 121

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 *Equipment, Patient Care, Image Processing, Patient Transfer*, *Vital Signs & O_2 Administration.* The first 4 pre-clinical (check-off) evaluations must be satisfactorily completed before attempting competency evaluation.
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**

RDT 132
Medical Radiography – Clinic II

Placement: First year: Second Semester S.H. credit: 5
Instructor: Clinical Instructor of Assigned CES/Clinical Coordinator
Time Span: January through June
Prerequisite: RDT 131

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* and *Mobile Equipment** pre-clinical (check-off) evaluations.
2. Successful completion of **20**** 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 (10) 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
**An additional 6 competencies may be completed & carried over to 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 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**

RDT 231
Medical Radiography – Clinic III

Placement: Second Year; Summer Intersession & Fall Semester SH Credit: 5
Instructor: Clinical Instructor of Assigned CES/Clinical Coordinator
Time Span: August through December
Prerequisites: RDT 132

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. Completion of pre-clinical (check-off) evaluations for *Mobile Radiographic Equipment* and *C-Arm Fluoroscopic Equipment.*
2. Successful completion of **20** 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.
3. Completion of four additional **(4)** ongoing competency exams (instructor selected).
4. Demonstration of continued progress and competency in technical and professional development.
5. Compliance with hospital and college policy/procedures regarding professional and ethical conduct.
6. 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**

RDT 232
Medical Radiography – Clinic IV

Placement: Second Year; Second Semester S.H. Credit 4
Instructor: Clinical Instructor of Assigned CES/Clinical Coordinator
Time Span: January through May
Prerequisite: RDT 231

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/O_2 Administration* check offs.
2. Successful completion of **12** remaining mandatory and elective 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**

Competency Requirements
Exams Appropriate for RDT 131 – 3 required

Mandatory Exams

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

Exams Appropriate for RDT 132 – 20 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

Exams Appropriate for RDT 231 – 20 required

Mandatory

Cervical Spine	Hip (CTL)	Mobile Chest	Geriatric Patient – Chest
Trauma Upper Extremity	Spine (CTL)	Mobile Abdomen	Geriatric – Upper Extremity
Trauma Lower Extremity	Fluoro – Upper GI or BE	Mobile Extremity	Geriatric – Lower Extremity
Trauma Shoulder (trans, axial/Y)	Fluoro (select from electives)		Ongoing Competencies (4)

Electives

Scoliosis Series	Fluoro – UpperGI or BE	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)

Exams Appropriate for RDT 232 – 12 required

Mandatory

Head (select from electives)	C-Arm Surgical (Sterile field)	C-Arm Surgical (Manipulation)	Ongoing Competencies (4)
Pediatric Chest			

Electives

Pediatric Abdomen	Pediatric Mobile Exam	Head – Orbits	Head – Mandible
Pediatric Upper Extremity	Head – Skull	Head – Nasal Bones	Head – Zygomatic Arches
Pediatric Lower Extremity	Head – Sinuses	Head – Facial Bones	Head – TMJ's

Total: 40 Mandatory; 15 Electives (of 32); 8 Ongoing

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

6 additional comps can be carried from 1st to 2nd rotation

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 achieve 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 faculty hired by the college to work with clinical instructors and support the clinical education experience.

Clinical Instructor (Education Coordinator) – full-time equivalent radiographer 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 Rotation – 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* rotations are short assignments (4-6 days) to an alternate CES to provide students with supplemental clinical experiences not available in their primary CES.

Faculty Board – comprised of the Program Faculty and Clinical Instructors; 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 hired by the college to work in cooperation with program & clinical Instructors to administer the program and provide a comprehensive curriculum.

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 & CORI/SORI clearance must be on file with appropriate college or program officials. Students not meeting this requirement **will not be allowed to begin their clinical assignments.** The missed time will be recorded and processed as described in policy 3; students missing specific clinical orientation sessions will be required to make up that time (policy 3).

1.1 CPR Certification and Re-Certification: All students are required to be certified in cardio-pulmonary resuscitation (CPR), specifically *Basic Life Support for Healthcare Providers*, through either the American Heart Association or American Red Cross. The certification program MUST include training in CPR skills for the adult, child & infant, obstructed airway care, the use of ventilation devices and of the automated external defibrillator (AED). Online training is NOT acceptable.

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) check at the beginning of each semester. 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 with a CORI/SORI record are advised to begin the ARRT pre-application process to determine registry eligibility upon program completion. An application for this review may be obtained by calling the ARRT at (651) 687-0048, ext. 544 or from the "Ethics" section of their website, www.arrt.org.

1.3 Random Drug Screening: Students will be required to undergo and pass a drug screening analysis 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, which may affect their status in the program.

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

1.5 Technical Standards – To understand the physical requirements and skills/abilities to be a successful radiographer, please review the technical standards at: http://www.onetonline.org/link/summary/29-2034.00.

1.6 Trajecsys® (Clinical Management System) – Each student must access and create an account at www.trajecsys.com by the end of the first week of the first semester. This service manages student Attendance (policy 3.1), Daily log (policy 7) and Clinical Assessment (policy 8).

2. Clinical Education Setting (CES): While enrolled in the Quinsigamond Community College radiologic technology program, the student will rotate through two (2) primary CES. Temporary assignments to additional CES may be required to provide students with a complete clinical education experience. The program faculty and clinical instructors shall make assignment of students to specific CES. Students will be responsible for providing their own transportation to any assigned CES. Consideration of individual family, work or travel limitations will not be considered.

2.1 Specific criteria used in this decision process are:

2.1.1 The maximum number of students approved for each CES by the JRCERT, must not be exceeded.

2.1.2 Each student will rotate through two (2) different CES. No student may remain at the same setting.

2.1.3 When possible, each student will be assigned a rotation at a large CES and a small CES.

2.2 Trajecsys®

2.2.1 Attendance

2.2.2 Daily recording of participation in imaging procedures

2.2.3 Documentation of supervision for Repeat Imaging

2.2.4 Review of Performance & Competency evaluations

2.3 Weekly work limits – JRCERT standards limit the total 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 3.4).

2.4 Breaks, lunch and dinner schedules are assigned at the discretion of the clinical instructor or designee when students are on clinical assignment. Any variation from the daily assignments requires approval of the clinical instructor or designee.

2.5 Students must adhere to the Smoking policy of the CES as described by the Clinical Instructor.

3. Attendance: The development of satisfactory clinical skills as expected of a medical imaging professional and successful progression through the radiologic technology program requires students to attend all assigned clinical days on a regular and dependable basis. The complete clinical calendar is issued to all students at the beginning of each clinical rotation period.

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 within 10 minutes of the beginning and end of their assigned shift. Incomplete or missing attendance data will require students to file an "exception" for which the clinical instructor may or may not "approve" with further evidence of attendance.
- Use of personal mobile devices will be determined by individual clinical sites/instructors.

3.2 Absences - Each student is allowed four (4) absences per clinical rotation (September – June, August – May). Absences must be used in a minimum of 4 hour increments.

3.3 Planned Extended 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.

5.3.1 Stand and/or walk for up to 4 hours

5.3.2 Lift, bend and/or reach overhead with no limitations

5.3.3 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 instructor or designee prior to the scheduled start time according to the process defined by the instructor. Attendance records shall be kept by the clinical instructor. 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 within a clinical rotation**;** 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 a semester; upon the **fourth** occurrence, counseling/disciplinary action shall be initiated.

3.6 Make up Time: The days and times for makeup of excessive absences will be agreed upon by the student and clinical instructor, and will adhere to the following criteria:

3.6.1 Clinical Instructor 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 instructor 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 agreement form on page 64.

3.8 Attendance history for each student shall carry forward from first to second rotation, 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.

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 PHI.

5. Professionalism: Radiologic technology students are expected to act in a professional manner as evidenced by their behavior and attitude in the clinical setting. This shall include being respectful and courteous towards all people encountered, regardless of their status and complete compliance with the personal appearance policy contained in this document. Additionally, students are expected to be knowledgeable of the patient's bill of rights, are responsible for providing safe and appropriate care of patients, and expected to maintain a patient's privacy and confidentiality of all information. Students will be educated in the specifics of the profession's Standards of Ethics, which is included at the end 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:

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

5.2 Provide optimum patient care by following all safety policies and properly attending their patients during procedures.

5.3 Comply with policies related to confidentiality of patient, staff and student records/data, smoking and eating in or around the CES.

5.4 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.

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

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

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

5.5.1 Refrain from carrying/utilizing any form of personal communication device (voice or email) during clinical hours except during assigned break/lunch periods.

5.5.2 Access the internet for direct clinical purposes only

5.6 Maintain a professional attitude when in the presence of other students, staff technologists, program faculty, physicians and patient.

6. Counseling/Discipline Process:

6.1 Category 1 – 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: 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 for repeat (3 occurrences) or various violations (5 occurrences).

6.2 Category II – expectation that student will learn and not repeat their actions

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, non-clinical/educational use of phone or computer.

6.2.4 Non-compliance with program/CES policies including, but not limited to: attendance (3), appearance (9), radiation safety (12), supervision (13), 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, accepting poor quality images.

6.3 Counseling/Discipline Process: Noncompliance with CES and/or program Clinical policies & procedures shall be addressed as follows:

6.3.1 First offense – counseling/discipline action from the clinical instructor, stating the specific infraction and expectations for future behavior. The student will sign this report to document they are aware of the situation and will be directed to meet with the program director or designee. The clinical instructor may require the student present themselves at the next scheduled meeting of the program faculty and clinical instructors to explain their actions. The student will receive 2 clinical demerits.

6.3.2 Second offense (of a previously counseled action) – counseling/discipline action and a three-day suspension from clinical. The student will sign this report to document they are aware of the situation and will be directed to meet with the program director or designee. Upon return to clinical assignment, the student must submit a written statement, to the clinical instructor stating their plan for future compliance with program policies and will establish a mutually agreed upon schedule for making up the missed clinical time, in accordance with the clinical instructor's schedule. The clinical instructor may require the student to present themselves at the next scheduled meeting of the program faculty and clinical instructors to explain their actions. The student will receive 2 clinical demerits.

6.3.2.a Category II "Insufficient clinical skills" may have the suspension action waived at the recommendation of the Clinical Instructor and/or Program Director or Clinical Coordinator.

6.3.3 Third offense (of a previously counseled action) – counseling/discipline action and dismissal from that CES. The clinical instructor will inform the Program Director of this action and send the dismissed student directly to meet with the Program Director. Dismissal from the CES will result in failure of that clinical course.

6.3.4 All counseling reports will be cumulative and shall be kept on file for the duration of the student's enrollment in the RT program

6.4 Documentation: Accurate records of all incidents and comments from the clinical instructor to the student shall be kept. A copy of all counseling/discipline reports shall be given to the student and retained by the authoring instructor and forwarded to the next clinical rotation. All records will be kept as part of the student's permanent file.

6.5 Demerits: A loss of two points from the final clinic grade average will be applied for each counseling/discipline report issued. An additional 1 demerit will be deducted from the final grade average for each missing day/shift log form.

6.6 Continuation in the Program: the following student actions will prohibit the student from continuing in the program:

6.6.1 **Academic** - Course average (less than 73%) in **ANY** radiologic technology core course; Grade of less that 73% on two or more final exams in one semester; Plagiarism and/or cheating.

6.6.2 **Clinical** – Category I violation; Failure to complete clinical requirements.

7. Daily Log Records: Students will keep a record of the types of radiographic exams performed each clinical day. Daily log data is to be entered into the **Trajecsys** system on a daily basis. These log records will be used to critique images and to ensure students are participating in a variety of procedures and are progressing onto new types of exams and levels of difficulty. This data is confidential and must be handled according to professional standards.

7.1 Completed logs may be used to validate student attendance at clinical

7.1.1 Missing log entries may cause the instructor to record the student as absent for that day and may reflect noncompliance with the attendance policy

7.1.2 One demerit will be accrued for each missing log and will be reflected in the final clinical grade average.

7.2 In accordance with the Supervision policy (13), a licensed radiographer must directly supervise any student required to make a repeat exposure.

7.2.1 The radiographer's name must be added to the log entry, at the conclusion of the exam, as a means of documenting student compliance with this policy.

7.2.2 Repeated inaccuracies or failure to comply with this policy will result in counseling/discipline action.

8. Clinical Equity, Assessment & Progress: 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.

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, 231 & 232 (pages 8-11). **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.

8.1 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 instructor will meet with the student to review their performance on a monthly basis using a graded performance evaluation tool. Students are to sign each evaluation form to verify the review process. Students not in agreement with the assessment may add their own comments. Any student refusing to sign an evaluation form will have that action noted by the signature of a third party witness.

RDT 131 – 2 performed at midterm and end of semester.

RDT 132 – 6 performed: January, February, March, April, May and June.

RDT 231 – 4 performed: August, September, October and November/December.

RDT 232 – 3 performed: January/February, March, and April/May

8.2 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 40 mandatory** exam categories and **at least 15 of the 32 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 8.6.

Competency Evaluation Process: The order for learning new radiologic procedures is explained in the following steps (see flow chart on page 13).

8.2.1 Receive didactic instruction of the anatomy and related radiographic procedures for each specific radiographic exam procedure.

8.2.2 Successfully complete (90% or better) the appropriate pre-clinical check-off evaluations.

8.2.3 Simulate all aspects of the radiographic procedure for each exam in the lab and/or CES.

8.2.4 Observe/assist staff radiographers performing each exam.

8.2.5 Perform the radiographic procedure on patients, under direct supervision.

8.2.6 When a student feels confident in their ability with the practiced radiographic exams, they will inform the clinical instructor of their readiness for competency evaluation.

8.2.7 The clinical instructor or designee will complete the evaluation process, at their discretion with or without informing the student.

8.2.8 The student must pass the competency evaluation with a minimum grade of 85%.

8.2.9 The clinical instructor 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.

8.3 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.

8.3.1 This process shall include:

- Written documentation on the Failure/Remedial Process form issued to student by Clinical Instructor
- Student reviews information using teaching/learning resources associated with that positioning course
- Simulate procedural skills with clinical instructor and/or program faculty
- Practice in the clinical setting until prepared for repeat evaluation.

8.3.2 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. 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.

8.3.3 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.

- The occurrence of two addition competency failures (different radiographic procedures) shall result in a Category I counseling action and a failing grade for that clinical course.

8.3.4 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.

8.4 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.

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

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

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

8.5 Trauma Competency Evaluations: *Trauma* will be defined as those exams on patients who have sustained a serious injury or shock to the body which limits their ability to assume the standard positioning form and requires the student radiographer to adjust the protocol and/or equipment to meet the patient's limitations, yet obtain optimum images according to department standard and provide necessary care to the patient.

8.6 Pediatric Competency Evaluations: Students are required to demonstrate competency in performing radiographic exam on *pediatric* patients (children age six (6) years or younger), during the second year of the program (RDT 231 or 232).

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

8.8 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 *instructor selected.*

8.8.1 The clinical instructor will determine which exam procedures may be simulated and will notify students of the simulation schedule at least one week in advance.

8.8.2 The student is required to competently demonstrate cognitive, psychomotor and affective skills as similar to those required in the clinical setting as circumstances permit and indicate confidence that the student will be able to transfer the simulated skills to an actual clinical procedure.

8.8.3 The procedural portion of the evaluation will be performed on a volunteer, preferably a non-radiographer and absolutely not another student. The image evaluation portion of a simulated competency will be done using either films produced by the student using a phantom or images selected by the clinical instructor from the teaching file.

8.8.4 Grading of the simulated competency will be as usual for competency evaluations and require the student to achieve the minimum score of 85%.

8.8.5 Exams should be simulated only as a last resort. In the event that a patient should present requiring the specific exam simulated, students may be required to perform the exam as a competency and the actual exam grade will replace the simulation grade.

8.9 Elective Rotations: Students are encouraged to observe various imaging modalities within the field of Radiology during the fourth semester of the program (RDT 232). These modalities include: Computed Tomography, Mammography, Sonography, Interventional Radiology, Nuclear Medicine, Radiation Oncology, Magnetic Resonance Imaging, Education and Management. The scheduling of students to modality imaging assignments is arranged between the student and their clinical instructor, based on the 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. Students selecting an MRI rotation must complete the pre-MR screening process and submit to the clinical instructor prior to beginning that experience. *See policy 10.7.*

9. Personal Appearance: The personal appearance and demeanor of the radiologic technology student while in the clinical setting reflect upon both college and program standards and are indicative of the student's interest and pride in their profession. The program faculty and clinical instructors have developed the accepted uniform, which is to be worn by all students during ALL clinical assignments. Any student reporting to clinical in improper or incomplete uniform shall be sent home to correct what is necessary to meet uniform standards. Time lost from clinic shall be made up according to policy 11. All uniform tops and lab coats must have the *Quinsigamond Community College Radiologic Technology Program* and S*tudent* patches **sewn** onto the left sleeve. The curved patch must be centered to the shoulder seam, and the round patch is positioned immediately below the curved patch. The student uniform includes the following.

9.1 Designated style /brand tops/bottoms, including professional shoes or **ALL** white or **ALL** black, leather (low cut) athletic shoes with white OR black socks (to coordinate with shoe color).

9.2 Short or long sleeved or sleeveless navy blue tee shirts (same color as uniform top) may be worn under the approved uniform top and must be tucked into the uniform pants. A white lab coat or navy warm-up jacket with appropriate program patches may also be worn. Sweaters are NOT allowed.

9.3 All uniforms shall be neat, clean, pressed and replaced when significantly stained or damaged

9.4 Identification name pin, including the designation of "QCC Student Radiographer".

9.5 Radiation dosimeter shall be supplied by the program and worn as indicated in the program's Radiation Safety policy.

9.6 Initialed "right" and "left" markers, issued by the program. Student shall purchase replacement markers.

9.7 Hair shall be neat and clean at all times; long hair shall be worn off the collar; beards, mustaches, and sideburns must be well trimmed; discreet use of make-up.

9.8 Fingernails shall be natural short, neat and clean; clear polish may be worn. Artificial nails, of any type, are not permitted.

9.9 No jewelry other than wedding & engagement rings, small, non-dangling earrings for pierced ears. No other visible body piercing is allowed.

9.10 Tattoos may need to be covered (adhesive dressings) at the discretion of the Faculty Board.

9.11 Students shall maintain proper body hygiene by daily bathing and the use of deodorants. Perfumes and after-shave lotion shall be used in moderation; avoid strong scents.

10. Health & Safety: Students are required to submit to the program coordinator evidence of good health by means of a recent (within one year) physical exam with their personal healthcare provider, by **July 21st**. 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). **No student shall be allowed to attend clinical until this form is submitted and accepted as complete.**

10.1 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.

10.2 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

10.2.1 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 rotations 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 her graduation date.
- Withdraw from the clinical course or the program with the understanding that she may be fully reinstated the following year on a *space available basis*.

10.2.2 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.

10.2.3 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.

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

10.3 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 instructor. 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 instructor, based on the policy of the clinical setting, shall refer students injured during clinical assignment for treatment. The student is responsible for payment.

10.4 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.

10.4.1 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

10.4.2 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 (page 62)

10.4.3 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.

10.4.4 In an effort to minimize the presence of latex in the College's lab facilities, Quinsigamond Community College will provide latex-free and powder-free gloves in all College lab facilities. Should a clinical agency site NOT provide latex-free gloves, the College will provide latex-free gloves for clinical use. Additionally, the College is taking the following steps to minimize latex in its lab facilities:

- Replacement of all gloves in use by faculty and students with nitrile or vinyl gloves;
- Maintain an inventory of all products/equipment and supplies in the School of Healthcare that contain or could contain latex; and
- Future purchase of latex-safe supplies and equipment whenever possible.

10.4.5 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.

10.5 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.

10.6 Infection Control: Students are expected report occurrences of exposure to diagnosis of a communicable disease to the Clinical Instructor 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 prior to returning to the clinical setting. Time missed from clinical may be required to be made up upon recommendation Clinical Instructor based on the time missed and the student's clinical skill level.

10.6.1 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.

10.6.2 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

10.7 MRI Safety – students are required to complete a MRI safety training module during the clinical site orientation program. 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. Additionally, students are expected to:

10.7.1 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
- Beepers/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

10.7.2 Consult with MR technologist and/or radiologist with any questions/concerns prior to entering the MR scan room

10.8 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.

10.9 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 or co-workers and/or the individual at risk must be reported to the clinical instructor. 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 prior to being permitted to leave the clinical site by Emergency services. 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.

10.9.1 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.

10.9.2 Students who observe reportable behaviors (10.9.1) by fellow students or clinical staff shall report such to the clinical instructor, technical supervisor or program personnel (director or clinical coordinator).

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

11.1 Bereavement: In the event of the death of an immediate family member, the student will be allowed to miss three (3) consecutive class/clinical days without penalty. Immediate family includes: mother, father, sister, brother, spouse, child, grandparent and members of the spouse's immediate family, only.

11.2 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 instructor with official documentation of having completed such duty for the time period absent from clinical.

11.3 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.

11.4 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.

12. 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.

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

12.1.1 Implementation of the "Cardinal rules" (time, distance & shielding) of radiation protection.

12.1.2 Correct use of shielding, as specific exams allow.

12.1.3 Wearing protective apparel (lead aprons, etc) during any fluoroscopic or mobile procedure.

12.1.4 Questioning all female patients of childbearing age, as to the likelihood of pregnancy.

12.1.5 Compliance with the program policy pertaining to student pregnancy.

12.1.6 Ensure the area is cleared of persons prior to energizing the x-ray unit.

12.1.7 Closely review and accurately comply with exam orders according to department policy prior to generating an exposure.

12.2 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.**

12.2.1 The Program Director or designee reviews the bi-monthly radiation dosimetry report and issues a copy to the student. Each student will sign off to indicate they received the updated report. 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.)

12.2.2 Student will receive a cumulative report of exposure accrued during their enrollment in the program upon completion of or withdrawal from the program.

12.2.3 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.

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

12.3.1 **Shall not** hold patients during exposure for ANY reason.

12.3.2 **Should not** make an exposure while another Radiology employee holds the patient.

12.3.2 Shall inform the clinical instructor of any real or suspected radiation exposure error.

12.3.4 Must comply with policy 13.3 regarding direct supervision whenever repeat exposures are required.

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

13.1 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.

13.2 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.

13.3 Repeating an Image – Students working independently, following successful competency evaluation, must have "direct supervision" when repeating an image. Documentation of direct supervision is verified by having the supervising radiographer sign the student's daily log form in the column headed "Tech Signature".

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

13.3.2 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.

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

14. Communication: The program strives to have good communication between all those involved within the educational process including, faculty, students, clinical instructors 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 instructors and clinical staff and clinical setting visits.

14.1 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. A written summary of the clinical coordinator's observations/thoughts for the student shall be issued. A copy of these comments will be forwarded to the clinical instructor if requested.

14.2 Clinical Instructor/Student Communication: Students will meet with the clinical instructor to review and discuss weekly performance evaluations. These sessions shall occur at a minimum of once a month, according to the student's areas of clinical assignment and attendance. Additional formal and informal communication shall occur as needed to address current student/clinical issues.

14.3 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 Instructor; Clinical Coordinator; Program Director.

14.3.1 Steps taken to resolve the student's concern are to be addressed using the form on page 60. A brief, written description of the issue is to be attached to the form and conveyed to each person the student interacts with.

14.3.2 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 20).

14.4 Student Initiated Changes in Handbook/Policies: Students wishing to make changes in program policies or having suggestions for the betterment of the educational process are encouraged to do so using the following process.

14.4.1 Members of the class should submit those requests, in writing, to the class representative (usually class president) who will put the specific comments or request for change into general terms and statements.

14.4.2 The class representative will submit the list of suggestions to the program Director, which will review the request and decide whether or not the next step in the process should be taken.

14.4.3 The Program Director will discuss the list of suggestions with the program faculty and clinical instructors and a decision will be made jointly, as to what changes, if any, will be made. The Program Director will notify the students, in writing, within five business days of the decision.

14.4.4 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

15. 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 detail in the Student Handbook.

16. 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 **www.QCC.edu** – "Inclement Weather Alerts"
2. Check T**he 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 who choose to attend clinical when school has been canceled, 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 instructor 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. 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 locked and accessible to the clinical instructor or program faculty only. Students may review their file by making an appointment with the program director.

18. 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

18.1 Process:

18.1.1 Following withdrawal or dismissal from the Radiologic Technology program, the student should immediately contact the Admissions Office to declare a new major. Failure to do so may affect the student's future financial aid status;

18.1.2 Meet with Program Director to request Readmission within 30 days of failing or withdrawing from the program; by January 30th following the fall semester and June 20th following the spring semester;

18.1.3 Readmission committee (program & clinical faculty) will review the request and make a determination to recommend for or against continuing the readmission process; may require applicant to meet with committee members;

- The program reserves the right to refuse readmission based on, but not limited to, unprofessional behavior, unethical conduct, client safety issues, and failed competencies.

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

- Applicants failing to comply with the specific criteria or due dates will NOT be recommended forward.

18.2 Criteria - Students recommended for continuing the readmission process will be required to complete specific criteria such as, but are not limited to:

18.2.1. 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.

18.2.2 TEAS scores meeting the program's admission criteria if these have changed since student was originally accepted.

18.2.3 Satisfactory completion of General Education courses required for the RDT program.

18.2.4 Current CPR, health and immunization documentation

18.2.5 Attendance to an Orientation program (fall semester requests)

18.3 Approved Readmission Criteria – 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; e.g. Student admitted to second semester must repeat RDT 132, etc.

18.3.1 The student will also be strongly encouraged to informally audit the co-requisites RDT courses he/she has already successfully completed during the readmit semester.

18.4 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.

19. 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:

19.1 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.

19.2 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.

19.3 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:

19.3.1 High academic achievement based on a minimum GPA of 3.0.

19.3.2 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.

19.3.3 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.

19.3.4 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.

19.3.5 Impact of counseling/disciplinary actions will be considered on case-by-case basis.

19.4 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.

19.5 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 appropriate professional attire for Pinning.
    - Women – professional uniform with white professional shoes, socks/stockings.
    - Men – white long sleeve dress shirt, khaki pants, dark tie and shoes.
- Students must participate in class/club activities to support the costs associated with the Pinning Ceremony.

20. 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 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:

20.1 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.

20.2 Student Generated Actions – Allegations of unfair/unequal application of Clinical Policy & Procedures as described in this handbook should be addressed as described in policy 14.3; 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).

20.2.1 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.

20.3 Clinical Generated Actions

20.3.1 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.

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

20.3.2.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

20.3.2.b Students may elect to initiate the QCC Student Grievance process directly without first pursuing the course of action described in section 20.3.2.a.

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

Forms

DAILY LOG

NAME: _____ Week of _____

Data is to be entered daily into **Trajecsys®**. **Students must have direct supervision when repeating an image and techs initials must be recorded.**

ACC #	EXAM	Observed RT	Performed with RT	Solo/ Comp	Exam Comments	Repeat / Tech Initials

Clinical Performance Evaluation
First Semester Students

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

Student is expected to:

	a. Speak clearly with appropriate enunciation, volume and tone which indicates compassion; evidence of understanding patient/peers
	b. Use correct medical/professional terminology during patient/peer interactions
	c. Be aware and attentive to patients':
	i. medical status
	ii. safety & well-being
	iii. confidentiality (HIPPA) & 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 and standard precautions

Performance Improvement Strategy:

2. INITIATIVE

The student is expected to:

	a. Attendance to the clinical setting is timely, regular and 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
	By midterm: Patient Care; Image Processing; Equipment Manipulation & Patient Transfer
	By finals: 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:** _____

Grade: _____ **Date:** _____

Clinical Performance Evaluation
Second-Fourth Semester

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 a 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

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

Performance Improvement Strategy:

2. EQUIPMENT USE & CARE

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

Performance Improvement Strategy:

3. IMAGE PROCESSING PROCEDURES

	a. Utilizes RIS & image processing equipment correctly & efficiently
	b. Ensures images are correctly identified & oriented
	c. Timely completion of image processing & archiving procedures

Performance Improvement Strategy:

4. RADIATION PROTECTION

	a. Complies with all program & departmental radiation safety policies, including proper selection of exposure factors, collimation, patient/personnel shielding, closing door(s) & personal dosimetry.
	b. Adheres to department 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

Performance Improvement Strategy:

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

6. PROFESSIONALISM

Performance Improvement Strategy:

	a. Presents a neat appearance and compliance with uniform/appearance policy.
	b. Accepts constructive comments and applies suggestions.
	c. Maintains positive attitude and cooperates with personnel.
	d. Actions reflect respect for self and all encountered in the clinical setting (i.e. appropriate language, consideration, tolerance)
	e. Demonstrates confidence consistent with level of instruction; strives to work independently when appropriate.

7. WORK ETHIC

Performance Improvement Strategy:

	a. Arrives to assigned location on time (start of shift, lunch, break); prepared to work
	b. Initiates and participates in learning experiences.
	c. Demonstrates good organizational skills, is attentive to tasks, shows evidence of understanding & engagement
	d. Complies with department protocol and maintains all required documentation, including daily log records

Comments

Evaluator's Signature: **Student's Signature:**

Date:

POSITIONING SIMULATION CHECKOFF

STUDENT: **CES:** **POINTS_____/_____**

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. Effective 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:**

Coordinator's Initials: **Date Reviewed:**

CHECK-OFF EVALUATION
PATIENT CARE

STUDENT: **Date:**
POINTS_____/_____

The student was able to:	**YES**	**NO**
1. Locate, identify patients according to department policy and introduce self.		
2. Review and evaluate exam order for appropriateness according to patient history.		
3. Review patient's chart for information relevant to requested exam.		
4. Explain procedure to the patient in terms they understood & acquire information from patient.		
5. Note the patient's significant physical or emotional response.		
6. Communicate positioning, moving & breathing directions to patient during procedure.		
7. Have the patient properly gowned.		
8. Take care of the patient's belongings removed for radiologic procedures.		
9. Assist the patient into the radiographic room and onto the table.		
10. Maintain patient privacy, confidentiality and respect.		
11. Manage patient's medical devices (lines, IV's, O2, etc).		
12. Stabilize patient movement during procedures.		
13. Provide MAXIMUM radiation protection for patient & personnel (proper shielding).		
14. Locate & describe contents of the emergency cart.		

(Grade must be 90% or higher)

COMMENTS:

Evaluator: **Student Signature:**

Coordinator's Initials: **Date Reviewed:**

CHECK-OFF EVALUATION
IMAGE PROCESSING/COMPUTED RADIOGRAPHY EQUIPMENT

Student: **Date:**
POINTS_____/_____

The student performed the following tasks to an acceptable degree:	**Yes**	**No**
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		

(Grade must be 90% or higher)

COMMENTS:

Evaluator: **Student Signature:**

Coordinator's Initials: **Date Reviewed:**

CHECK-OFF EVALUATION
VITAL SIGNS & O_2 ADMINISTRATION

STUDENT: **Date:**
POINTS_____/_____

RESPIRATION

The student:	YES	NO
1. Measured respiration by observing movement of the chest/abdomen for 60-second period.		
2. Recorded the number of respirations per minute.		

PULSE

The student:	YES	NO
1. Measured a patient's pulse rate at the radial artery for a 60-second period.		
2. Measured a patient's pulse rate at the carotid artery for a 60-second period.		
3. Recorded the patient's pulse rate per minute.		

BLOOD PRESSURE

The student:	YES	NO
1. Located sphygmomanometer & stethoscope.		
2. Correctly applied the cuff to patient's upper arm & positioned stethoscope over antecubital fossa.		
3. Safely inflated the cuff to a level slightly above systolic pressure.		
4. Noted the systolic & diastolic values.		
5. Accurately reported systolic and diastolic values.		
6. Recognize blood pressure values as average, hyper- or hypo-tensive.		

O_2 ADMINISTRATION

The student:	YES	NO
1. Student is able to switch from wall oxygen to portable tank and vice versa.		
2. Demonstrated proper placement of oxygen mask and nasal cannula on patient.		
3. Correctly turned on oxygen supply and adjusted valve to stated flow rate (1-5 L/min).		

(Grade must be 90% or higher)

COMMENTS:

Evaluator: **Student Signature:**

Coordinator's Initials: **Date Reviewed:**

CHECK-OFF EVALUATION
PATIENT TRANSFER

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 table		
2. Locked the wheels & lifted 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 wheel		
5. Used proper body mechanics to assist patient to standing position - one hand under upper arm & one supporting lower arm		
6. Assisted patient onto step stool & 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 few minutes to overcome any postural hypotension.		
3. Placed the wheelchair parallel to table and locking the wheels; step stool available or lowered table height.		
5. Assisted patient to stand up & safely step off the stool & turn to sit in wheelchair		
6. Using body mechanics, assisted patient into wheelchair		
7. Properly positioned foot pedals; unlocked the wheelchair and wheeled it away		

TRANSFER FROM STRETCHER TO TABLE WITH PATIENT ASSISTANCE		
1. Closed the door/maintained patient privacy.		
2. Aligned the 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 shoulder/knees.		
6. Unlocked (removed the sandbags from) the stretcher& removed it from 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 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 the slide board		
7. Unlocked (removed the sandbags from) the stretcher; removed it from work area.		

COMMENTS Use reverse side if needed: (Grade must be 90% or higher)

Evaluator: **Student Signature:**

Coordinator's Initials: **Date Reviewed:**

CHECK-OFF EVALUATION
Equipment Manipulation
Radiographic Unit

STUDENT: **Date:** **POINTS_____/_____**

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.		

(Grade must be 90% or higher)

COMMENTS:

Evaluator: **Student Signature:**

Coordinator's Initials: **Date Reviewed:**

CHECK-OFF EVALUATION
Equipment Manipulation
Fluoroscopic Unit

STUDENT: **Date:** **POINTS_____/_____**

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 videotape system, as needed.		
10. Demonstrated correct use of protective apparel.		

(Grade must be 90% or higher)

COMMENTS:

Evaluator: **Student Signature:**

Coordinator's Initials: **Date Reviewed:**

CHECK-OFF EVALUATION
Equipment Manipulation
Mobile Equipment

STUDENT: **Date:**

Radiographic Unit

To be completed before beginning portable rotations.

The student:	YES	NO
1. Turn unit on/off.		
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; demonstrate/state procedure for recharging battery.		
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 how to rotate collimator.		
10. Locate circuit breaker.		
11. Identify rotor & exposure controls.		
12. Properly make an exposure.		

(Grade must be 90% or higher)

POINTS_____/_____

C-arm Radiographic/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		

(Grade must be 90% or higher)

COMMENTS: **POINTS_____/_____**

Evaluator: **Student Signature:**

Coordinator's Initials: **Date Reviewed:**

CHECK-OFF EVALUATION
Sterile Procedures & Emergency Equipment
(Required as part of RT 132 & 232)

STUDENT: **Date:** **POINTS_____/_____**

The student:	YES	NO
1. Located and selected requested sterile supplies.		
2. Demonstrated proper hand washing technique.		
3. Used proper techniques to open, handle & maintain sterile materials.		
4. Effectively opened & put on sterile gloves.		
5. Prepared contrast media and/or medications for injection according to stated guidelines.		
6. Properly label all syringes and bowls containing contrast, medications, and solutions.		
7. Maintained awareness of personal presence in the sterile environment.		
8. Disposed of biohazard waste correctly.		
9. Located emergency supplies/equipment.		
10. Stated correct procedure for initiating emergency assistance.		
11. Checked for and/or obtained consent forms.		
12. Student is able to switch from wall oxygen to portable tank and vice versa.		
13. Demonstrated proper placement of oxygen mask and nasal cannula on patient.		
14. Correctly turned on oxygen supply and adjusted valve to stated flow rate (1-5 L/min).		

(Grade must be 90% or higher)

COMMENTS:

Evaluator: **Student Signature:**

Coordinator's Initials: **Date Reviewed:**

CHECK-OFF EVALUATION
CT Rotation

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 consist 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.	

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	

COMMENTS:

Evaluator: **Student Signature:**
Coordinator's Initials: **Date Reviewed:**

FINAL 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	
1. **Exam 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. Initiate patient and exam through the (RIS) Radiology Information System	
c. Prepared room for exam; provided a clean room/table; orderly cabinets and storage space	
2. **Patient Care/Preparation** The student:	
a. Read requisition, understood exam ordered and followed department protocol. Asked appropriate questions of patient, supervising radiographer, referring physician or radiologist if information is questionable.	
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. Ensured availability of patient care supplies (emesis basins, tape, shields, contrast media etc.)	
e. Performed exam with emphasis on patient comfort.	
f. 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	

SPECIFIC EXAM SKILLS

Assessment Measures - Objective was: (3) met/exceeded; (2) mostly met; (1) minimally met; (0) not met					
5. **Positioning of Patient/Part** The student	**Image:**	1	2	3	4
a. Correctly positioned the patient relative to the image receptor (head at appropriate end, prone or supine)					
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					

6. **Equipment Use** The student: **Image:**	1	2	3	4
a. Selected appropriate image receptors and correctly used bucky tray, cassette-holding device, or tabletop				
b. Maneuvered all radiographic equipment efficiently and safely, including proper use of locks				
c. Aligned CR to image receptor/bucky tray; tube in detent				
d. CR directed to 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 (markers, IR holder, filters, cones, immobilizers, etc.)				
g. Successfully implemented corrective actions for additional/repeat images				
7. **Exposure Sequence** The student **Image:**				
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				
e. Correctly initiated rotor/exposure operation; observed patient during exposure				
f. Noted valid/invalid post exposure readout and exposure value				
g. Successfully implemented corrective actions for additional/repeat images.				
8. **Radiation Protection** The student: **Image:**				
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:**				
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, obl)				
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. Correctly identified selected anatomical structures on images.				
f. Suggested appropriate measures to correct for any sub optimum aspect of the radiographic image				
10. **Analysis of Image Quality** The student: **Image:**				
a. Correctly noted the geometric quality of the image (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 with student:**

FINAL COMPETENCY EVALUATION
Surgical/Mobile 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	
1. **Exam Preparation** The student:	
a. Located daily surgery schedule; identified exams requiring imaging services	
b. Initiate patient and exam through the (RIS) Radiology Information System	
c. Demonstrated familiarity with location of OR rooms	
d. Located and dressed in appropriate attire for surgical procedures, including caps & masks	
2. **Standard Precautions** The student:	
a. Stated *Standard Precautions* principles	
b. Complied with *Standard Precautions* policy	
3. **Professionalism** The student:	
a. Exhibited professional attitude and behaviors; demonstrated self-confidence throughout the exam.	
b. Cooperated with supervising radiographer & OR personnel	
c. Perform skills in an organized and time efficient manner	
d. Complied with *Student Supervision* policy	
4. **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.	
5. **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.	
6. **Equipment Preparation** The student:	
a. Obtained appropriate type and quantity of image receptors, if applicable.	
b. Ensured C-arm/portable to be in good working order.	
c. Ensured C-arm/portable was sufficiently clean.	
d. Prepared surgery processor for use, if applicable	
7. **Equipment Operation** The student:	
a. Safely maneuver C-arm/portable into OR room and exam position.	
b. Correctly utilized locks	
c. Activated power source for C-arm/portable	
d. Ensured display monitor(s) were on and functioning	
e. Select appropriate exposure factors	

8. **Radiation Protection** The student:	
a. Utilized proper collimation and shielding, if applicable.	
b. Ensured protective apparel was worn by all personnel required to be in OR room during exposure	
c. Informed personnel of intent to initiate exposure	
d. Complied with all Radiation Protection standards and Student Supervision policy	
9. **Exam Follow Up** The student:	
a. Retrieved equipment and properly stored it.	
b. Returned used surgical attire to appropriate location.	
c. Processed images and coordinated them with patient's exam order and/or file.	
d. Noted correct patient information recorded on all images	
e. Ensured images reached the appropriate destination; procedure tracked in RIS	
f. Images archived in correct anatomical position	

COMMENTS:

Evaluator: **Student Signature:** **Date reviewed with student:**

FINAL COMPETENCY EVALUATION

Trauma 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	
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 & imaging supplies (basins, tape, shields, contrast media, 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	
f. 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.	
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	

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 condition 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, 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. **Applications 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. 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)					
11. **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 (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.					
f. Noted accuracy of patient & part position to meet requirements of each projection					

COMMENTS:

Evaluator: **Student Signature:** **Date reviewed with student:**

FINAL COMPETENCY EVALUATION
Pediatric 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	
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 & imaging supplies (basins, tape, shields, contrast media, 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 child/caregiver; according to HIPAA policy.	
b. Provided child with proper attire for exam; kept child clothed/draped for modesty	
c. Informed child/caregiver of intent to assist child into position relative to the IR; used proper body mechanics for safe transfer of child.	
d. Performed exam with emphasis on patient comfort.	
e. Complied with Standard Precautions	
3. **Exam Follow Up:** The student:	
b. Assisted/directed patient to proper waiting area, if applicable.	
c. Provided patient with correct information regarding follow up care.	
d. Informed patient when to leave department or made transport arrangements; verified patient's departure.	
e. Processed images and coordinated them with patient's exam order and/or file.	
f. Noted correct patient information recorded on all images.	
g. Ensured images reached the appropriate destination; procedure tracked in RIS.	
h. Images archived in correct anatomical position.	
4. **Professionalism** The student:	
a. Interacted with child/caregiver with apparent empathy and concern for their comfort and wellbeing.	
b. Informed child/caregiver of exam procedure using age appropriate language.	
c. Demonstrated self-confidence throughout the exam.	
d. Completed the correct exam and protocol in an organized and time efficient manner	

PEDIATRIC SKILLS

Assessment Measures - 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 child's fears and/or nervousness.	
b. Attempted to build rapport with child; bent down to be at child's eye level; spoke in calm, soothing manner	
c. Praised child's assistance/behavior throughout 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 correct 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 - 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. Utilized proper collimation and shielding.					
b. Acquired pregnancy status of caregiver prior to permitting their assistance with the 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 child & 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.					
d. Suggested appropriate measures to correct for any sub optimum aspect of the radiographic image.					

COMMENTS:

Evaluator: **Student Signature:** **Date reviewed with student:**

FINAL COMPETENCY EVALUATION
Fluoroscopy 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	
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 basis, 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/Preparation** The student:	
a. Located/properly identified patient; pronounced patient's name with reasonable accuracy; introduced 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. Attended to patient's safety and comfort.	
e. Complied with Standard Precautions policy	
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 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 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.	
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 apparel for self, caregiver, radiography staff and others.	
d. Complied with all Radiation Protection standards and Student Supervision policy.	

6. **Fluoro 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:**

FINAL 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 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 & imaging supplies (basins, tape, shields, contrast media, 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 child/caregiver; according to HIPAA policy.	
b. Provided patient with proper attire for exam; kept patient clothed/draped for modesty	
c. Informed patient/caregiver of intent to position relative to the IR; used proper body mechanics for safe transfer of patient.	
d. Performed exam with emphasis on patient comfort.	
e. Complied with Standard Precautions	
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 child/caregiver with apparent empathy and concern for their comfort and wellbeing.	
b. Informed child/caregiver of exam procedure using age appropriate language.	
c. Demonstrated self-confidence throughout the exam.	
d. Completed the correct exam and protocol in an organized and time efficient manner	

GERIATRIC SKILLS

Assessment Measures - 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, 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 - 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. Utilized proper collimation and shielding.					
b. Inquired into patient's pregnancy status prior to exam; followed appropriate departmental policy for documentation & referral as needed.					
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).					
11. **Analysis of Image Quality** The student:	**Image:**				
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 EVUALUATION

Failure/Remedial Process

STUDENT _____ **CES** _____

EXAM FAILED _____ **DATE** _____ **SCORE** _____

Summary of primary error(s):

_____ _____

Student Signature Coordinator 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 addressed 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 Instructor (date):

   Issued resolved: _____ (Student Signature) _____ (Clinical Instructor Signature)

   Issued not resolved: _____ (Student Signature) _____ (Clinical Instructor 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 S.

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

1. ( ) Criminal activity (6.1.1)
2. ( ) Unprofessional/unethical conduct (6.1.2)
3. ( ) Non-compliance with clinical policies (6.1.3)
4. ( ) Excessive failed competencies (6.1.4)
5. ( ) Excessive counseling reports (6.1.5)

Category II

1. ( ) Unprofessional actions/disorderly behavior (6.2.1)
2. ( ) Poor quality patient care and/or safety (6.2.2)
3. ( ) Misuse of CES property (6.2.3)
4. ( ) Noncompliance with Program/CES policies (6.2.4)
5. ( ) 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:**

Coordinator 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. 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**. 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.
-

Random Drug Screening

I understand that students enrolled in the QCC Radiologic Technology program may 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 10 & 12 and to inform appropriate college and clinical staff for resources to aid in completing program requirements.

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 Instructor 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 Instructor signature: Date:

MRI Screening Form (sample)

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 by 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: MR Technologist: Date:

CLASS OF 2018

Clinical Calendar
First Rotation
93 days total

SEPTEMBER 2016 7 days

S	M	T	W	R	F	S
				1	2	3
4	5(H)	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 2016 8 days

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

NOVEMBER 2016 8 days

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

DECEMBER 2016 4 days

S	M	T	W	R	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)	27	28	29	30	31

JANUARY 2017 14 days

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

FEBRUARY 2017 8 days

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

MARCH 2017 7 days

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

APRIL 2017 8 days

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

MAY 2017 16 day

S	M	T	W	R	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(H)	30	31			

JUNE 2017 13 days

S	M	T	W	R	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 **1/2 day for pinning ceremony

CLASS OF 2018

Clinical Calendar
Second Rotation
108 days total

JULY/AUGUST 2017 24 days

S	M	T	W	R	F	S
	31	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 2017 11 days

S	M	T	W	R	F	S
					1	2
3	4(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 2017 12 days

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

NOVEMBER 2017 11 days

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

DECEMBER 2017 5 days

S	M	T	W	R	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 (H)	26	27	28	29	30
31						

JANUARY 2018 12 days

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

FEBRUARY 2018 11 days

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

MARCH 2018 10 days

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

APRIL 2018 12 days

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

MAY 2018 0 day

S	M	T	W	R	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(H)	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 2014.

***American Registry of Radiologic Technologists*:** Graduates of the radiologic technology program are eligible to apply for national certification by the America 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. 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. 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
Effective Academic Year 2016-2017

Goal 1: Demonstrate competence in performing entry-level medical radiography procedures.

Outcomes	Measurement Tool	Benchmark	Time Frame	Person/Group Responsible
1. Students provide effective patient care.	1. RDT 122 Lab Practical; rubric items I. e-o	Average score ≥ 9 (11 point scale)	2nd semester	Lab Faculty
	2. RDT 231 final clinical performance evaluation (item 1.B)	Average score ≥ 2.5 (3 point scale)	3rd semester	Clinical instructor
	3. Employer survey – item II.F	Average score ≥ 4 (5 point scale)	Biennial	Clinical affiliates employers
2. Students utilize proper positioning/alignment skills	1. RDT 122 lab practical – Rubric items III. b-f	Average score ≥ 15 (18 point scale)	2nd 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)	3rd semester	Clinical Instructor
	3. Employer survey – item II.A	Average score ≥ 4 (5 point scale)	Biennial	Clinical affiliates employers
3. Students apply appropriate exposure factors	1. RDT 112 Lab practical – rubric items A4, B3	Average score ≥ 5 (6 point scale)	2nd semester	Lab Instructor
	2. RDT 231 Competency evaluation (item 7); random selection of 3 exams/student (2 views)	Average score ≥ 15 (18 point scale)	3rd semester	Clinical Instructor
	3. RDT 240 Critique Assignment rubric Item 4	Average score ≥ 3.25 (4 point scale)	3rd semester	Didactic Faculty
	4. Employer Survey – item II.C	Average score ≥ 4 (5 point scale)	Biennial	Program Director
4. Students employ acceptable radiation safety	1. RDT 110 Lab Report #1	Average score ≥ 85%	1st semester	Lab Instructor
	2. RDT 141 Writing Assignment #1 Rubric item #1 (topic discussion)	Average score ≥ 3.25 (4 point scale)	2nd semester	Didactic Faculty
	3. RDT 231 final clinical performance evaluation items # 4.a-c	Average score ≥ 7.5 (9 point scale)	3rd semester	Clinical Instructor
	4. Employer survey – item II.D	Average score ≥ 4 (5 point scale)	Biennial	Clinical affiliates employers

Goal 2: Exhibit professional and ethical behaviors.

Outcomes	Measurement Tool	Benchmark	Time Frame	Person/Group Responsible
1. Students recognize the importance of and are respectful of patients & co-workers	1. RDT 132 final clinical performance evaluation (items 6a-d)	Average score ≥ 10 (12 point scale)	2nd semester	Clinical Instructor
	2. RDT 231 Competency evaluation (item 4); random selection of 3 exams/student (2 views)	Average score ≥ 7.5 (9 point scale)	3rd semester	Clinical Instructor
	3. Employer survey – items II.C & I	Average score ≥ 8 (10 point scale)	Biennial	Employer of clinical affiliates
2. Students work effectively as part of a team	1. RDT 240 Lab activity #3 ; rubric items participation & team work	Average score ≥ 3 (4 point scale)	3rd semester	Lab Faculty
	2. RDT 252 group project; Rubric items III c-e	Average score ≥ 12 (15 point scale)	4th semester	Didactic Faculty
	3. Employer survey – item III.D	Average score ≥ 4 (5 point scale)	Biennial	Employer of clinical affiliates
3. Students exhibit satisfactory work ethic	1. RDT 231 final clinical performance evaluation items 7a-d	Average score ≥ 10 (12 point scale)	3rd semester	Clinical Instructor
	2. RDT 231 Counseling reports (policy 6.2.1, 6.2.3 or 6.2.4)	Average of ≤ 10% of class sanctioned	3rd semester	Program Director or designee
	3. Employer survey – items III.E-H	Average score ≥ 16 (20 point scale)	Biennial	Employer of clinical affiliates
4. Students recognize the importance of continued professional development	1. RDT 102 Test #1 – items 1-10	Average score ≥ 16 (20 point scale)	1st semester	Didactic Faculty
	2. RDT 252 Career Plan Assignment	Average score ≥ 25 (30 point scale)	4th semester	Didactic Faculty

Goal 3: Demonstrate critical thinking and problem solving skills for immediate and life-long learning.

Outcomes	Measurement Tool	Benchmark	Time Frame	Person/Group Responsible
1. Students modify routine imaging parameters to accommodate patient limitations	1. RDT 240 Lab activity #3 (trauma simulation); rubric item 5	Average score ≥ 2.5 (3 point scale)	3rd semester	Lab instructor
	2. Multiple trauma competency evaluation (items 6 & 7)	Average score ≥ 5 (6 point scale)	4th semester	Clinical instructor
2. Students assess image quality according to professional standards	1. RDT 122 Image critique assignment – rubric items III. a-k	Average score ≥ 42 (52 point scale)	2nd semester	Didactic Faculty
	2. RDT 231 final clinical performance evaluation (item 5b-c)	Average score ≥ 5 (6 point scale)	3rd semester	Clinical instructor
	3. RDT 240 Image Critique – rubric items 2 & 3	Average score ≥ 6.5 (8 point scale)	3rd 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: – items IV. a-d on rubric	Average score ≥ 13 (16 point scale)	2nd semester	Didactic Faculty
	2. Pedi competency (item 6)	Average score ≥ 2.5 (3 point scale)	3rd/4th semester	Clinical Instructor
	3. RDT 252 Group Project – rubric items I. c-e	Average score ≥ 12 (15 point scale)	4th semester	Didactic Faculty
2. Students demonstrate effective written skills	1. RDT 102 Clinical Perspective Paper – rubric item B	Average score ≥ 20 (25 point scale)	1st semester	Didactic Faculty
	2. RDT 122 Peer Reviewed Abstract #3 – items 1-2 on rubric	Average score ≥ 10 (12 point scale)	2nd semester	Didactic Faculty
	3. RDT 240 Critique Assignment – item 1 on rubric	Average score ≥ 3.25 (4 point scale)	3rd semester	Didactic Faculty

Program Effectiveness Academic Years 2011 through 2015								
Outcome	**Measurement Tool**	**Time Frame**	**Benchmark**	**2011**	**2012**	**2013**	**2014**	**2015**
Credential Pass Rate	ARRT exam	Annual	Pass rate of 75% or better on first attempt within six months of graduation	100%	100%	100%	100%	89%
5-year average: 98% (99 of 101 graduates) ARRT pass rate on the first attempt								
Job Placement Rate.	Graduate – clinical reports	Annual	Placement rate of 75% or better within six months of graduation	90%	91%	82%	95%	100%
5-year average: 92% (92 of 100 graduates) employed within 12 months of graduation (those seeking employment)								
Program Completion Rate	Program Records	Annual	75% or better of a cohort completes the program(within 150% of the published program time frame)	77%	88%	79%	83%	83%
5-year average: 80% (98 of 122 students) completed the RT program with 36 months								
Graduate Satisfaction	Graduate Survey	Annual	Averaged score of $\geq$ 85% on Survey (sections I, II & III) 6-12 months after graduation	95%	95%	99%	96%	IP
46% of program graduates responded to survey issued 1 year after graduation								
Employer Satisfaction	Employer Survey	Biennial	Averaged score of $\geq$ 85% on Employer Survey (items I-III)	NA	97%	NA	98%	NA
67% of local employers responded to survey issued biennially								

Radiologic Technology Program
Policy Review

Policy Name/No.	Dates Reviewed	Comments	References	Next Review Date
1. Pre-clinical Requirements	2010 2015	- Possible ID & drug testing added - Drug testing required of all students	QCC Student Handbook Procedures – Clinical Affiliate Drug Screening; JRC Standard 1.7	2018
2. CES Assignment	2009 2014	- Weekly limits defined - No change	JRC Standard 1.4	2018
3. Attendance	2008 2009 2011 2013 2014	- Personal/sick days defined (May) - Item 3.4 moved from policy 11 • Eliminate "excused" absences (Dr. notes) • Define "acute extended" and "planned extend" absences • 4 personal days/rotation for any/all absences not "planned or acute" • Required make up time - "occurrences" substituted for "absences" - Requirement to "clock in/clock out" via Trajecsys	JRC Standard 1.3	2018
4. Confidential information	2008 2014	- PHI added - No change	JRC Standard 4.8	2018
5. Professionalism	2010 2015	- More specified - No change		2018
6. Counseling/ Discipline	2010 2015	- Clarified; *Appeals* section moved to Grievance (20) - No change		2018
7. Daily Log Record	2009 2014	- Form revised (Aug) - Record via Trajecsys®		2018
8. Clinical Assessment	2008 2009 2015	- Perf eval form & frequency revised - Perf eval – mid & end (1st semester); end of month (2nd, 3rd, 4th semesters) - Specified failure of an Ongoing comp must be re-demonstrated with a grade of ≥ 90% - Edits & reorganized for clarity	QCC Student Handbook Procedures – Grading; JRC Standard 3.7; ARRT/ASRT Guides	2018
9. Personal Appearance	2007 2009 2011 2012 2014	- Navy replaced white uniform - White/navy t-shirts - Navy t-shirts only - Black or white shoes - No change		2018

10. Health & Safety	2010 2013 2015 2016	- Latex sensitivity addressed - Expanded listing of conditions with quarantine periods added - Addition of MRI Safety policy - "Workplace" added to address institutional safety policies - "Impaired Behavior" address to address potential alcohol/drug impairment at clinical - Pregnancy policy clarified	JRC Standard 4.2; 4.3; 4.7; 4.8	2018
11. Clinical Leave	2010 2015	- Moved *make up time* section to Attendance (3) - No change	QCC Student Handbook Procedures – Class Attendance	2018
12. Radiation Safety	2010 2011 2015	- Editorial - Increase emphasis on awareness of surrounding (12.1.6; 12.1.7) - No change	JRC Standard 4.1; 4.3	2018
13. Supervision	2010 2015	- No change - No change	JRC Standard 4.4; 4.5; 4.6	2018
14. Communication	2008 2010 2015	- introduced - Clarification - No change		2018
15. Harassment	2011 2016	- Reflect college student handbook - Reviewed to align with QCC Student Handbook	QCC Student Handbook – Code of Conduct, Policies & Procedures; JRC Standard 4.7	2018
16. Clinical/School Cancellation	2011 2016	- College resources for notification - No change	QCC Student Handbook Procedures – Class Cancellation	2018
17. Student Records	2011 2016	- No change - No change	QCC Student Handbook Policy – Student Notification of Rights; JRC Standard 1.5	2018
18. Readmission	2011 2014	- Process with timeline - Added college policy restricting readmission options for students with documented occurrences related to clinical safety/behavior	QCC Student Handbook Procedures – Readmission for Health Programs	2018
19. Honors & Award	2010 2014	- Editorial - Editorial	QCC Student Handbook – Student Organizations	2018
20. Grievance	2010 2015	- Process with timeline - No change	QCC Student Handbook Policies – Student Grievance, Procedures – Affirmative Action Complaint; JRC Standard 1.6	2018

ARRT® Standards of Ethics

Last Revised: September 1, 2014
Published: September 1, 2014

PREAMBLE

The *Standards of Ethics* of the American Registry of Radiologic Technologists® (ARRT®) shall apply solely to persons holding certificates from ARRT that are either currently certified and registered by ARRT or that were formerly certified and registered by ARRT (collectively, "Certificate Holders"), and to persons applying for certification and registration by ARRT in order to become Certificate Holders ("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 the 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 Certificate Holders 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 Certificate Holders 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 radiologic technologist acts in a professional manner, responds to patient needs, and supports colleagues and associates in providing quality patient care.
2. The radiologic 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 radiologic 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 sex, race, creed, religion, or socio-economic status.
4. The radiologic 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 radiologic technologist assesses situations; exercises care, discretion, and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.
6. The radiologic 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 radiologic 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 radiologic technologist practices ethical conduct appropriate to the profession and protects the patient's right to quality radiologic technology care.
9. The radiologic 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.
10. The radiologic 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.

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 Certificate Holders and Candidates. Certification and Registration are methods

Copyright ©2014 by The American Registry of Radiologic Technologists®. All rights reserved.

of assuring the medical community and the public that an individual is qualified to practice within the profession. Because the public relies on certificates and registrations issued by ARRT, it is essential that Certificate Holders and Candidates act consistently with these Rules of Ethics. These Rules of Ethics are intended to promote the protection, safety, and comfort of patients. The Rules of Ethics are enforceable. Certificate Holders 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:

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 the ARRT or any state or federal agency, or by indicating in writing certification and registration with the ARRT when that is not the case.

2. Subverting or attempting to subvert ARRT's examination process, and/or the structured self-assessments that are part of the Continuing Qualifications Requirements (CQR) process. Conduct that subverts or attempts to subvert ARRT's examination and/or CQR assessment process includes, but is not limited to:
   (i) disclosing examination and/or CQR assessment information using language that is substantially similar to that used in questions and/or answers from ARRT examinations and/or CQR assessments when such information is gained as a direct result of having been an examinee or a participant in a CQR assessment 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) receiving examination and/or CQR assessment information that uses language that is substantially similar to that used in questions and/or answers on ARRT examinations or CQR assessments 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 assessment materials by any means, verbal or written, electronic or mechanical, without the prior express written permission of ARRT or using professional, paid or repeat examination takers and/or CQR assessment participants, or any other individual for the purpose of reconstructing any portion of examination and/or CQR assessment materials; and/or
   (iv) using or purporting to use any portion of examination and/or CQR assessment materials that were obtained improperly or without authorization for the purpose of instructing or preparing any Candidate for examination or participant for CQR assessment; 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 assessment materials without authorization; and/or
   (vi) removing or attempting to remove examination and/or CQR assessment materials from an examination or assessment room, or having unauthorized possession of any portion of or information concerning a future, current, or previously administered examination or CQR assessment of ARRT; and/or
   (vii) 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 assessment of ARRT; and/or
   (viii) communicating with another individual during administration of the examination or CQR assessment for the purpose of giving or receiving help in answering examination or CQR assessment questions, copying another Candidate's, or CQR participant's answers, permitting another Candidate or a CQR participant to copy one's answers, or possessing unauthorized materials including, but not limited to, notes; and/or
   (ix) impersonating a Candidate, or a CQR participant, or permitting an impersonator to take or attempt to take the examination or CQR assessment on one's own behalf; and/or
   (x) using any other means that potentially alters the results of the examination or CQR assessment such that the results may not accurately represent the professional knowledge base of a Candidate, or a CQR participant.

3. Convictions, criminal proceedings, or military court-martials as described below:
   (i) conviction of a crime, including a felony, a gross misdemeanor, or a misdemeanor, with the sole exception of speeding and parking violations. All alcohol and/or drug related violations must be reported; 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 a plea of guilty or nolo contendere (no contest); or where the individual enters into a pre-trial diversion activity; or
   (iii) military court-martials related to any offense identified in these Rules of Ethics.

4. 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.

5. 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).

6. 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.

7. 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.

8. 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.

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

10. 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.

11. 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.

12. 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.

13. 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.

14. Improper management of patient 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.

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

16. Violating a state or federal narcotics or controlled-substance law.

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

18. Subverting, attempting to subvert, or aiding others to subvert or attempt to subvert ARRT's *Continuing Education (CE) Requirements,* and/or ARRT's Continuing Qualifications Requirements (CQR). Conduct that subverts or attempts to subvert ARRT's CE or CQR Requirements includes, but is not limited to:
   (i) providing false, inaccurate, altered, or deceptive information related to CE 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 CE 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 or CQR completion; and/or
   (iv) conduct that in any way compromises the integrity of the CE 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.

19. Subverting or attempting to subvert the ARRT 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 the ARRT.

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

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

22. Failing to immediately report to his or her 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 handling 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 Certificate Holders and Candidates are required to comply with these Administrative Procedures. The failure to cooperate with the Ethics Committee or the Board of Trustees in a proceeding on a challenge 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 at least 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. The alternate member will participate on the Committee in the event that one of the members of the Ethics Committee is unable to participate. The Ethics Committee is responsible for: (1) investigating each alleged breach of the Rules of Ethics and determining whether a Certificate Holder 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 term of two years as the principal administrative officer responsible for management of the promulgation, interpretation, and enforcement of the *Standards of Ethics*. 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 Violation 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 Certificate Holder 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.

(d) Alternative Dispositions

At the Chair's direction and upon request, the Executive Director of ARRT shall have the power to investigate allegations and to enter into negotiations with the Certificate Holder or Candidate regarding the possible settlement of an alleged violation of the Rules of Ethics. The Executive Director may be assisted by staff members and/or legal counsel of ARRT. The Executive Director is not empowered to enter into a binding settlement, but rather may recommend a proposed settlement 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. A Certificate Holder or Candidate who voluntarily enters into an Alternative Disposition Agreement agrees to waive all rights set forth in these Administrative Procedures.

(e) Summary Suspensions

If an alleged violation of the Rules of Ethics involves the occurrence, with respect to a Certificate Holder, 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 Certificate Holder and without a prior hearing, summarily suspend the certification and registration of the Certificate Holder 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 a Certificate Holder in accordance with this provision, the Ethics Committee shall, by certified mail, return receipt requested, give to the Certificate Holder written notice that describes: (1) the summary suspension; (2) the reason or reasons for it; and (3) the right of the Certificate Holder 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 Certificate Holder. If the Certificate Holder 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 three members of the Ethics Committee as promptly as practicable, but in any event within 30 days after the Ethics Committee's receipt of the Certificate Holder'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 Certificate Holder, nor a determination by the Ethics Committee or a panel, following a timely requested hearing, is appealable to the Board of Trustees.

(f) Voluntary Surrender of Credentials
At any time during the ethics review process, the Certificate Holder may request to voluntarily surrender his or her ARRT credentials and accept permanent revocation of ARRT Certification and Registration. To request a voluntary surrender, the Certificate Holder must complete the Voluntary Credential Surrender and Sanction Agreement form ("Agreement") that is available on the ARRT website at www.arrt.org. The Agreement must be signed by the Certificate Holder, notarized, and submitted to the ARRT. The Executive Director of ARRT shall have the authority to receive the request and may be assisted by staff members and/or legal counsel of ARRT. The Executive Director is not empowered to enter into a binding agreement, but rather may recommend a proposed action to the Ethics Committee. The Ethics Committee will then decide whether to accept or deny the request for surrender of credentials. If denied by ARRT, the ethics review will continue according to the *Standards of Ethics*. If accepted by ARRT, the ethics review process will be discontinued, the Certificate Holder agrees to waive all rights set forth in these Administrative Procedures, and a sanction for permanent revocation will be entered against the Certificate Holder.

(g) Civil or Criminal Penalties
Conduct that violates the ARRT's Rules of Ethics may also violate applicable state or federal law. In addition to the potential sanctions under the *Standards of Ethics*, the ARRT may, without giving prior notice, pursue civil and/or criminal penalties against the Certificate Holder or Candidate.

2. Hearings

Whenever the 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 Certificate Holder 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 Certificate Holder 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 the amount of $100. In rare cases, the hearing fee may be waived, in whole or in part, at the sole discretion of the Ethics Committee.

Failure to make a written request for a hearing and to remit the hearing fee (unless the hearing fee is waived in writing by the ARRT) within such period shall constitute consent to the action taken by the Ethics Committee or the Board of Trustees pursuant to such notice. A Certificate Holder or Candidate who requests a hearing in the manner prescribed above shall advise the Ethics Committee of his or her intention to appear at the hearing. A Certificate Holder or Candidate who requests a hearing may elect to appear by a written submission which shall be verified or acknowledged under oath.

Failure to appear at the hearing 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 Executive Director. The Certificate Holder or Candidate shall be given at least 30 days notice of the date, time, and place of the hearing.

The hearing is conducted by the Ethics Committee with any three or more of its members participating, other than any member of the Ethics Committee whose professional activities are conducted at a location in the approximate area of the Certificate Holder or Candidate in question. In the event of such disqualification, the President may appoint a Trustee 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 Certificate Holder 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 Certificate Holder or Candidate in question, by legal counsel or other representative if he or she desires (at the sole expense of the Certificate Holder or Candidate in question), shall have the right to call witnesses, present testimony, and be heard in his or her own defense; to 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 shall not be bound by any state or federal rules of evidence. The Certificate Holder or Candidate in question shall have the right to submit a written statement at the close of the hearing. A transcript or an audio recording of the hearing testimony is made for in-person 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 the ARRT) or the denial of renewal or reinstatement of certification and registration, the Ethics Committee shall assess the evidence presented at the hearing and make its decision accordingly, and shall 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 Board of Trustees and to the Certificate Holder or Candidate in question.

In the case of alleged violations of the Rules of Ethics by a Certificate Holder or Candidate, the Ethics Committee shall assess the evidence presented at the hearing and make its decision accordingly, and shall 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 Board of Trustees and to the Certificate Holder or Candidate in question. Potential sanctions include denial of renewal or reinstatement of certification and registration with ARRT, revocation or suspension of certification and registration with ARRT, or the public or private reprimand of a Certificate Holder or Candidate.

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 Certificate Holder or Candidate in question.

3. Appeals

Except as otherwise noted in these Administrative Procedures, the Certificate Holder 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 the amount of $250. In rare cases, the appeal fee may be waived, in whole or in part, at the sole discretion of the Ethics Committee.

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 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 Certificate Holder 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 Certificate Holder 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 Certificate Holder or Candidate to make an unauthorized publication or revelation of the same, except to his or her attorney or other representative, immediate superior, or employer.

4. Publication of Adverse Decisions

Final decisions and summary suspensions that are adverse to the Certificate Holder 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. 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 Certificate Holder or Candidate does 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.

5. Procedure to Request Removal of a Sanction

A sanction imposed by ARRT 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 the amount of $250. A Request that is not accompanied by the fee or is submitted before the matter is eligible for reconsideration 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 the Ethics Committee. The individual is not entitled to make a personal appearance before the Ethics Committee in connection with a request to remove a sanction.

Although there is no required format, the Request must include compelling reasons justifying the removal of the sanction. 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 his or her behavior has improved and similar activities will not be repeated. Letters of recommendation from individuals, who are knowledgeable about the person's 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 applying for reinstatement of certification and registration. If, at the sole discretion of the Ethics Committee, the sanction is removed, the individual will be allowed to pursue reinstatement 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 removal of the sanction, the decision is not subject to a hearing or to an appeal, and the Committee will not reconsider removal of the sanction for as long as is directed by the Committee.

6. Amendments to the Standards of Ethics

ARRT reserves the right to amend the *Standards of Ethics* following the procedures under Article XI, Section 11.02 of the *ARRT Rules and Regulations*.

The Practice Standards for Medical Imaging and Radiation Therapy

Radiography Practice Standards

©2013 American Society of Radiologic Technologists. All rights reserved. Reprinting all or part of this document is prohibited without advance written permission of the ASRT. Send reprint requests to the ASRT Communications Department, 15000 Central Ave. SE, Albuquerque, NM 87123-3909.

Preface to Practice Standards

A profession's practice standards serve as a guide for appropriate practice. The practice standards define the practice and establish general criteria to determine compliance. Practice standards are authoritative statements established by the profession for judging the quality of practice, service and education provided by individuals who practice in medical imaging and radiation therapy.

Practice standards can be used by individual facilities to develop job descriptions and practice parameters. Those outside the imaging, therapeutic and radiation science community can use the standards as an overview of the role and responsibilities of the individual as defined by the profession.

The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs and lawful institutional policies and procedures supersede these standards.

Format

The Practice Standards for Medical Imaging and Radiation Therapy are divided into six sections: introduction, scope of practice, clinical performance, quality performance, professional performance and advisory opinion statements.

Introduction. The introduction provides definitions for the practice and the education and certification for individuals in addition to an overview of the specific practice.

Scope of Practice. The scope of practice delineates the parameters of the specific practice.

Clinical Performance Standards. The clinical performance standards define the activities of the individual in the care of patients and delivery of diagnostic or therapeutic procedures. The section incorporates patient assessment and management with procedural analysis, performance and evaluation.

Quality Performance Standards. The quality performance standards define the activities of the individual in the technical areas of performance including equipment and material assessment, safety standards and total quality management.

Professional Performance Standards. The professional performance standards define the activities of the individual in the areas of education, interpersonal relationships, self-assessment and ethical behavior.

Advisory Opinion Statements. The advisory opinions are interpretations of the standards intended for clarification and guidance for specific practice issues.

Each performance standards section is subdivided into individual standards. The standards are numbered and followed by a term or set of terms that identify the standards, such as "assessment" or "analysis/determination." The next statement is the expected performance of the individual when performing the procedure or treatment. A rationale statement follows and explains why an individual should adhere to the particular standard of performance.

Criteria. Criteria are used in evaluating an individual's performance. Each set is divided into two parts: the general criteria and the specific criteria. Both criteria should be used when evaluating performance.

General Criteria. General criteria are written in a style that applies to imaging and radiation science individuals. These criteria are the same in all of the practice standards, with the exception of limited x-ray machine operators, and should be used for the appropriate area of practice.

Specific Criteria. Specific criteria meet the needs of the individuals in the various areas of professional performance. While many areas of performance within imaging and radiation sciences are similar, others are not. The specific criteria are drafted with these differences in mind.

Introduction to Radiography Practice Standards

Definition

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 radiographic procedures at the request of and for interpretation by a licensed independent practitioner.

The complex nature of disease processes involves multiple imaging modalities. Although an interdisciplinary team of clinicians, radiographers and support staff plays a critical role in the delivery of health services, it is the radiographer who performs the radiographic procedure that creates the images needed for diagnosis.

Radiography integrates scientific knowledge, technical skills, patient interaction and compassionate care resulting in diagnostic information. Radiographers recognize~~s~~ patient conditions essential for successful completion of the procedure.

Radiographers must demonstrate an understanding of human anatomy, physiology, pathology and medical terminology.

Radiographers must maintain a high degree of accuracy in radiographic positioning and exposure technique. They must possess, utilize and maintain knowledge of radiation protection and safety. Radiographers independently perform or assist the licensed independent practitioner in the completion of radiographic procedures. Radiographers prepare, administer and document activities related to medications in accordance with state and federal regulations or lawful institutional policy.

Radiographers are the primary liaison between patients, licensed independent practitioners and other members of the support team. Radiographers must remain sensitive to needs of the patient through good communication, patient assessment, patient monitoring and patient care skills. As members of the health care team, radiographers participate in quality improvement processes and continually assess their professional performance.

Radiographers think critically and use independent, professional and ethical judgment in all aspects of their work. They engage in continuing education to include their area of practice to enhance patient care, public education, knowledge and technical competence.

Education and Certification

Radiographers prepare for their role on the interdisciplinary team by successfully completing an accredited educational program in radiologic technology and attaining appropriate primary certification by the American Registry of Radiologic Technologists.

Those passing the ARRT examination use the credential R.T.(R).

To maintain ARRT certification, radiographers must complete appropriate continuing education and meet other requirements to sustain a level of expertise and awareness of changes and advances in practice.

Overview

An interdisciplinary team of radiologists, radiographers and other support staff plays a critical role in the delivery of health services as new modalities emerge and the need for imaging procedures increases. A comprehensive procedure list for the radiographer is impractical because clinical activities vary by practice needs and expertise of the radiographer. As radiographers gain more experience, knowledge and clinical competence, the clinical activities for the radiographer may evolve.

State statute, regulation or lawful community custom may dictate practice parameters. *Wherever there is a conflict between these standards and state or local statutes or regulations, the state or local statutes or regulations supersede these standards.* A radiographer should, within the boundaries of all applicable legal requirements and restrictions, exercise individual thought, judgment and discretion in the performance of the procedure.

Radiographer Scope of Practice

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

- Receiving, relaying and documenting verbal, written and electronic orders in the patient's medical record.
- Corroborating patient's clinical history with procedure, ensuring information is documented and available for use by a licensed independent practitioner.
- Verifying informed consent.
- Assuming responsibility for patient needs during procedures.
- Preparing patients for procedures.
- Applying principles of ALARA to minimize exposure to patient, self and others.
- Performing venipuncture as prescribed by a licensed independent practitioner.
- Starting and maintaining intravenous access as prescribed by a licensed independent practitioner.
- Identifying, preparing and/or administering medications as prescribed by a licensed independent practitioner.
- Evaluating images for technical quality, ensuring proper identification is recorded.
- Identifying and managing emergency situations.
- Providing education.
- Educating and monitoring students and other health care providers.
- Performing ongoing quality assurance activities.

The scope of practice of the radiographer also includes:

1. Performing diagnostic radiographic and noninterpretive fluoroscopic procedures as prescribed by a licensed independent practitioner.
2. Determining technical exposure factors.

3. Assisting licensed independent practitioner with fluoroscopic and specialized radiologic procedures.

4. Applying the principles of patient safety during all aspects of radiographic procedures, including assisting and transporting patients.

Radiography Clinical Performance Standards

Standard One – Assessment

The radiographer collects pertinent data about the patient and the procedure.

Rationale
Information about the patient's health status is essential in providing appropriate imaging and therapeutic services.

General Stipulation
The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs and lawful institutional policies and procedures supersede these standards.

General Criteria
The radiographer:

1. Gathers relevant information from the patient, medical record, significant others and health care providers.

2. Reconfirms patient identification and verifies the procedure requested or prescribed.

3. Reviews the patient's medical record to verify the appropriateness of a specific examination or procedure.

4. Verifies the patient's pregnancy status.

5. Assesses factors that may contraindicate the procedure, such as medications, patient history, insufficient patient preparation or artifacts.

6. Recognizes signs and symptoms of an emergency.

Specific Criteria
The radiographer:

1. Assesses patient risk for allergic reaction to medication prior to administration.

2. Locates and reviews previous examinations for comparison.

3. Identifies and removes artifact-producing objects.

Radiography Clinical Performance Standards

Standard Two – Analysis/Determination

The radiographer analyzes the information obtained during the assessment phase and develops an action plan for completing the procedure.

Rationale
Determining the most appropriate action plan enhances patient safety and comfort, optimizes diagnostic and therapeutic quality and improves efficiency.

General Stipulation
The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs and lawful institutional policies and procedures supersede these standards.

General Criteria
The radiographer:

1. Selects the most appropriate and efficient action plan after reviewing all pertinent data and assessing the patient's abilities and condition.

2. Employs professional judgment to adapt imaging and therapeutic procedures to improve diagnostic quality and therapeutic outcome.

3. Consults appropriate medical personnel to determine a modified action plan.

4. Determines the need for and selects supplies, accessory equipment, shielding and immobilization devices.

5. Determines the course of action for an emergency or problem situation.

6. Determines that all procedural requirements are in place to achieve a quality diagnostic or therapeutic procedure.

Specific Criteria
The radiographer:

1. Reviews lab values prior to administering medication and beginning specialized radiologic procedures.

2. Determines type and dose of contrast agent to be administered, based on the patient's age, weight and medical/physical status.

3. Verifies that exposure indicator data for digital radiographic systems has not been altered or modified and is included in the Digital Imaging Communications in Medicine (DICOM) header and on images printed to media.

4. Analyzes digital images to determine utilization of appropriate imaging parameters.

Radiography Clinical Performance Standards

Standard Three – Patient Education

The radiographer provides information about the procedure and related health issues according to protocol.

Rationale
Communication and education are necessary to establish a positive relationship.

General Stipulation
The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs and lawful institutional policies and procedures supersede these standards.

General Criteria
The radiographer:

1. Verifies that the patient has consented to the procedure and fully understands its risks, benefits, alternatives and follow-up. The radiographer verifies that written or informed consent has been obtained.

2. Provides accurate explanations and instructions at an appropriate time and at a level the patients and their care providers can understand. Addresses patient questions and concerns regarding the procedure.

3. Refers questions about diagnosis, treatment or prognosis to a licensed independent practitioner.

4. Provides related patient education.

5. Explains precautions regarding administration of medications.

Specific Criteria
The radiographer:

1. Consults with other departments for patient services.

2. Instructs patients regarding preparation prior to imaging procedures, including providing information about oral or bowel preparation and allergy preparation.

Radiography Clinical Performance Standards

Standard Four – Performance

The radiographer performs the action plan.

Rationale
Quality patient services are provided through the safe and accurate performance of a deliberate plan of action.

General Stipulation
The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs and lawful institutional policies and procedures supersede these standards.

General Criteria
The radiographer:

1. Performs procedural timeout.
2. Implements an action plan.
3. Explains each step of the action plan to the patient as it occurs and elicits the cooperation of the patient.
4. Uses an integrated team approach.
5. Modifies the action plan according to changes in the clinical situation.
6. Administers first aid or provides life support.
7. Utilizes accessory equipment.
8. Assesses and monitors the patient's physical, emotional and mental status.
9. Applies principles of sterile technique.
10. Positions patient for anatomic area of interest, respecting patient ability and comfort.
11. Immobilizes patient for procedure.
12. Monitors the patient for reactions to medications.

Specific Criteria
The radiographer:

1. Employs proper radiation safety practices.

2. Utilizes technical factors according to equipment specifications to meet the ALARA principle.

3. Uses pre-exposure collimation and proper field-of-view selection.

4. Uses appropriate pre-exposure radiopaque markers for anatomical and procedural purposes.

5. Selects the best position for the demonstration of anatomy.

6. Injects medication into peripherally inserted central catheter lines or ports.

Radiography Clinical Performance Standards

Standard Five – Evaluation

The radiographer determines whether the goals of the action plan have been achieved.

Rationale
Careful examination of the procedure is important to determine that expected outcomes have been met.

General Stipulation
The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs and lawful institutional policies and procedures supersede these standards.

General Criteria
The radiographer:

1. Evaluates the patient and the procedure to identify variances that may affect the expected outcome.

2. Completes the evaluation process in a timely, accurate and comprehensive manner.

3. Measures the procedure against established policies, protocols and benchmarks.

4. Identifies exceptions to the expected outcome.

5. Develops a revised action plan to achieve the intended outcome.

6. Communicates revised action plan to appropriate team members.

Specific Criteria
The radiographer:

1. Evaluates images for positioning to demonstrate the anatomy of interest.

2. Evaluates images for optimal technical exposure factors.

3. Reviews images to determine if additional images will enhance the diagnostic value of the procedure.

Radiography Clinical Performance Standards

Standard Six – Implementation

The radiographer implements the revised action plan.

Rationale
It may be necessary to make changes to the action plan to achieve the expected outcome.

General Stipulation
The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs and lawful institutional policies and procedures supersede these standards.

General Criteria
The radiographer:

1. Bases the revised plan on the patient's condition and the most appropriate means of achieving the expected outcome.

2. Takes action based on patient and procedural variances.

3. Measures and evaluates the results of the revised action plan.

4. Notifies appropriate health care provider when immediate clinical response is necessary based on procedural findings and patient condition.

Specific Criteria
The radiographer:

1. Performs additional images that will produce the expected outcomes based upon patient condition and procedural variances.

Radiography Clinical Performance Standards

Standard Seven – Outcomes Measurement

The radiographer reviews and evaluates the outcome of the procedure.

Rationale
To evaluate the quality of care, the radiographer compares the actual outcome with the expected outcome.

General Stipulation
The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs and lawful institutional policies and procedures supersede these standards.

General Criteria
The radiographer:

1. Reviews all diagnostic or therapeutic data for completeness and accuracy.

2. Uses evidenced-based practice to determine whether the actual outcome is within established criteria.

3. Evaluates the process and recognizes opportunities for future changes.

4. Assesses the patient's physical, emotional and mental status prior to discharge.

Specific Criteria
None added.

Radiography Clinical Performance Standards

Standard Eight – Documentation

The radiographer documents information about patient care, the procedure and the final outcome.

Rationale
Clear and precise documentation is essential for continuity of care, accuracy of care and quality assurance.

General Stipulation
The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs and lawful institutional policies and procedures supersede these standards.

General Criteria
The radiographer:

1. Documents diagnostic, treatment and patient data in the medical record in a timely, accurate and comprehensive manner.

2. Documents exceptions from the established criteria or procedures.

3. Provides pertinent information to authorized individual(s) involved in the patient's care.

4. Records information used for billing and coding procedures.

5. Archives images or data.

6. Verifies patient consent is documented.

7. Documents procedural timeout.

Specific Criteria
The radiographer:

1. Documents fluoroscopic time.

2. Documents radiation exposure.

3. Documents the use of shielding devices and proper radiation safety practices per institutional policy.

Radiography Quality Performance Standards

Standard One – Assessment

The radiographer collects pertinent information regarding equipment, procedures and the work environment.

Rationale
The planning and provision of safe and effective medical services relies on the collection of pertinent information about equipment, procedures and the work environment.

General Stipulation
The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs and lawful institutional policies and procedures supersede these standards.

General Criteria
The radiographer:

1. Determines that services are performed in a safe environment, minimizing potential hazards, in accordance with established guidelines.

2. Confirms that equipment performance, maintenance and operation comply with manufacturer's specifications.

3. Verifies that protocol and procedure manuals include recommended criteria and are reviewed and revised.

Specific Criteria
The radiographer:

1. Maintains controlled access to restricted area during radiation exposure.

2. Follows federal and state guidelines to minimize radiation exposure levels.

3. Maintains and performs quality control on radiation safety equipment such as aprons, thyroid shields, etc.

4. Develops and maintains standardized exposure technique guidelines for all equipment.

5. Participates in radiation protection, patient safety, risk management and quality management activities.

6. Reviews digital images for the purpose of monitoring radiation exposure.

7. Wears one or more personal radiation monitoring devices at the level indicated on the personal radiation monitoring device or as indicated by the radiation safety officer or designee.

Radiography Quality Performance Standards

Standard Two – Analysis/Determination

The radiographer analyzes information collected during the assessment phase to determine the need for changes to equipment, procedures or the work environment.

Rationale
Determination of acceptable performance is necessary to provide safe and effective services.

General Stipulation
The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs and lawful institutional policies and procedures supersede these standards.

General Criteria
The radiographer:

1. Assesses services, procedures and environment to meet or exceed established guidelines and adjusts the action plan.

2. Monitors equipment to meet or exceed established standards and adjusts the action plan.

3. Assesses and maintains the integrity of medical supplies such as a lot/expiration, sterility, etc.

Specific Criteria
None added.

Radiography Quality Performance Standards

Standard Three – Education

The radiographer informs the patient, public and other health care providers about procedures, equipment and facilities.

Rationale
Open communication promotes safe practices.

General Stipulation
The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs and lawful institutional policies and procedures supersede these standards.

General Criteria
The radiographer:

1. Elicits confidence and cooperation from the patient, the public and other health care providers by providing timely communication and effective instruction.

2. Presents explanations and instructions at the learner's level of understanding.

3. Educates the patient, public and other health care providers about procedures along with the biological effects of radiation, sound wave or magnetic field and protection.

4. Provides information to patients, health care providers, students and the public concerning the role and responsibilities of individuals in the profession.

Specific Criteria
None added.

Radiography Quality Performance Standards

Standard Four – Performance

The radiographer performs quality assurance activities.

Rationale
Quality assurance activities provide valid and reliable information regarding the performance of equipment, materials and processes.

General Stipulation
The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs and lawful institutional policies and procedures supersede these standards.

General Criteria
The radiographer:

1. Maintains current information on equipment, materials and processes.

2. Performs ongoing quality assurance activities.

3. Performs quality control testing of equipment.

Specific Criteria
The radiographer:

1. Consults with medical physicist when performing the quality assurance tests.

2. Monitors image production to determine technical acceptability.

3. Performs routine archiving status checks.

Radiography Quality Performance Standards

Standard Five – Evaluation

The radiographer evaluates quality assurance results and establishes an appropriate action plan.

Rationale
Equipment, materials and processes depend on ongoing quality assurance activities that evaluate performance based on established guidelines.

General Stipulation
The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs and lawful institutional policies and procedures supersede these standards.

General Criteria
The radiographer:

1. Validates quality assurance testing conditions and results.

2. Evaluates quality assurance results.

3. Formulates an action plan.

Specific Criteria
None added.

Radiography Quality Performance Standards

Standard Six – Implementation

The radiographer implements the quality assurance action plan for equipment, materials and processes.

Rationale
Implementation of a quality assurance action plan promotes safe and effective services.

General Stipulation
The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs and lawful institutional policies and procedures supersede these standards.

General Criteria
The radiographer:

1. Obtains assistance to support the quality assurance action plan.

2. Implements the quality assurance action plan.

Specific Criteria
None added.

Radiography Quality Performance Standards

Standard Seven – Outcomes Measurement

The radiographer assesses the outcome of the quality management action plan for equipment, materials and processes.

Rationale
Outcomes assessment is an integral part of the ongoing quality management action plan to enhance diagnostic and therapeutic services.

General Stipulation
The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs and lawful institutional policies and procedures supersede these standards.

General Criteria
The radiographer:

1. Reviews the implementation process for accuracy and validity.

2. Determines that actual outcomes are within established criteria.

3. Develops and implements a modified action plan.

Specific Criteria
None added.

Radiography Quality Performance Standards

Standard Eight – Documentation

The radiographer documents quality assurance activities and results.

Rationale
Documentation provides evidence of quality assurance activities designed to enhance safety.

General Stipulation
The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs and lawful institutional policies and procedures supersede these standards.

General Criteria
The radiographer:

1. Maintains documentation of quality assurance activities, procedures and results in accordance with established guidelines.

2. Documents in a timely, accurate and comprehensive manner.

Specific Criteria
None added.

Radiography Professional Performance Standards

Standard One – Quality

The radiographer strives to provide optimal patient care.

Rationale
Patients expect and deserve optimal care during diagnosis and treatment.

General Stipulation
The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs and lawful institutional policies and procedures supersede these standards.

General Criteria
The radiographer:

1. Collaborates with others to elevate the quality of care.

2. Participates in ongoing quality assurance programs.

3. Adheres to standards, policies and established guidelines.

4. Applies professional judgment and discretion while performing diagnostic study or treatment.

5. Anticipates and responds to patient needs.

6. Respects cultural variations.

Specific Criteria
None added.

Radiography Professional Performance Standards

Standard Two – Self-Assessment

The radiographer evaluates personal performance.

Rationale
Self-assessment is necessary for personal growth and professional development.

General Stipulation
The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs and lawful institutional policies and procedures supersede these standards.

General Criteria
The radiographer:

1. Assesses personal work ethics, behaviors and attitudes.

2. Evaluates performance and recognizes opportunities for educational growth and improvement.

3. Recognizes and applies personal and professional strengths.

4. Participates in professional societies and organizations.

Specific Criteria
None added.

Radiography Professional Performance Standards

Standard Three – Education

The radiographer acquires and maintains current knowledge in practice.

Rationale
Advancements in the profession require additional knowledge and skills through education.

General Stipulation
The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs and lawful institutional policies and procedures supersede these standards.

General Criteria
The radiographer:

1. Completes education related to practice.

2. Maintains credentials and certification related to practice.

3. Participates in continuing education to maintain and enhance competency and performance.

4. Shares knowledge and expertise with others.

Specific Criteria
None added.

Radiography Professional Performance Standards

Standard Four – Collaboration and Collegiality

The radiographer promotes a positive and collaborative practice atmosphere with other members of the health care team.

Rationale
To provide quality patient care, all members of the health care team must communicate effectively and work together efficiently.

General Stipulation
The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs and lawful institutional policies and procedures supersede these standards.

General Criteria
The radiographer:

1. Shares knowledge and expertise with members of the health care team.

2. Develops collaborative partnerships to enhance quality and efficiency.

3. Promotes understanding of the profession.

Specific Criteria
None added.

Radiography Professional Performance Standards

Standard Five – Ethics

The radiographer adheres to the profession's accepted ethical standards.

Rationale
Decisions made and actions taken on behalf of the patient are based on a sound ethical foundation.

General Stipulation
The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs and lawful institutional policies and procedures supersede these standards.

General Criteria
The radiographer:

1. Provides health care services with respect for the patient's dignity, age-specific needs and culture.

2. Acts as a patient advocate.

3. Takes responsibility for decisions made and actions taken.

4. Delivers patient care and service free from bias or discrimination.

5. Respects the patient's right to privacy and confidentiality.

6. Adheres to the established practice standards of the profession.

Specific Criteria
None added.

Radiography Professional Performance Standards

Standard Six – Research and Innovation

The radiographer participates in the acquisition and dissemination of knowledge and the advancement of the profession.

Rationale
Scholarly activities such as research, scientific investigation, presentation and publication advance the profession.

General Stipulation
The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs and lawful institutional policies and procedures supersede these standards.

General Criteria
The radiographer:

1. Reads and evaluates research relevant to the profession.

2. Participates in data collection.

3. Investigates innovative methods for application in practice.

4. Shares information through publication, presentation and collaboration.

5. Adopts new best practices.

6. Pursues lifelong learning.

Specific Criteria
None added.

Radiography Advisory Opinion Statements

Injecting Medication in Peripherally Inserted Central Catheter Lines or Ports with a Power Injector.

Medication and Contrast Media Injections by Radiologic Technologists.

Medication Injection through Existing Vascular Access.

Placement of Personal Radiation Monitoring Devices.

Standards for an Accredited Educational Program in Radiography

EFFECTIVE JANUARY 1, 2014

Adopted by:

The Joint Review Committee on Education in Radiologic Technology - October 2013

Joint Review Committee on Education in Radiologic Technology
20 N. Wacker Drive, Suite 2850
Chicago, IL 60606-3182
312.704.5300 ● (Fax) 312.704.5304
www.jrcert.org

The Joint Review Committee on Education in Radiologic Technology (JRCERT) is dedicated to excellence in education and to the quality and safety of patient care through the accreditation of educational programs in the radiologic sciences.

The JRCERT is the only agency recognized by the United States Department of Education (USDE) and the Council on Higher Education Accreditation (CHEA) for the accreditation of traditional and distance delivery educational programs in radiography, radiation therapy, magnetic resonance, and medical dosimetry. The JRCERT awards accreditation to programs demonstrating substantial compliance with these **STANDARDS**.

Copyright © 2010 by the JRCERT

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 accreditation process offers a means of providing assurance to the public that a program meets specific quality standards. The process helps to maintain program quality and stimulates program improvement through program 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:

- **Explanation** - provides clarification on the intent and key details of the objective.

- **Required Program Response** - requires the program to provide a brief narrative and/or documentation that demonstrates compliance with the objective.

- **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 to help determine if the program has met the particular objective. Review of additional materials and/or interviews with listed personnel is at the discretion of the site visit team.

Following each standard, the program must provide a **Summary** that includes the following:

- Major strengths related to the standard
- Major concerns related to the standard
- The program's plan for addressing each concern identified
- Describe any progress already achieved in addressing each concern
- Describe any constraints in implementing improvements

The submitted narrative response and/or documentation, together with the results of the on-site evaluation conducted by the site visit team, will be used by the JRCERT Board of Directors in determining the program's compliance with the STANDARDS.

Standard One
Integrity

Standard One: **The program demonstrates integrity in the following:**

- **Representations to communities of interest and the public,**
- **Pursuit of fair and equitable academic practices, and**
- **Treatment of, and respect for, students, faculty, and staff**.

Objectives:

In support of **Standard One**, the program:

1.1 Adheres to high ethical standards in relation to students, faculty, and staff.

1.2 Provides equitable learning opportunities for all students.

1.3 Provides timely, appropriate, and educationally valid clinical experiences for each admitted student.

1.4 Limits required clinical assignments for students to not more than 10 hours per day and the total didactic and clinical involvement to not more than 40 hours per week.

1.5 Assures the security and confidentiality of student records, instructional materials, and other appropriate program materials.

1.6 Has a grievance procedure that is readily accessible, fair, and equitably applied.

1.7 Assures that students are made aware of the JRCERT **Standards for an Accredited Educational Program in Radiography** and the avenue to pursue allegations of non-compliance with the **STANDARDS**.

1.8 Has publications that accurately reflect the program's policies, procedures, and offerings.

1.9 Makes available to students, faculty, and the general public accurate information about admission policies, tuition and fees, refund policies, academic calendars, clinical obligations, grading system, graduation requirements, and the criteria for transfer credit.

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

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

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

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

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

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

Standard Two:
Resources

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

Objectives:

In support of **Standard Two**, the program:

Administrative Structure

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

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

2.3 Provides faculty with opportunities for continued professional development.

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

Learning Resources/Services

2.5 Assures JRCERT recognition of all clinical settings.

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

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

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

Fiscal Support

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

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

Standard Three
Curriculum and Academic Practices

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

Objectives:

In support of **Standard Three**, the program:

3.1 Has a program mission statement that defines its purpose and scope and is periodically reevaluated.

3.2 Provides a well-structured, competency-based curriculum that prepares students to practice in the professional discipline.

3.3 Provides learning opportunities in current and developing imaging and/or therapeutic technologies.

3.4 Assures an appropriate relationship between program length and the subject matter taught for the terminal award offered.

3.5 Measures the length of all didactic and clinical courses in clock hours or credit hours.

3.6 Maintains a master plan of education.

3.7 Provides timely and supportive academic, behavioral, and clinical advisement to students enrolled in the program.

3.8 Documents that the responsibilities of faculty and clinical staff are delineated and performed.

3.9 Evaluates program faculty and clinical instructor performance and shares evaluation results regularly to assure instructional responsibilities are performed.

Standard Four
Health and Safety

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

Objectives:

In support of **Standard Four**, the program:

4.1 Assures the radiation safety of students through the implementation of published policies and procedures that are in compliance with Nuclear Regulatory Commission regulations and state laws as applicable.

4.2 Has a published pregnancy policy that is consistent with applicable federal regulations and state laws, made known to accepted and enrolled female students, and contains the following elements:

- Written notice of voluntary declaration,
- Option for student continuance in the program without modification, and
- Option for written withdrawal of declaration.

4.3 Assures that students employ proper radiation safety practices.

4.4 Assures that medical imaging procedures are performed under the direct supervision of a qualified radiographer until a student achieves competency.

4.5 Assures that medical imaging procedures are performed under the indirect supervision of a qualified radiographer after a student achieves competency.

4.6 Assures that students are directly supervised by a qualified radiographer when repeating unsatisfactory images.

4.7 Assures sponsoring institution's policies safeguard the health and safety of students.

4.8 Assures that students are oriented to clinical setting policies and procedures in regard to health and safety.

Standard Five
Assessment

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

Objectives:

In support of **Standard Five**, the program:

Student Learning

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

Program Effectiveness

5.2 Documents the following program effectiveness data:

- Five-year average credentialing 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,
- Program completion rate,
- Graduate satisfaction, and
- Employer satisfaction.

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

Analysis and Actions

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

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

Standard Six

Institutional/Programmatic Data

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

Objectives:

In support of **Standard Six**, the program:

Sponsoring Institution

6.1 Documents the continuing institutional accreditation of the sponsoring institution.

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

Personnel

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

Clinical Settings

6.4 Establishes and maintains affiliation agreements with clinical settings.

6.5 Documents that clinical settings are in compliance with applicable state and/or federal radiation safety laws.

Program Sponsorship, Substantive Changes, and Notification of Program Officials

6.6 Complies with requirements to achieve and maintain JRCERT accreditation.