



Radiologic Technology Program

Student and Clinical Education Handbook

George C. Wallace Community College

**RADIOLOGIC TECHNOLOGY PROGRAM
STUDENT AND CLINICAL EDUCATION HANDBOOK
FOR
RADIOGRAPHY STUDENTS**

WALLACE COMMUNITY COLLEGE

DOTHAN, ALABAMA

2021-2022

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INTRODUCTION

The purpose of Clinical Education is to acquire mastery of the knowledge and skills required to produce diagnostic radiographs. Mastery of interpersonal skills required to effectively interact with patients and other members of the health care team is another important purpose of clinical education.

PHILOSOPHY

The Radiologic Technology Program is designed to provide the diagnostic imaging team with a member who, under the supervision of the radiologist, investigates function and structure of bodily organ systems, which contribute to diagnosis of disease and injury.

The student will develop technical and social skills through active participation in an organized sequence of classroom, laboratory, and clinical experiences provided in the curriculum.

The student will perform diagnostic imaging with the skill and knowledge of total patient care appropriate to radiology and with total consideration of biological effects.

The highly developed technical abilities of the radiographer will enable the health team to improve community health services in addition to providing upward mobility for the individual's career development.

MISSION STATEMENT

George C. Wallace Community College – Dothan, a comprehensive community college, inspires and facilitates learning to prepare its constituents for current and emerging opportunities and to promote economic and social development.

EDUCATIONAL PROGRAM FUNCTIONAL AREA GOALS

1. To expand and improve the variety, quality, and delivery of instructional programs and learning resources to meet the identified needs of students, citizens, and employers in the College service area.
2. To provide comprehensive academic and career/technical programs and academic support services at each campus that meet identified needs of students, citizens and employers served by the College.
3. To provide developmental education that successfully supports and assists students in acquiring basic learning skills and overcoming identified academic deficiencies.

PROGRAM MISSION STATEMENT

Wallace Community College's Radiologic Technology Program prepares graduates for careers as professional Radiologic Technologists. Graduates have clinical and didactic training in producing and processing radiographs. The program provides learning opportunities that introduce, develop, and reinforce competence in the interpretation of the human anatomy on x-ray film and/or digital imaging systems and professional attitudes required for job acquisition and advancement.

Program Goals and Student Learning Outcomes:

Goal #1 - At the completion of the program, students will be clinically and didactically competent as entry-level radiographers.

Outcome:

1. Students will position patients.
2. Students will use radiation protection methods.
3. Students will provide appropriate patient care.

Goal #2 - Students will develop the necessary communication skills.

Outcome:

1. Students will communicate with patients.
2. Students will demonstrate written communication skills.
3. Students will deliver oral presentations.

Goal #3 - Students will think critically and solve problems in their daily work environment.

Outcome:

1. Students will perform non-routine procedures.
2. Students will appropriately evaluate radiographic images.

Goal #4- Students will demonstrate professionalism.

Outcome:

1. Students will demonstrate professional behavior.
2. Students will understand ethics.

Program effectiveness indicators:

- Graduates will pass the national ARRT certification exam.
- Employers will indicate satisfaction with program graduates.
- Students seeking employment will be able to find employment in the radiologic sciences field.
- Graduates will indicate satisfaction with their preparation as entry-level practitioners.
- Students will complete the program.

THE CLINICAL EDUCATION HANDBOOK

This Clinical Education Handbook serves as a guide for the students enrolled in the Radiologic Technology Program. The contents contained in this Handbook will be given to matriculating students during clinical orientation. In addition, the department will obtain documentation of receipt and review of the Handbook. A comprehensive review of the information contained in this Handbook will be given before the student begins his/her clinical education to assure each student's complete understanding. Each student will be responsible for maintaining continued knowledge of the information contained in the Handbook.

The Radiologic Technology Program, with the appropriate administrative approval, reserves the right to make policy and procedure changes at any time. Such changes will be distributed for insertion into the appropriate section of the Handbook. All students enrolled in any courses sponsored by the department must comply with such changes at the time specified by the department.

CLINICAL EDUCATION ELIGIBILITY

In order to be assigned to Clinical Education courses and to continue the assignment, the student must meet the following requirements:

1. Be a full-time student in the Radiologic Technology Program.
2. Be certified in cardiopulmonary resuscitation (CPR) prior to clinical rotations in RAD 114 - Clinical Education I and maintain certification throughout the program.
3. Complete all prerequisite radiography courses with a minimum grade of "C."
4. Have and maintain a cumulative grade point average of 2.5 or better.
5. Successfully complete objectives of each phase of the clinical education component of the program prior to entering subsequent phases.
6. Malpractice insurance (NUR 000) will be obtained through the Wallace Community College Business Office upon registration for all Radiologic Technology courses.
7. Substance abuse screening (NUR 001) will be obtained through the Wallace Community College Business Office upon registration for all Radiologic Technology courses. All currently enrolled students will participate in the screening program as specified by the institution.

STUDENT RESPONSIBILITIES

1. Maintain a professional appearance at all times. This cannot be overemphasized. Students are expected to comply with the Clinical Education Dress Code policies of the Radiologic Technology Program.
2. Establish good working relationships with all personnel with whom you have contact.
3. Be responsible for all equipment and materials used during clinical assigned hours.
4. Gain the respect of your colleagues through professional and dignified posture.
5. Attend and participate in all scheduled clinic activities.
6. Consult with hospital staff, technologists, department supervisors, and/or college faculty for

help with problems.

7. Participate in the evaluation of your clinical progress in conjunction with the clinical staff, clinical instructors, and program faculty.
8. Maintain an accurate, up-to-date record of competency evaluations. Be aware of the number and types of evaluations required during each academic term.
9. Observe the staff of the Radiology Department at work. This is a learning situation with many ideas and suggestions to be gained from watching these individuals.
10. Develop knowledge and background on clinical subject matters by reading the professional literature available.
11. Comply with the American Society of Radiologic Technologist Principles of Professional Conduct and the Patients Bill of Rights.
12. Comply with the ARRT Standards of Ethics for Radiologic Technology.
13. Comply with the Scopes of Practice of Radiography as outlined by the American Society of Radiologic Technologists.

ROLE OF THE RADIOLOGY DEPARTMENT STAFF TECHNOLOGIST

The Radiology Department Staff Technologist is a full-time or part-time employee of the hospital. He/she also shares in the responsibility for the daily guidance of the radiography student. The staff technologist occupies a key role in making the student's clinical experience a successful and meaningful one. He/she works closely with the college faculty and is responsible for the following:

1. Acquire a thorough understanding of the college program, its general philosophy, and objectives.
2. Orient the student to the hospital including key personnel, policies, procedures, and facilities.
3. Provide the student with the information necessary to gain a better understanding of the functions of the radiology facility.
4. Familiarize the student with general procedures of the Radiology Department.
5. Observe and evaluate the student as he/she progresses through each clinical practice rotation.
6. Confer with the clinical instructors and college faculty throughout each academic term regarding the evaluation of the students.

CLINICAL INSTRUCTORS

Clinical Instructors in the Radiologic Technology Program are:

Flowers Hospital-Dothan, Alabama

Mae Marsh, RT (R)
Edward Morrison, RT (R)
Shanica Kelley, RT (R)

Southeast Health-Dothan, Alabama

Kristi Holland, BSRS RT (R)
Windy Hoose, RT (R)

Medical Center Enterprise-Enterprise, Alabama

Natasha Sumblin, RT (R) (M)
Galen Bradshaw, RT (R)
Brooke Sanders, RT (R)
Kathy Snow, RT (R)

Medical Center Barbour-Eufaula, Alabama

Thomas Chase Dixon, RT (R)(CT)
Christopher Lee Spurlock, RT (R)(CT)

Dale Medical Center-Ozark, Alabama

Michael Stinson, BAS RT (R)
Kristina Burton, RT (R)(M)

Southern Bone and Joint Specialists

Kasie Sanchez RT(R)-Dothan, East Location
Christina Brown RT (R) – Enterprise Location
Olivia Coale RT (R)-Dothan, West Location

Wiregrass Medical Center-Geneva, Alabama

Kelli F. Hall, R. T. (R)

Primecare-Dothan, Alabama

Jennifer Hill, R.T. (R)

Hughston Clinic-Dothan, Alabama

Maryann Dykes, R.T. (R)

Southern Clinic-Dothan, Alabama

Jamie Bass, R.T. (R)(CT)

CLINICAL INSTRUCTOR JOB DESCRIPTION

- 1 04% Acts as a liaison between the faculty of the Radiologic Technology Program, hospital/clinical staff, supervisors, and management team.

2. 20% Supervises and correlates the clinical instruction of the Radiologic Technology students at the clinical facility.
3. 05% Conducts lectures, discussion activities, and competency-based evaluations of the radiography students at the hospital.
4. 05% Teaches patient care and management, radiation protection, radiographic positioning, radiographic exposure, and radiographic image evaluation at the hospital.
5. 05% Maintains accurate records of attendance, evaluations, consultations, incidents, and competency training evaluations on the Radiography students.
6. 03% Assists in the Radiology Department's quality assurance program.
7. 03% Conducts in-service education of the Radiology Department personnel and attends technically related continuing education instruction as directed by the Program Director.
8. 05% Assists in maintenance of teaching files.
9. 50% When not performing the above work shall make himself / herself available to perform any and all duties of a Radiologic Technologist and perform other work as assigned.

ADVISORY COMMITTEE

To assist in implementing proper program procedures, an advisory committee was developed. Members of the Wallace College Radiologic Technology Program Advisory Committee are:

Bates Gilmore,
Program Director
Radiologic Technology Program
Wallace Community College, Dothan

Bill Hobbs
Director, Radiology
Southeast Health

Rachael Elliott,
Clinical Coordinator
Radiologic Technology Program
Wallace Community College, Dothan

Jamie Bass,
Radiologic Technologist
Southeast Health

Bill Benak,
Manager, Radiology Services
Flowers Hospital

Steve Walker,
Radiologic Technologist, CT
Southeast Health

Michelle Whitehurst,
Asst. Director, Radiology
Flowers Hospital

Windi Hoose,
Radiologic Technologist
Southeast Health

Chris Hughes,
Southern Bone & Joint
Supervisor, Radiology

Renee Godbold,
Radiologic Technologists
Flowers Hospital

Kelli Hall,
Radiologic Technologist
Wiregrass Medical Center

Jeff Speed,
Secondary Representative
Dothan, Alabama

Chad Smith,
Director, Radiology
Mizell Memorial Hospital

Courtney Irvin,
Radiologic Technologist
Southeast Health

Michael Holland,
Supervisor, Radiology
Southeast Health

Natasha Sumblin,
Supervisor, Radiology
Medical Center Enterprise

Lee Spurlock,
Radiologic Technologist
Medical Center Barbour

Thomas Lordi,
First Year
Student Representative
Radiologic Technology Program
Wallace Community College, Dothan

Kasie Sanchez,
Radiologic Technologist
Southern Bone & Joint Clinic

Maryann Dykes,
Radiologic Technologist
Hughston Clinic

David McKnight,
Director, Radiology
Medical Center Barbour

Jacey Tucker,
Adjunct Instructor
Wallace Community College, Dothan

Martina Freeland,
Adjunct Instructor
Wallace Community College, Dothan

Kim Casey,
Radiologic Technologist
Dale Medical Center

Grant Adams,
Second Year
Student Representative
Radiologic Technology Program
Wallace Community College, Dothan

Bailee Collins,
Second Year
Student Representative
Radiologic Technology Program
Wallace Community College, Dothan

RESPONSIBILITIES OF THE ADVISORY COMMITTEE

The function of the Advisory Committee is to serve as consultants:

1. To program faculty
2. For course content
3. For equipment procurement and donations
4. For policy and program evaluation

STUDENT REPRESENTATIVES

Student Representatives on the Advisory Committee are:

First Year Class: 2023

Second Year Class: 2022

A student from each class will be chosen by the Program Director and faculty to represent each class on the Advisory Committee. At least one representative from each class will be required to attend the Advisory Committee meetings. These students will be allowed to leave the clinical sites to attend the meetings.

RESPONSIBILITIES OF STUDENT REPRESENTATIVES

The functions of the student representatives are to:

1. Present the view and/or concerns of their class to the Advisory Committee.
2. Report the activities of the Committee to their class.

STUDENT ADVISORY COMMITTEE

The Student Advisory Committee members will be selected by their respective classes. This committee will be required to meet periodically with the program faculty to discuss issues relative to the Program.

COMMITTEE ON CLINICAL EDUCATION

The Committee on Clinical Education will include clinical instructors and the Clinical Coordinator. Each clinical affiliate will have its own Committee on Clinical Education. These committees will meet periodically to discuss student's progress and suggest possible program modifications. The committees from each affiliate will meet at least once during the term to ensure uniformity of practices and procedures. The members of the Committee on Clinical Education include:

1. All clinical instructors from each Clinical Education Center.
2. Clinical Coordinator – Rachael Elliott, M.A, H.S., R.T. (R) (CT)

RESPONSIBILITIES OF COMMITTEE ON CLINICAL EDUCATION

The responsibilities of the Committee on Clinical Education are:

1. Discuss students' progress.
2. Identify students' strengths.
3. Identify and suggest possible solutions to individual students' weaknesses.
4. Review program policies including clinical competency evaluation instruments.
5. Recommend disciplinary measures for individual students to the appropriate college officials.
6. Recommend policy modifications to the Advisory Committee.

CLINICAL EDUCATION ASSIGNMENTS

Assignments to the Clinical Education Centers are to correlate didactic and laboratory knowledge with practical skills.

The length of the rotation and shift at each Clinical Education Center will be determined by the Program Director and Clinical Coordinator.

Students assigned to a Clinical Education Center will remain until the end of such rotation unless the Center (with Directors and Clinical Coordinators concurrence) requests a student's removal. Total clinical and classroom hours will not exceed 40 hours per week; assignments on any one day will not exceed eight (8) hours unless otherwise requested by the student and approved by the Director and Clinical Coordinator.

POLICIES GOVERNING STUDENT CLINICAL EDUCATION CENTER ASSIGNMENTS

The Program Director and Clinical Coordinator, in conjunction with the affiliate representative, will schedule the following:

1. Clinical location
2. Room/area assignments
3. Length, days, and hours of assignments

Student's room/area assignments will be based on the following:

1. Students present documented clinical experience and competency level.
2. Student's clinical education needs to reach the highest level of competency in all areas of radiographic procedures.

Changing of the scheduled room/area or staff assignment will be for the enhancement of the student's education experience. Changes are only made with the unanimous agreement by:

1. The College Instructor(s)
2. The Clinical Coordinator
3. The Program Director

CLINICAL AFFILIATE ROTATIONS

Students are assigned to affiliate Clinical Education Centers throughout their clinical education. These assignments are determined by the Program Director and Clinical Coordinator. Students are assigned to clinical affiliate sites in an order which will provide students with a comprehensive clinical education.

RADIOGRAPHY CLINICAL AFFILIATES

The following is a list of approved radiography clinical affiliates:

Flowers Hospital, 3228 W. Main Street, Dothan, AL 36303
Southeast Alabama Medical Center, 1108 Ross Clark Cir, Dothan AL 36301
Medical Center Enterprise, 400 N. Edwards Street, Enterprise, AL 36330
Dale Medical Center, 100 Hospital Avenue, Ozark, AL 36360
Southern Bone and Joint Specialists, 1500 Ross Clark Cir, Dothan, AL 36301
Southern Bone and Joint Specialists, 404 N. Main St, Enterprise, AL 30330
Southern Bone and Joint Specialists, Westside Location, 345 Healthwest Dr, Dothan, AL 36301
Wiregrass Medical Center, 1200 Maple Ave, Geneva, AL 36340
Southern Clinic, 201 Doctors Dr, Dothan, AL 36301
Primecare, 4126 W. Main St, Dothan, AL 36305
Hughston Clinic, 512 N. Shady Ln, Dothan, AL 36303
Medical Center Barbour, 820 W. Washington St, Eufaula, AL 36027

The total number of students assigned to any Clinical Education Affiliate shall be determined by recommendations of the Joint Review Committee on Education in Radiologic Technology (JRCERT).

The student is subject to all rules and regulations of the affiliate Education Center(s). The affiliate has the right to dismiss from that center any student who demonstrates any breach of rules or displays unethical behavior.

If a student is dismissed from any affiliate, the student will be transferred to another site as soon as possible. Should the student be requested to leave the second site, a recommendation for dismissal from the program will be made by the Director and/or Clinical Coordinator. Recommendations for clinical dismissals are subject to the approval of the appropriate college committee.

STUDENT CLINICAL SUPERVISION

All clinical education assignments are structured to ensure that each student is directly supervised by a qualified practitioner until competency is achieved. This policy is enacted and enforced throughout each student's tenure in the Program.

Upon demonstration of clinical competency, students may be allowed to work independently. A qualified practitioner must be in close proximity in order to provide assistance as needed. Students are not allowed to perform portable radiography unless accompanied by a qualified practitioner. These guidelines are also extended to the areas of emergency and surgical radiography.

Direct Supervision

Until a student demonstrates competency in a procedure, that procedure is to be performed under direct supervision. A qualified radiographer must review the requested procedure and patient condition in light of the student's level of expertise, must be present during the entire procedure and must evaluate and approve the outcome of the procedure.

Indirect Supervision

After a student demonstrates competency in an examination it may be performed under indirect supervision. In this case, a qualified radiographer must be immediately available to assist the student. *Immediately available* to mean that the supervising technologist is in an adjacent room or area or is in the student's immediate physical proximity, regardless of the student's level.

ROOM AND AREA ASSIGNMENTS

Room and area assignments will include the following during Clinical Education I through Clinical Education IV as assigned by the Program Director and Clinical Coordinator. Clinical Education V is designed for special area rotations (optional) after the student has completed all assigned routine procedures.

1. General Radiography
2. Fluoroscopy
3. Intravenous Urography
4. Emergency Radiography
5. Surgical Radiography
6. Portable (bedside) Radiography
7. Evening/Night/Weekend Rotations
8. Computerized Tomography
9. Ultrasound*
10. Special Radiographic Procedures*
11. Cardiac Catheterization*
12. Nuclear Medicine*
13. Radiation Therapy*
14. Magnetic Resonance Imaging (MRI)*

*Optional Rotations

CLINICAL EDUCATION HOURS

The number of clinical assignment hours for students is based on eight (8) hours per day. For the safety of students and patients, not more than (10) clinical hours shall be scheduled in any one day. Scheduled didactic and clinical hours combined cannot exceed (40) hours per week. Clinical hours at the affiliate sites will vary from 7:30 am - 4:00 pm; 8:00 am - 11:00 am; and 7:30 am - 2:00 pm depending on the area and/or room assignment. Variations in these hours exist in the following areas: fluoroscopy, intravenous urography, surgical radiography, and portable (bedside) radiography. Students will be informed of changes in shift hours at least two (2) weeks prior to entering any of the afore-mentioned assignments. All clinical assignments for students are limited to not more than ten (10) hours per day and the total didactic and clinical hours combined cannot exceed forty (40) hours per week.

All students may be required to complete evening, night, and weekend rotations beginning with Clinical Education III. Student assignments to evening rotation (3:00 PM -11:00 PM), night rotation (11:00 PM - 7:00 AM) and weekend rotation (7:30 AM - 4:00 PM) will be made by the Program Director and Clinical Coordinator. All evening, night, and weekend rotations will be assigned in advance in order to work with student's schedules accordingly.

Students will be assigned a meal break which they are required to take each day. The meal break will be

commensurate with the practice of the department and area/rotation assignment. The meal break may not be used to make up or accrue time. Meal breaks are required for all students.

GENERAL RULES

Clinical assignments on any day are based on an eight (8) hour shift. However, no student will be permitted to leave a patient during the course of an examination, even if such completion requires remaining on duty beyond the end of the shift. The student is required to complete the examination (this includes getting the films checked for necessary repeats or additional films and seeing that the patient is dismissed from the department).

ATTENDANCE POLICY CONCERNING DEATH IN THE FAMILY

Upon notification of the Clinical Coordinator, students will be allowed a maximum of three (3) days leave of absence for death in the immediate family consisting of parents, grandparents, spouse, brother, sister, or child.

Leave of absence to attend any other funeral arrangements will be granted by special permission of the Clinical Coordinator. Each situation will be given special consideration.

CLINICAL EDUCATION ATTENDANCE POLICY

Students are expected to attend all Clinical Education assigned days. A record of absence and tardiness will be kept by the student and Clinical Coordinator. All time absent from the Clinical Education Centers must be made up before the end of each term. Regular attendance is extremely important in this program. To emphasize this significance and to avoid confusion, program personnel will follow the guidelines listed below. If a student must be absent from clinical assignment, he/she must personally notify:

1. The Clinical Coordinator
2. The Clinical Education Facility

The student is responsible for making arrangements to make up these absences. No Radiology student will be assigned or allowed to make-up clinical education during holidays that are observed by the sponsoring institution which is Wallace College. Refer to Wallace College's calendar for recognition of holidays.

Make-up time must be pre-approved by the Clinical Coordinator. Such sessions will be treated as assigned time and must not be arranged on days or times when the student has scheduled classes.

NOTE: A student must report an intended absence within 30 minutes of the assigned reporting time. A student who does not notify the Clinical Coordinator within the stated 30-minute time frame will be recorded as Absent Without Leave (AWOL). The Clinical Coordinator will counsel the student, using the appropriate form, upon his/her return to the Clinical Education Facility. The importance of reporting in and out will be emphasized at that time. Infractions will result in:

1. 5 percentage points for each infraction up to maximum of 25% of final clinical grade
2. Written counseling
3. Repeated infractions will result in recommendation for dismissal from the Program

LATENESS POLICY

A student signing/clocking in more than seven (7) minutes after assigned time will be considered LATE. A student who is late for three or more clinical education assignments will accumulate an equivalent of one day of absence per three offenses. This day may enter into make-up time provisions and determination of grade. The student will be responsible for completing a lateness form and a make-up time form and submitting it to the Clinical Coordinator.

LATENESS PENALTY

For Clinical Education I-V

1. 5 percentage points for each infraction up to maximum of 25% of final clinical grade
2. Written counseling
3. Repeated infractions will result in recommendation for dismissal from the Program

A student with three (3) or more tardies during Clinical Education I-V will be considered habitually late and a record of written counseling will be placed on file. Any additional infractions may result in clinical probation. Clinical Probation will remain in effect for a minimum of six (6) weeks of clinical education assignments. Should the student incur any additional tardies or unexcused absences during the probation period, he/she will automatically receive a grade of an F in the enrolled clinical course. At that time, the faculty will decide if the student will repeat the entire clinical course or be recommended for dismissal from the program.

ABSENCE POLICY AND PENALTY

A student who has been absent from a clinical education assignment is required to make up all absences. The student is responsible for making arrangements to make up these absences. No Radiology student will be assigned or allowed to make-up clinical education during holidays that are observed by the sponsoring institution which is Wallace College. Refer to Wallace College's calendar for recognition of holidays. Make-up time must be pre-approved by the Clinical Coordinator. Such sessions will be treated as assigned time and must not be arranged on days or times when the student has scheduled classes.

The student's tardiness and absenteeism must be made up by the end of each semester on assigned days. Failure to balance required clinical hours would result in a grade of "I", which will be submitted to the Wallace College Registrars Office for that term.

Students will be required to make up their absences at their Clinical Educational Center where the time was missed.

Any student who is absent while on an evening, night, or weekend rotation will make up the absence(s) during the hours of the shift assigned.

Any student whose unexcused absences total more than 5% of scheduled clinical time will be receiving a 10-point reduction on the final grade and placed on clinical probation for one semester. Dismissal from the program will be recommended should the student incur one tardy or absence during the clinical probation period.

UNEXCUSED ABSENCE POLICY

For Clinical Education I-V

1. 5 percentage points for each lateness infraction up to maximum of 25% of final clinical grade
2. Written counseling
3. Repeated infractions will result in recommendation for dismissal from the Program

PERSONAL TIME POLICY

Students will be allotted a total of four (4) personal days throughout Clinical Education I-V.

Any hours taken in excess of approved personal time must be made up with the approval of the Clinical Coordinator. The Coordinator must be notified twenty-four hours prior to using personal time and the Clinical Education Center must be notified of the student's absence.

All personal time is subject to the approval of the Program Director, Clinical Coordinator, and Faculty.

CLINICAL PROBATION

Clinical probation time will be a determinate of the student's violation. This probation time will be excluding the college-wide time off. During this time a student may not incur an infraction of any rule or regulation as stated in the Clinical Education Handbook and Wallace Community College Catalog and Student Handbook. Any infraction incurred during the probationary period will automatically result in a recommendation of dismissal from the Program.

ACCIDENT OR ILLNESS AT THE CLINICAL EDUCATION CENTER

When a student is injured on the job, he/she will:

1. Report immediately to his/her supervisor.
2. Fill out an accident report describing the accident.
3. Receive a written note from his/her supervisor requesting that the student be seen by an emergency room physician (students will be responsible for payment of their medical expenses).
4. Report to the Emergency Room.
5. Report to his/her supervisor concerning the outcome of the Emergency Room visit.
6. Present a note (to the supervisor or Clinical Coordinator) from the Emergency Room Physician or family physician stating the date the student may resume normal duties.

STUDENTS WILL BE RESPONSIBLE FOR PAYMENT OF THEIR MEDICAL EXPENSES.

CLINICAL EDUCATION DRESS CODE

Students are required to present a professional appearance at all times. It is the patient's right to be treated with dignity and care by clean individuals. It is, therefore, required that each student practice good personal hygiene.

Female students will:

1. Wear knee length laboratory coats (buttoned) with program patch affixed on the left shoulder and designated name tags. Under the lab coat, the student is required to wear the prescribed program uniform, a grey scrub top and grey scrub pants. The student will be permitted to wear a prescribed undershirt with the scrubs, which is grey and free of any logos or writing. Also, students will be permitted to wear a prescribed warm-up jacket. (All patches on scrubs and warm-up jackets should be affixed to the right shoulder of the uniform. The top of the patch should be 1 1/2 inches below the seam).
2. Do not wear clogs, sandals, open-toe shoes, or any type of shoe other than that prescribed by the Program. (White leather lace up athletic shoes with no color logos)
3. Keep jewelry to a minimum. Earrings are not allowed for male or female students. Numerous chains, rings, and bracelets will not be permitted. No visible body or tongue piercing will be allowed.
4. Hair must be of a natural color and conservative hairstyle. Long hair must be pulled away from the face and must not extend beyond the collar. Ties used to secure hair must be conservative and of a professional nature to coordinate with the rest of the uniform.
5. Wear make-up conservatively.
6. Do not wear perfumes.
7. Keep fingernails to a moderate length and use only clear nail polish.

Male students will:

1. Wear knee length laboratory coats (buttoned) with program patch affixed on the left shoulder and designated name tags. Under the lab coat, the student is required to wear the prescribed program uniform, a grey scrub top, and grey pants. The student will be permitted to wear a prescribed undershirt with the scrubs, which is grey and free of any logos or writing. Also, students will be permitted to wear a prescribed warm-up jacket. (All patches on scrubs and warm-up jackets should be affixed to the right shoulder of the uniform. The top of the patch should be 1 1/2 inches below the seam).
2. Keep hair, mustache, and beard neatly trimmed. Hair must not touch the collar. Hair must be of a natural color and conservative hairstyle.
3. Do not wear clogs, sandals, or any type of shoe other than that prescribed by the Program. (White leather lace up athletic shoes with no color logos.)
4. Keep jewelry to a minimum. Earrings are not allowed for male or female students. No visible body or tongue piercing will be allowed.
5. Keep fingernails to a moderate length. Nail polish is not acceptable for male students.

The following regulations will also be applicable:

1. Students are responsible for keeping their shoes neat, clean, and polished. Shoestrings should also be

kept clean.

2. Students are required to wear name tags at all times.
3. Fingernails should be kept short and clean.
4. All visible body art must be covered to include the neck, ears, and hairline.

Any student found out of uniform or inappropriately dressed will be asked to leave the clinical assignment and lose five (5) points from the Professional Conduct category of the grading criteria. This will be documented on a record of student counseling. Any time missed from clinical assignment because of inappropriate attire must be made up.

For standardization, all students will be required to purchase their clinical attire from a prescribed vendor. The Program currently uses **Sandra Jean's Uniform Shop**, located at 2493 Montgomery Highway, Dothan, Alabama 36303. The telephone number is (334) 792-4553 and **Scrubs 101 Uniform Boutique**, located at 3074 Ross Clark Circle, Dothan Alabama. The telephone number is (334) 671-9101.

CLINICAL EDUCATION RECORDS

Students are required to keep complete and accurate records on all activities for each clinical day. The records will be monitored by the program faculty during each semester and will be reviewed for accuracy and completeness. The clinical records will be evaluated each semester and will compose a percentage of the student's final clinical education grade in the clinical record category.

Clinical Education Records

- 10% Clinical Education I
- 05% Clinical Education II-V

The following information will be required and evaluated at the end of each term:

1. Any information which will enhance the student's clinical education.
2. All patients' measurements (cm).
3. Students will be required to formulate a detailed radiographic technique chart assigned by Clinical Coordinator for each room in which he/she has rotated.
4. Listing of all clinical competencies performed. Student must include date, room, evaluator, procedure, notes, and grade.
5. Information concerning procedures which may be valuable and may be used as a resource in the future.
6. Accurate listing of patient information concerning procedures observed, assisted, and/or individually performed.
7. Any information concerning disease processes, history, diagnosis, and prognosis.

The clinical records database is housed with the Clinical Coordinator at the end of the graduating student's last tour of the clinical practice. It will serve as a permanent and official record of the student's exposure to clinic and practice experience during two years in the Program. The clinical database is a valuable component in the Radiologic Technology Program.

CLINICAL EDUCATION RECORDS SYSTEM

All students are recorded and accessed in the Trajecsys ® program utilized by the program and obtained through the WCC Bookstore. Students are required to keep updated and accurate records of clinical attendance and performance in the system.

STUDENTS FAILING TO COMPLETE THE REQUIRED CLINICAL RECORDS BY THE LAST DAY OF FINAL EXAMINATIONS WILL RECEIVE A GRADE OF "I" WHICH WILL BE SUBMITTED TO THE WALLACE COLLEGE REGISTRAR'S OFFICE FOR THE TERM WHICH THE RECORDS ARE MISSING.

* The following are required to be present in the Clinical Education Record Database:

A. Listing of location, room assignments, clinical days and clinical hours.

* A list of all clinical days and hours will be presented to each student by the Clinical Coordinator prior to each semester.

B. Student Time System.

* Students are required to clock in at the Clinical Center daily, using the Trajecsyst[®] program.

C. Student logs for each clinical day.

* Students are required to submit daily logs using the Trajecsyst[®] program. All logs should be entered within 5 days of the clinical attendance date.

1. Date: Select the month, day, and year.
2. Room: Use appropriate room number or room name.
3. Clinical Education Center: Select the name of the hospital affiliate.
4. Hours: Hours will be accurately documented by time records.
5. Status: Indicate whether you observed, were assisted, or performed the examination independently (I). Assisted means the student was helped with some part of the examination.
6. Identification Information: Fill in the proper identification number by recording the 5 digit key as follows: First letter of first name, last three digits of birth year, first letter of last name.
7. Examination: Fill in the type of examination performed in the assigned area (e.g. barium enema, skull, spine).

It is important and mandatory for all students to document ALL procedures observed, assisted, or individually performed each day.

In case of an absence, list the first three items above and write *A* absent for item (d). In the case of make-up time, list the first four items above and write *Make-up Time* next to hours.

Students are required to keep a daily log of all examinations observed, assisted with, or done independently during clinical assignment.

This clinical record is a requirement of the Joint Review Committee on Education in Radiologic Technology (JRCERT) for accreditation purposes. There will be no excuse for any student not having a daily record of procedures observed (O), assisted (A), or individually performed (I).

* The observation logs will compose ten (10) percent of the final clinical education grade in Clinical Education I-V.

D. Student evaluation sheets

1. Students are evaluated at the end of each rotation by the technologists using the student performance evaluation located in the Trajecsyst[®] program.
2. Evaluations will be reviewed by faculty periodically.
3. The student evaluation sheets will compose 15% of the student's final clinical grade during Clinical Education II-V.

E. Clinical competency forms

1. Refer to clinical competency evaluation description which follows.
2. Clinical Competency Evaluations will compose 25% of the final clinical education grade in Clinical Education II-V.

F. Monthly clinical education procedure count record

1. Students are required to keep detailed and accurate procedure counts for various procedure categories.
2. These forms must be completed on a monthly basis and will be reviewed by the Clinical Coordinator periodically.
3. The procedure count form will compose 15 percent of the final clinical education grade in Clinical Education I-V.

PROFESSIONAL BEHAVIOR TRAITS AND CHARACTERISTICS

Student radiographers should exhibit professional behavior traits as outlined in the ARRT Standards of Ethics. Can be located at www.arrt.org.

The student radiographer also should exhibit professional traits and characteristics in the following categories:

APPEARANCE	COOPERATION	LOYALTY
INTEREST	MATURITY	MOTIVATION
ATTITUDE	SELF-DISCIPLINE	COMPASSION
PROMPTNESS	POISE	

Refer to Webster’s Dictionary for accurate definition of each behavioral trait and characteristic.

COMPETENCY-BASED CLINICAL EDUCATION INTRODUCTION

Competency-based clinical education has been established for students enrolled in the Radiologic Technology Program. It is designed to permit accurate assessment of the knowledge, skills, and abilities of the students in the clinical education component of the Program. Refer to www.arrt.org for competency requirements. After successful completion of the prerequisite didactic courses and clinical practice, the student’s clinical competency will be evaluated. These evaluations are completed only by the clinical instructors, faculty members, or any qualified practitioner on-site.

A student who does not perform satisfactorily in the first Clinical Competency Evaluation may be permitted two additional attempts.

Failure to satisfactorily perform the third attempt at competency on a specific procedure/exam will result in a grade of “F” for the enrolled clinical course.

CLINICAL COMPETENCY OBJECTIVES

To assess the student’s degree of proficiency while performing a clinical competency exam, the student must be able to perform each of the following:

A. Evaluate the Requisition

The student will:

1. Obtain the patient’s identity.
2. Determine the patient’s mode of transportation.
3. Follow the instructions as outlined by the requisition.
4. Discuss incomplete, confusing, or unclear information with the supervisor.

- Determine the patient positions and projections of the area of interest in relation to the patient's condition.

B. Prepare Radiographic Room

The student will:

- Assemble the accessory equipment required to perform the particular radiographic procedure specified by the requisition.
- Set up the examination room for the procedure before the patient enters.
- Fill syringes with contrast material using sterile technique when appropriate.
- Assist with preparation of the patient and equipment if procedure is fluoroscopic examination.

C. Verify Correct Identification of Patients

The student will correctly identify the patient for whom the procedure is requisitioned by:

- Using patient's surname, asking for first name.
- Checking hospital identification bracelet on in-patients.

D. Introduce Self to Patient

The student will:

- Welcome patient to the department and tell them his/her name.
- Respect the patient's privacy and concern.
- Treat each patient with dignity and concern.
- Inform patient of what will happen during the procedure(s).
- Explain the examination to the patient and/or to an accompanying family member.
- Reassure patient and answer questions as appropriate.
- Determine information to convey to the patient based on the patient's condition and behavior as well as institutional policy.

E. Verify Correct Preparation of Patient (When Applicable)

The student will:

- Ascertain that correct preparation procedure was followed.
- Instruct the patient to remove articles which will be represented on the radiograph as artifacts.
- Instruct the patient, if necessary, to the appropriate location to remove specific articles of clothing. If the patient requires assistance, respect the patient's right to privacy. If the patient is of the opposite sex, seek the assistance of an individual of same sex.

F. Place Patient on Examination Table

The student will:

- Transport patient into the examination room without injury to the patient or self.
- Transport patient on a stretcher or in a wheelchair into the examination room.
- Assist patient safely from the transportation vehicle to the examination table,
- Assist patient, allowing him/her to be as comfortable as possible.

G. When Appropriate Measure the Part

The student will:

Measure the patient/part with calipers at the path of central ray or as specified for the requisitioned procedure by the Radiology Department's Procedures Manual.

H. Select the Appropriate Technique

The student will:

- Determine if the exposure should be made table-top or Bucky.

2. Using calipers to measure the patient/part thickness and a technique chart guide determine and select appropriate minimal exposure factors for projections to be performed which are compatible with diagnostic quality desired.
3. Note radiologist's density preferences or equipment problems to avoid repeat radiographs.
4. Take into consideration the patient's type, size, sex, age, or muscularity and determine the correct technical factors and positioning.
5. Note any pathological conditions which would influence the choice of exposure factors.

I. Select Appropriate Image Receptor Size

The student will:

1. Select the appropriate image receptor size and type based on patient size, area of interest, and number of projections to appear on the film.
2. When using the bucky, place the cassette lengthwise or crosswise in the bucky as indicated by the part.

J. Select and Place Marker(s) Correctly

The student will:

1. Using lead markers (R, L, ERECT, etc.), identify the patient part correctly relative to side, time, and positions of the patient/part appropriate to each Radiology Department's procedure manual.

K. Position Patient Using Positioning Aids and Immobilization Devices

The student will:

1. Utilize items (angle, sponges, etc.) which aid the patient in maintaining the desired position.
2. Select and apply immobilization devices to prevent patient movement without interfering with patient's breathing or circulation.

L. Align Part and Image Receptor

The student will:

1. In positioning the patient, take account of location of suspected fractures, unhealed fractures, presence of foreign bodies, and patient's overall physical condition; handle patient accordingly.
2. Position the part to be radiographed in the correct relation to the image receptor.
3. Using the bucky, center the patient/part into the midline of the body.
4. Place long axis of the part to coincide with the long axis of the image receptor.
5. When using erect bucky, adjust the height to transverse level of part and center the part to the image receptor.

M. Align Tube and Image Receptor

The student will:

1. Position the x-ray tube with the primary beam entering the area of interest at the angle to project the image needed.
2. Operate controls to establish source to image receptor distance and angulation when necessary.
3. Maneuver the radiographic tube correctly and safely in the presence of the patient.

N. Adjust Collimator Appropriate Field Size

The student will:

1. Collimate the x-ray beam to the size of the part.
2. Operate collimator controls to adjust collimation to expose only the area of interest.

O. Apply Gonadal Shield if Required

The student will:

1. Determine the position of the gonads and provide appropriate shielding based on position of the

- patient and part projection required.
2. Place shield between patient and path of x-ray beam.
 3. Supply shielding to any person(s) other than the patient who may be present in the room during radiographic exposure.
 4. Understand the effects of all ionizing radiation and conscientiously conform to safety requirements.

P. Instruct the Patients

The student will:

1. Give breathing instructions appropriate for the part projection performed in accordance with those specified in the Radiology Department's procedure manual.

Q. Making Exposures, Checking Patient and Meters

The student will:

1. Make exposures behind leaded protective barriers.
2. Correctly use the rotor and exposure switches.
3. Carefully note any signs of malfunction of equipment and report immediately.
4. Make sure patient carries out breathing instructions and/or maintains the desired position.

R. Assist Patients from the Radiographic Table

The student will:

1. Assist the patient safely from the radiographic table to the vehicle required for transportation.
2. Make the patient aware of the need to remain in the department until films have been seen by the radiologist.

S. Evaluate Films to Determine Necessity for Repeats

The student will:

1. Safely transport image receptor(s) to the darkroom to be processed.
2. Review films for technical quality, proper alignment of part/image receptor and tube/image receptor, and correctly placed lead marker.
3. Make certain the name plate is readable and accurate.
4. Identify the need for additional or repeat films.

EVALUATION OF CLINICAL COMPETENCY

Competency in a diagnostic procedure is obtained by having a student perform an exam unassisted in the presence of a qualified practitioner.

Procedures/exams performed by a student for competency evaluation will be selected by the student. A maximum of three attempts to prove clinical competency will be permitted for each procedure/exam. If only one projection of a procedure was not acceptable, only that projection must be reevaluated by using the basic evaluation form.

This is documentation of clinical competence and is a basis for the evaluation of success in the clinical education component of the Program. In order for a student to adequately pass each clinical assignment, he/she must show satisfactory evidence of his/her ability to perform radiographic procedures and demonstrate professional traits reasonably consistent with criteria established by Faculty and Clinical Coordinator.

Regardless of the grade obtained on the competency evaluation form, a student will not be allowed to continue in the Program if, at the end of any given term, a cumulative average of less than 75% is achieved using the competency evaluation form. Should a student receive three consecutive evaluations

with an average below 75%, the student will be subsequently placed on probation. If the student continues to score below 75% after being placed on probation, he/she may be recommended for dismissal.

CLINICAL COMPETENCY EVALUATION FORM

1. Student radiographers will be evaluated by a qualified practitioner on procedures which the student feels competent. Students are required to present the qualified radiographer with the competency form prior to the actual performance.
2. A qualified practitioner will review the request for the examination in relationship to the student's achievement.
3. A qualified practitioner evaluates the condition of the patient in relationship to the student's knowledge.
4. A qualified practitioner is present during the conduct of examination and will review and approve the radiographs produced by the radiography student.
5. Program Faculty and Clinical Instructors will review student radiographs periodically and at random to ensure radiographic quality.

The student will be evaluated in the following categories and sub-categories:

- I. PATIENT MANAGEMENT
 - A. Room Preparation
 - B. Procedure Preparation
 - C. Patient Preparation
 - D. Patient Care
- II. RADIOGRAPHIC POSITIONING
 - A. Positioning/Projection
 - B. Image Receptor
 - C. Central Ray
 - D. Source Image Receptor Distance
- III. RADIOGRAPHIC EXPOSURE
 - A. Technique Chart Usage
 - B. Equipment Manipulation
 - C. Exposure Factors
- IV. RADIATION PROTECTION
 - A. Patient
 - B. Personnel
- V. IMAGE EVALUATION BY FACULTY
 - A. Patient Identification
 - B. Lead Marker Placement
 - C. Radiographic Density/Contrast Evaluation
 - D. Anatomic Relationships/Projections
 - E. Presence of Artifacts
 - F. Body/Part Placement
 - G. Anatomy Identification
 - H. Radiograph Acceptance

All students must pass the competency evaluation by 75% or greater. A score below 75% will signify the student failed to prove competent in the procedure. Minus (10) points will be deducted from the final competency grade for each repeat radiograph. A ten-point reduction will also be made for no/incorrect lead marker placement evident on the radiograph. (Please refer to lead marker placement policy.)

All competencies will be evaluated and reviewed by Program Faculty. Student's strengths and weaknesses will be determined by the faculty and will be presented to the student performing the competency evaluation.

Students are required to meet an assigned competency exam number per semester. A student failing to achieve the required competency examination numbers per term will receive a minimum of five percent (5%) to a maximum of twenty-five percent (25%) reduction from the clinical competency category of the final clinical grade. The grade reduction will be based on five percentage (5%) points per delinquent examination.

All scores from clinical competency attempts made by a student will be averaged together each semester. This average will determine 25% of the student's final Clinical Education grade excluding Clinical Education I.

Any student exceeding the required number of competency examination for the prescribed semester will be credited the excess numbers for the proceeding semester.

Students are responsible for presenting the competency evaluation form to the evaluator at the time when the student wants to prove competent in a particular procedure. These forms are to be completed by the evaluator immediately after evaluation and turned in to the Clinical Instructor/Coordinator for review and final grade.

The Clinical Evaluator must be a qualified practitioner.

RAD 114 - Clinical Education I	0 Competency Examinations required
RAD 124 - Clinical Education II	15 Competency Examinations
RAD 134 - Clinical Education III	25 Competency Examinations
RAD 214 - Clinical Education IV	35 Competency Examinations
RAD 224 - Clinical Education V	27 Competency Examinations *

* Special Rotations will be scheduled upon completion of competency examinations.

Each radiography student must complete a total of 102 competency examinations by the end of RAD 224 - Clinical Education V. Students failing to complete the required competencies will receive the stated point reduction. Students failing to meet this requirement will be counseled by the Clinical Coordinator concerning their continuation in Clinical Education and may be recommended to the Program Director for dismissal from the Radiologic Technology Program. A student who has been unsuccessful in the first attempt to prove competent on a procedure/exam will, when applicable, before a second attempt:

1. Be counseled by the person administering the evaluation to identify areas of weakness.
2. Review the relevant procedure.

It is the student's responsibility to make arrangements with the Clinical Coordinator to schedule the above activities.

A student who has been unsuccessful in the second attempt to prove competency on a procedure/exam will be placed on clinical probation. The probationary period ends when the student successfully passes the competency evaluation. Before the third attempt, the student will, when applicable:

1. Be counseled by the person administering the evaluation to identify areas of weakness.
2. Review the relevant procedure.
3. Request an academic review with image evaluation from the Clinical Coordinator within ten days of the second attempt.
4. Submit to an exam from the Clinical Coordinator covering relevant material. This exam will be given no more than five class days after the academic review session. Third attempts to prove competency will be evaluated by a radiographer selected by the Clinical Coordinator.

It is the responsibility of the student to make arrangements with the Clinical Coordinator to schedule the above mentioned activities.

A student who fails to pass a competency evaluation on the third attempt will be assigned a grade “F” for the enrolled clinical course.

ARRT PRIMARY CERTIFICATION AND REGISTRATION DIDACTIC AND CLINICAL COMPETENCY REQUIREMENTS

<https://www.rrt.org/docs>

Additional Optional Rotations (Clinical Education V)

- Computerized Tomography (CT)
- Magnetic Resonance Imaging (MRI)
- Radiation Therapy
- Cardiac Catheterization
- Special Procedures
- Ultrasound
- Nuclear Medicine

In addition to the competency requirements listed, students must prove competent in the following Patient Care areas prior to entering RAD 124-Clinical Education II.

- CPR (Must prove competent prior to RAD114)
- Vital Signs (BP, pulse, respiration, temperature)
- Sterile and Aseptic Techniques
- Venipuncture
- Transfer of Patients
- Care of patient medical equipment (e.g., oxygen tank, IV tubing)

Patient Care Competency will be demonstrated in RAD 113 and RAD 114.

EXAMINATION REQUIREMENTS

	<u>CATEGORY</u>	<u>PERCENTAGE</u>	<u>TOTAL #</u>
1)	Chest and Thorax	9%	270
2)	Extremities	28%	840
3)	Cranium	8%	340
4)	Spine and Pelvis	12%	360
5)	Abdomen and Fluoroscopy	10%	300
6)	Pediatrics	5%	240
7)	Mobile and Surgical	8%	240
8)	Other	5%	150
TOTAL		85%	2550

Of the remaining 15%, no more than 75% can be obtained in any one category.

15% = 450 Examinations

Total Number of Examinations Required == 3000

CLINICAL OBJECTIVES FOR SPECIAL ROTATION AREAS

The student must complete all assigned diagnostic procedure categories prior to special area rotations. The student radiographer should exhibit professional traits and reach the defined objectives in special rotation areas.

Special Procedures
Radiation Oncology
Computerized Tomography
Magnetic Resonance Imaging

Nuclear Medicine
Ultrasound
Cardiac Catheterization

These special rotation areas are to introduce the student technologists to different imaging modalities. Rotation objectives must be completed during each selected rotation period.

The Clinical Coordinator will assign the rotation length and rotation hours. The student radiographer will select three areas and locations to accomplish special rotation objectives.

Rules and regulations for clinical education are still in effect for special area rotations.

Special Procedures

Upon completion of this rotation, the student radiographer will be able to demonstrate knowledge and understand the rationale for using contrast media to delineate pathology in the circulatory system. An acceptable level of competence has been attained when the student is able to complete the following:

1. Identify the different examinations performed.
2. Recognize all equipment utilized in specials.
3. Identify aseptic techniques utilized.
4. Identify items included on sterile trays.
5. Identify catheter types, sizes, and lengths. Also be able to identify them with particular exams.
6. Load and unload image receptor/film changer.
7. Load pressure injector with correct type and volume of contrast media and prepare for injection.
8. Program serial timer and set control factors on generator panel for exam.
9. Demonstrate professional behavior and patient care.
10. Select controls for fluoroscopy and diagnostic radiographs.
11. Differentiate the arterial and venous system of the human body.
12. Review textbooks relating to special procedures (Merrill's, etc.).
13. Identify pathology demonstrated on radiographic images.
14. Recognize and identify patient positioning and the normal anatomy demonstrated.
15. Identify contrast media(s) utilized.
16. Identify digital imaging systems utilized.
17. Identify location and implementation of crash cart and emergency equipment.

Radiation Oncology

Upon completion of this rotation, the student radiographer will be able to demonstrate knowledge and understand the rationale for using radiation in the treatment of malignant and selected benign pathology. An acceptable level of competence has been obtained when the student is able to complete the following:

1. Describe the process of radiation production from different energy level therapy units.
2. Assist in positioning of patients for therapy treatment.
3. Recognize mold room and distinguish how lead blocks are formed for each treatment port and patient.
4. Identify the dosimetry room and how treatment plans are created.
5. Identify all equipment utilized in radiation therapy.
6. Demonstrate professional behavior and patient care.
7. Interpret the patient's chart and how to correctly record treatments.

8. Recite terminology utilized in the therapy department.
9. Identify the simulation room and why/how patients are simulated.
10. Be able to duplicate operations of linear accelerators.
11. Identify how different energy level accelerators play a role in therapy.
12. Position and prepare for patient's port film.
13. Assist in the preparation of physical examinations.
14. Assist in storing, filing, and retrieving patient data.
15. Assist in attaching cones and filters as prescribed.
16. Identify with linear accelerators warm-ups.
17. Recognize the emergency equipment in the department.

Computed Tomography

Upon completion of this rotation, the radiography student will be able to demonstrate knowledge and understand the rationale for using computed tomography to determine the presence of pathology. An acceptable level of competence has been obtained when the student is able to complete the following:

1. Turn on and warm up CT scanner.
2. Demonstrate an adequate knowledge of patient positioning for specific examinations.
3. Demonstrate ability to correlate patient information from the chart to the scan area.
4. Review cross sectional anatomy of the human body.
5. Demonstrate professional behavior and patient care.
6. Identify computer parts and operations.
7. Identify memory storage and permanent image formation.
8. Identify emergency equipment in CT department.
9. Identify contrast media(s) utilized in CT imaging.
10. Identify procedures to initiate the scan (obtain correct patient information, breathing instructions; prepare syringes for injection of media, etc.)
11. Identify pathology determined from CT scan.
12. Assist technologist in preparing and initiating scan.
13. Identify operations and type(s) of CT scanners.

Nuclear Medicine

Upon completion of this rotation, the radiography student will be able to demonstrate knowledge and understand the rationale for using radiopharmaceuticals to demonstrate various normal and pathological anatomical areas. An acceptance level of competence has been obtained when the student is able to complete the following:

1. Describe the history and principles of nuclear medicine.
2. Describe and recognize the equipment utilized in nuclear medicine.
3. Identify the operations of each type of equipment in nuclear medicine.
4. Identify the basic computer operations of each type of equipment.
5. Identify with the digital equipment utilized.
6. Identify radioactive material used in nuclear medicine.
7. Identify the hot lab and its components (no radioactive materials are to be handled by the student in the hot lab).
8. Distinguish the radiation protection practices utilized in nuclear medicine.
9. Assist with patient positioning in various examinations.
10. Identify the basic camera operations and parts.
11. Identify emergency equipment and emergency plans.
12. Demonstrate professional behavior and patient care.
13. Identify the methods of organ localization by radiopharmaceutical injection or inhalation.
14. Assist with storage, filing, and retrieval of patient records.

15. Demonstrate a working knowledge of pathology and normal anatomy visualized in nuclear medicine.

Ultrasound

Upon completion of this rotation, the radiography student will be able to demonstrate knowledge and understand the rationale for using ultrasound to demonstrate various anatomical areas and pathology. An acceptable level of competence has been obtained when the student is able to complete the following:

1. Describe ultrasound and the history behind it.
2. Describe the different types of transducers in relationship to design and specific exams.
3. Explain film type utilized.
4. Describe Real Time imaging.
5. Describe the B scanner and list exams where it is employed.
6. List the exams which ultrasound is employed.
7. Explain why oil or jelly is utilized.
8. Identify equipment utilized in ultrasound.
9. Identify emergency equipment in the ultrasound department.
10. Demonstrate professional behavior and patient care.
11. Identify obvious pathology determined by ultrasound.
12. Identify patient directions given prior to a procedure being performed.
13. Assist with patient care and positioning.
14. Identify portable ultrasound equipment and its capabilities.
15. Correlate the patient's chart in regard to the examination performed.
16. Assist in storage, filing, and retrieval of patient data.

Cardiac Catheterization

Upon completion of this rotation, the radiography student will be able to demonstrate knowledge and understand the rationale for using catheters and contrast medias to demonstrate the heart and great vessels. An acceptable level of competence has been attained when the student is able to complete the following:

1. Explain the different procedures performed.
2. Identify all equipment utilized in the Cardiac Cath. Lab.
3. Identify aseptic techniques utilized.
4. Identify items included on a sterile tray.
5. Identify catheter types, sizes, lengths, and identify each with a particular exam.
6. Load the high pressure injector with correct type and volume of contrast media and prepare for injection.
7. Set control panel for fluoroscopy and cine runs.
8. Identify the heart and great vessel anatomy.
9. Load and unload image receptors/cine film.
10. Identify angioplasty principles.
11. Identify contrast medias utilized in cardiac catheterization.
12. Recognize and identify patient positioning and the normal anatomy demonstrated.
13. Identify pathology demonstrated on cine film.
14. Demonstrate professional behavior and good patient care.
15. Identify all emergency equipment available in the Cardiac Cath. Lab.
16. Identify run times for cine exposures.
17. Identify digital imaging capabilities in the Cardiac Cath. Lab.

Magnetic Resonance Imaging

Upon completion of this rotation, the radiography student will be able to demonstrate knowledge and rationale of MRI scanning. An acceptable level of competence has been reached when the student is able to complete the following:

1. Understand the principles and history behind MRI.
2. Demonstrate an adequate knowledge of patient positioning for specific exams.
3. Demonstrate an ability to correlate patient information from the chart to the area to be scanned.
4. Review cross-sectional anatomy of the human body.
5. Operate tape drive and archive patient information.
6. Demonstrate professional behavior and good patient care.
7. Identify the memory storage and permanent image formation.
8. Distinguish between T1 and T2 weighted scans.
9. Identify contrast medias utilized in MRI.
10. Identify emergency equipment available in MRI.
11. Identify procedures to initiate the scan (obtain the correct patient information, breathing instructions, prepare syringe for injection of media, etc.).
12. Recognize normal anatomy and pathology demonstrated on MRI scan.
13. Assist the technologists in preparing and scanning the patient.
14. Identify the operations and types of MRI scanners.

Magnetic Resonance training and screening is required for all students!

REPEAT RADIOGRAPH POLICY FOR CLINICAL EDUCATION CENTERS

“NO REPEAT RADIOGRAPHS ARE TO BE MADE BY RADIOGRAPHY STUDENTS EXCEPT IN THE PRESENCE OF A QUALIFIED PRACTITIONER.”

Any student attempting or performing a repeat radiograph on a patient without the presence of a qualified radiographer may risk violating the American Registry of Radiologic Technologist’s Code of Ethics section VII, stating “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 health care team.” Additional violations of the ARRT Rules of Ethics may also be applicable. For additional information, visit either www.arrt.org or www.asrt.org. All students are required to follow these principles during their tenure in the program, and are encouraged to utilize these standards throughout their professional career.

Students violating the “REPEAT” policy will:

- 1st Offense** Clinical Probation (6 weeks) for failure to comply with clinical policy
- 2nd Offense** Dismissal from the Radiologic Technology Program

This policy exists for all levels of clinical education training while in the Wallace College Radiologic Technology Program.

IMPROMPTU IMAGE EVALUATIONS/PRESENTATION EVALUATIONS INTRODUCTION

Beginning with RAD 124-Clinical Education II and following completion of the related academic course, laboratory practice, and clinical competency evaluation, the student may be evaluated by faculty and will be required to critique procedures/exams. The choice of the procedures/exams and time of critique will be determined by the Program Faculty.

The Program Faculty may select to perform image evaluations at any time during a clinical visit. The selected student(s) will be expected to produce their Clinical Education Notebook upon request. Any procedure/exam which has been used for a competency evaluation may be chosen for critique (films produced by another student or technologist may be substituted for the student’s actual exam at the discretion of the Clinical Coordinator).

The student will be expected to demonstrate knowledge of technical factors, routine and supplementary

positions, radiation protection, and anatomy. The student will be expected to answer oral and/or written questions from the Clinical Coordinator related to the technical quality of the procedure/exam.

Impromptu Image Evaluations and Presentation Evaluations will be averaged together at the end of each semester with the weekly evaluation grades.

IMAGE EVALUATION OBJECTIVES

To correlate the student's technical skills with their realization of what those skills should produce, as well as provide a review of basic technical knowledge, the students will be able to perform a critique of radiographs for technical quality.

The student must be able to assess for each film/procedures whether:

1. Correct patient view and full area of interest are demonstrated.
2. An unnecessarily large area is visible (inappropriate collimation)
3. Appropriate shielding of the patient is evident.
4. Artifacts, blurring, or distortion of the image is present.
5. Adequate detail and definition are present in the image.
6. Adequate density and contrast are present to provide the diagnostic imaging required for the examination.
7. The anatomy and condition of interest are demonstrated satisfactorily for diagnostic purposes, based on review of the requisition and films.
8. Problems were caused by the technologist's performance (improper positioning, centering, immobilization of patient, inappropriate exposure factors, failure to adjust to special circumstances, improper part film alignment or distance, focal film distance or malfunctioning x-ray machine, or image processors are possible).
9. Anatomical structures needed are shown in the image and their relationships are demonstrated appropriately.
10. There is a need for repeats or additional images.

GENERAL STATEMENT OF CONDUCT

All students enrolled in the Radiologic Technology Program at Wallace College will be expected to follow a code of behavior to uphold the reputation of the College. Students will be asked to withdraw from the Program if it has been determined by an ad hoc faculty committee that the individual is guilty of any of the following:

1. Dishonesty such as cheating, plagiarism, or knowingly furnishing false information to the College.
2. Forgery, alteration, or misuse of College and/or Affiliate documents, records, or identification.
3. Violation of any law of the land.
4. Disruption of class session or at the clinical site by the use of abusive or obscene language.
5. Insubordination (defined in the Webster's Dictionary as unwilling to submit to authority; disobedient; rebellious).
6. Fighting at the clinical site or on college premises.
7. Being intoxicated or under the influence of any drugs while on clinical assignments or college premises.
8. Vandalism or stealing.
9. Sleeping while on duty at a clinical assignment.
10. Leaving the clinical assignment or room/area assigned without the supervisor's permission.
11. Failure to notify Clinical Education Center of absence or lateness.
12. Violations of any duly established rule and regulation.

Academic and non-academic misconduct: The penalty for infractions of the standards of conduct established in the Clinical Handbook include the following: verbal warnings (first offense), written warnings (second offense), grade reductions, probation and/or dismissal (third offense and any thereafter).

HOSPITAL JOB ACTIONS OR STRIKES

Anytime there is a strike or job action at an assigned Clinical Education Center, the student will leave the assignment immediately and check with the Department office for further directions.

At no time should a student attempt to cross a picket line to enter a Clinical Education Center.

JURY DUTY

Being selected for jury duty is a situation over which the student has no control. Therefore, he/she is not required to make-up clinic time missed while performing jury duty provided proper documentation is presented to the Clinical Coordinator.

WALLACE COMMUNITY COLLEGE FULL-TIME CLINICAL INSTRUCTOR'S RESPONSIBILITIES

1. 4% Acts as liaison between the Radiologic Technology Program faculty, clinical staff, supervisors, clinical instructors, and management team.
2. 10% Supervises and correlates the clinical instructor of the radiography students at the clinical facility.
3. 6% Conducts lectures, discussion activities, and conducts competency-based evaluation of the radiography students at the hospital.
4. 10% At the hospital, instructs students in patient care and management, radiation protection, radiographic positioning, radiographic exposure, and radiographic image evaluation.
5. 7% Maintains accurate records of attendance, evaluations, consultations, incidents, and competency training evaluations of the radiography students.
6. 9% Ensures radiographic quality of student procedure performance.
7. 4% Assists in maintenance of teaching files.
8. 4% Documentation of meetings with technologists, clinical instructors, and students on a daily basis.
9. 5% Assists Clinical Coordinator in clinically related assignments.
10. 8% Confers with the clinical instructors and clinical staff throughout the semester regarding evaluation of students.
11. 4% Acts as a resource person by suggesting additional material that can be used to enhance the clinical practice.
12. 6% Conducts conferences with the students on clinical matters, responsibilities, and problems.
13. 3% Helps the students to make decisions regarding future plans and goals in a specific clinical area.
14. 20% Assists with program development and didactic instruction as prescribed by the Program Director.

RESPONSIBILITIES OF CLINICAL COORDINATOR

The Clinical Coordinator is a full-time faculty member of Wallace Community College who is responsible for the student's clinical education and clinical performance. This person is responsible for:

1. 2% Arranging with the clinical facility for assignment of students.
2. 4% Conducting an individualized Clinical Education Orientation Program for all students and the clinical staff of each clinical education facility.
3. 8% Ensuring that clinical rotations are educationally valid for all students.
4. 5% Maintaining records of the students' progress through the clinical education portion of the curriculum.
5. 5% Conducting conferences with the students on clinical matters, responsibilities, and problems.
6. 6% Visiting the students during clinical practice to secure reasonable, accurate appraisals of their competency in the clinical area.
7. 6% Conferring with the hospital staff on student problems.
8. 4% Encouraging conferences between the staff technologists and the students to increase the effectiveness of the clinical practice.
9. 3% Acting as a resource person by suggesting additional material that can be used to enhance the clinical practice.
10. 7% Conferring with the staff technologist throughout the semester regarding the evaluation of the students.
11. 1% Assigning the final grade for clinical practice.
12. 2% Helping the students to make decisions regarding future plans and goals in a specific clinical area.
13. 3% Maintaining good public relations between the clinical facilities and Wallace Community College.
14. 40% Helping with the program development and didactic instruction as prescribed by the Program Director.
15. 2% The Clinical Coordinator will meet with the clinical instructors on a timely basis to determine student progress. Periodic meetings between the clinical staff and Clinical Coordinator will be conducted to ensure clinical efficiency.

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CLINICAL EDUCATION GRADING CRITERIA

1. Clinical Education I

This course provides an orientation to clinical education facilities, policies, procedures, and certification in Cardiopulmonary Resuscitation. Under the direct supervision of a qualified practitioner, the student will observe, assist, and perform general radiographic procedures.

2. Clinical Education II-V

These courses provide the student with the opportunity to correlate previous instruction with applications in the clinical setting. Under direct and (indirect supervision*) of a qualified practitioner, students will utilize the proper equipment, techniques, and accessories to observe, assist, and perform radiographic procedures.

* After validating competence.

Clinical Education I

40% Records and policies:

10%	Policy and procedure adherence (personal, makeup request, etc.)
20%	Log sheets
2%	Submission of Radiation exposure reports
2%	Submission of policy agreements
2%	Submission of student performance evaluation completion
2%	Semester end skill summary submission
2%	Personal day review submission

40% Professional Behavior:

15%	Attendance (AWOL, E & UE absences, improper attendance documentation)
15%	Late (5 points reduction per occurrence)
10%	Behavioral Grid

20% Competency grades & Student performance evaluations:

100% Total

Clinical Education II-V

20% Records and policies:

5%	Policy and procedure adherence (personal, makeup request, etc.)
10%	Log sheets
1%	Submission of Radiation exposure reports
1%	Submission of policy agreements
1%	Submission of student performance evaluation completion
1%	Semester end skill summary submission
1%	Personal day review submission

40%	<u>Professional Behavior:</u>
	15% Attendance (AWOL, E & UE absences, improper attendance documentation)
	15% Late (5 points reduction per occurrence)
	10% Behavioral Grid
20%	<u>Competency grades & Student performance evaluations:</u>
	5% Competency goals
	20% Competency grades (to include CSA in 214)
	15% Student Performance evaluations
100%	Total

Factors Affecting or Altering Grade

1. Absenteeism

A student that is absent during a semester in an excess of five (5) percent of the assigned clinical time may receive a minimum of a letter grade drop from the final Clinical Education grade.

All clinical time missed must be made up before the next semester begins. Also time will be made up on weekends and holidays with the approval of the Clinical Coordinator. All students are required to document absenteeism.

Example:

$$324 \times 5\% = 16 \text{ hours}$$

2. Lateness

A student signing/clocking-in more than seven (7) or more minutes after assigned time will be considered LATE.

Clinical Education I-V

- 5 percentage points for each lateness infraction up to maximum of 25% of final clinical grade
- Written counseling
- Repeated infractions will result in recommendation for dismissal from the Program

3. Clinical Education Notebook Records

Clinical Education Notebook records are required to be kept detailed and accurate. All records will be collected at the end of the semester by the Clinical Coordinator. The clinical notebook will be evaluated each semester and will compose a percentage of the student's final clinical education grade in the clinical record category.

Clinical Education Notebook

- 10% Clinical Education I
- 05% Clinical Education II-V

4. Clinical Competency Numbers

Students are required to meet an assigned competency exam number per semester. A student failing to achieve the required competency examination numbers per term will receive a minimum of five percentage (5%) points to a maximum of twenty-five percentage (25%) point's reduction from the clinical competency category of the final clinical grade. The grade reduction will be based on five percentage (5%) points per delinquent examination.

COMPETENCY REQUIREMENTS

RAD 114 - Clinical Education I	0 Competency Examinations
RAD 124 - Clinical Education II	15 Competency Examinations
RAD 134 - Clinical Education III	25 Competency Examinations
RAD 214 - Clinical Education IV	35 Competency Examinations
RAD 224 - Clinical Education V	27 Competency Examinations *

* Special Rotations will be scheduled upon completion of competency examinations.

Each radiography student must complete a total of 102 competency examinations by the end of RAD 224 - Clinical Education V. Students failing to complete the required competencies will receive the stated point reduction.

Grading Scale:

A = 90-100
B = 80-89
C = 75-79
D = 60-74
F = 0-59

A final grade of 75 or higher and a cumulative average of 2.5 or higher on a 4.0 scale on program course work are necessary to continue in the Radiologic Technology Program. In addition, all students must complete general education requirements with a minimum of 2.0 on a 4.0 scale.

5 Attendance and Punctuality

- A. Attendance is expected in all courses for which a student is registered and plays a major role in the student's success in the program.
- B. Due to the importance of clinical education for the successful completion of this program, it is mandatory to complete all clinical education rotations unless excused by the faculty.
- C. Refer to the previously listed policies concerning absenteeism and lateness.

COMMUNICABLE DISEASE POLICY

Students exposed to or contracting a communicable disease must notify the Program Director and Clinical Coordinator immediately.

The Program Director and Clinical Coordinator will arrange a meeting with the student to discuss the situation of exposure and any follow-up which has occurred to date. The student will be counseled and will be recommended to organize an appointment with a physician for continued follow-up, analysis, and treatment as needed.

If the student is subsequently diagnosed as having a communicable disease, the following policy applies:

Student must notify Program Director and Clinical Coordinator immediately, and the student will be counseled in concert with the advice of the diagnosing physician. Counseling will be focused on the welfare of the student involved as well as individuals with whom he/she will be associated with educationally. Listed below are some of the most common communicable diseases or conditions which hospital workers might be exposed to or contract:

HIV/AIDS
Chicken Pox

Pneumonia
Meningococcal Disease

Mumps
Measles
Rubella
Whooping Cough (Pertussis)
Hepatitis A
Hepatitis B
Tuberculosis
Salmonella
Food Poisoning
COVID-19 (Coronavirus)

Streptococcal Disease
Staph Positive Infections
Poliomyelitis
Typhoid Fever
Scabies
Pediculosis
Herpes
Gonococcal Disease
Syphilis

Draining lesions (such as super-infected poison ivy)
Diarrhea (of more than 24 hours' duration)
Conjunctivitis (infectious)

Should a student be diagnosed as having any of the above, or any other communicable disease, he/she must report such diagnosis to the Program Director and Clinical Coordinator.

In the event the student is unable to attend a clinical assignment because he/she has been diagnosed as having a communicable disease, the student is still required to make-up clinical time missed.

In the event of excessive absenteeism, the Clinical Coordinator will make every effort to schedule make-up clinic time. However, it may not be possible and may result in a failing grade.

HEPATITIS B VACCINATION POLICY

All students enrolled in the clinical education phase of the Radiologic Technology Program will be required to provide evidence of vaccination and immunity against Hepatitis B. Any student unable to provide this documentation must sign a waiver of liability releasing Wallace College, Clinical affiliates, and agents from any responsibility from contraction of this disease.

HEALTH INSURANCE POLICY

ALL RADIOGRAPHY STUDENTS ARE STRONGLY ENCOURAGED TO PURCHASE HEALTH INSURANCE. THE CLINICAL EDUCATION CENTERS, WALLACE COLLEGE, AND THE RADIOLOGIC TECHNOLOGY PROGRAM ARE NOT RESPONSIBLE FOR ANY COST INCURRED DUE TO ILLNESS OR INJURY.

RADIOLOGIC TECHNOLOGY
WALLACE COMMUNITY COLLEGE
STUDENT PREGNANCY POLICY

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

The development of radiation exposure standards reflects sensitivity of cells to radiation damage. This radiation sensitivity is related to the reproductive activity of the cells: embryos and fetuses are more radiosensitive than children and adults; Because of the sensitivity of the unborn fetus, the National Council on Radiation Protection (NCRP), (Report Number 105, p. 13, 1989), has recommended that the dose equivalent limit to the unborn fetus from occupational radiation exposure of the expectant mother be limited to 500 millirem for the entire pregnancy.

IT IS THE OPTION OF THE STUDENT TO INFORM PROGRAM OFFICIALS OF HER PREGNANCY. IF THE STUDENT CHOOSES TO VOLUNTARILY INFORM PROGRAM OFFICIALS OF HER PREGNANCY, IT MUST BE IN WRITING AND INDICATE THAT YOU ARE A "DECLARED" PREGNANT STUDENT AND INDICATE THE EXPECTED DELIVERY DATE. IT IS THE STUDENT'S RIGHT TO RESCIND THE DECLARATION OF PREGNANCY (IN WRITING).

It is your responsibility to decide whether the exposure you may receive is sufficiently low to protect your unborn child. The advice of the radiation safety officer may be obtained to determine whether the radiation levels are high enough that the unborn child could receive 500 millirem or more before birth. The alternatives you might want to consider if you are now pregnant or expect to become pregnant include the following:

- a. You may continue in your current status as student radiographer without modification or interruption with the understanding that the radiation exposure to the fetus must be limited to 500 millirems during the 9-month gestation period. This option may be selected-only if prior badge readings indicate that less than 500 millirem should be accumulated over the 9-month period. You should reduce your exposure as much as possible by decreasing the amount of *time* you spend in the clinical radiation areas, increasing your *distance* from the radiation source, and using proper *shielding*.
- b. You could decide not to continue assignments or modify assignments in the areas where radiation is present which could affect your graduation date. Should you choose this option, you may ask the program director or clinical coordinator to reassign you to areas involving less exposure to radiation. Didactic and clinical schedules shall be modified to enable you to continue in the program while minimizing exposure to ionizing radiation.
- c. If the above options are not possible, you might consider taking a leave of absence until the child is born which, again, could affect your graduation date- You may also choose to withdraw from the program until such time as your physician permits you to return. You will be allowed to re-enter the program at the point in which you left, providing no more than one year has passed since the time you left or withdrew. If you desire to continue your education after one year has elapsed, you will have to re-apply for admission to the program.

Whatever alternative you select, you should do so without delay. The unborn fetus is more sensitive to radiation during the first three months of your pregnancy.

I have read and understand the above information and have received a copy of the NRC guide #8.13. I further understand the potential health risks to my unborn child should I become pregnant and choose to remain in the program.

SSN	Estimated Delivery Date If Applicable	Signature	Date
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The following student has received a copy of the NRC guide #8.13 as indicated by her signature and date of receipt.

RAD Program Director	Signature	Date
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RAD Clinical Coordinator	Signature	Date
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RADIATION SAFETY POLICY

All radiology students are to follow the ALARA concept. ALARA is an acronym for **As Low As Reasonably Achievable**. This is a radiation safety principle for minimizing radiation doses and releases of radioactive materials by employing all *reasonable methods*. ALARA is not only a sound safety principle, but is a **regulatory requirement** for all radiation safety programs. **Students are prohibited from holding patients or image receptors during a radiographic exposure.**

Dosimetry Monitors

Safety Precautions for Dosimetry Monitors:

Student Dosimeters are Luxel TLDs from MIRION Technologies.

1. Never leave radiation monitor in an area where external radiation is being used.
2. Never expose radiation monitor to intense sunlight.
3. Never wash or dry radiation monitor.
4. Always remove radiation monitor before having any type of radiographic studies.
5. Most frequent cause of overexposure in x-ray department is holding patients. Restraining devices will be supplied - **HOLDING PATIENTS OR IMAGE RECEPTORS SHOULD NEVER OCCUR.**
6. Never place radiation monitor on top of television.

Radiation Monitoring Rules:

1. Each student is responsible for wearing the radiation monitors in the Clinical Education Center and in laboratory classes. No student will be allowed in the Clinical Education Center or in the laboratory classes without properly dated radiation monitors appropriately worn.
2. It is the responsibility of each student that if their monitor is lost or damaged, it must be reported to the Clinical Coordinator immediately so that a new monitor can be ordered. If the radiation monitor is lost or damaged and if there is no dosimetry device available for that individual, he/she must not continue to work in the Clinical Education Center where he/she may be exposed to radiation.
3. Each student is responsible for exchanging radiation monitors at the specified intervals in a timely manner. Monitors should be exchanged the first week of every second month. Monitors must be exchanged prior to the fifth day of every other month.
4. The Clinical Coordinator receives a dosimeter report from Flowers Hospital. It is the responsibility of each student to review their personal dosimetry report posted in WCC Blackboard Learning Management System.
5. The reports are reviewed by the Clinical Coordinator and Radiation Safety Officer to ensure students do not exceed the maximum permissible dose to occupationally exposed persons.
6. The radiation report for a student must not exceed the maximum permissible dosage to occupationally exposed persons as established by state and federal agencies for radiologic health.

In-services will be held on proper exchange of radiation monitor for monitoring students.

A report of radiation dosage is received by the Wallace College Radiologic Technology Program from the Radiation Safety Officer from Flowers Hospital and Southeast Alabama Medical Center. This report is sent to the Clinical Coordinator.

The list is reviewed to identify students who exceed the minimum standards established for students in the Radiography Program. A student will be identified for counseling if his/her monthly radiation report equals/exceeds the following levels:

5 rems/year or 1250 Mr / Calendar term (Whole body deep)

75 rems/year or 18.75 Mr / Calendar term (Hands and forearms)

These persons will be listed with individual dosage quantities on a student report. This form will be typed and sent to the Program Director and Radiation Safety Officer. (The minimum standards will appear on the report as well.)

There will be a meeting between the student and Program faculty to determine reason(s) for the recorded dosage. A written summary of each counseling session will be filed in the student's program folder.

LEAD MARKER PLACEMENT POLICY

Any second year Radiography student that accumulates five or more images that are not correctly marked will be suspended from the Clinical Education for a minimum of one (8 hr) day.

Any Clinical Education time missed due to suspension will be made up by the student on weekends, holidays, or before the end of current term. Make-up time will be arranged by the Clinical Coordinator. These suspensions will be treated as an unexcused absence.

Radiographs not properly marked are defined as:

Radiographs which the Radiography student presents to quality control and contains no lead marker visible on the image(s). Also images which have the lead marker representing the wrong anatomical side of the body. This also includes lead markers that were annotated on digital imaging systems.

The accumulation count will be conducted by Technologists, Clinical Instructors, Radiologists and Program Faculty. The accumulation count will be recorded in the student's Clinical Education Record Book.

PROFESSIONAL LIABILITY INSURANCE POLICY

Professional liability insurance through the Wallace College Radiography Program is mandatory for all students registered for all radiography courses. This liability insurance cannot be waived.

This professional liability insurance policy is purchased through the Wallace College Business Office at a group rate. The current carrier of this policy is American Casualty Company of Reading, PA. This professional liability policy is for \$2,000,000 per occurrence, and \$5,000,000 aggregate coverage. The current rate is \$32.00 per student per semester. This cost will be assessed in addition to tuition and other College fees. This fee is subject to change in accordance with college policies and procedures.

The student will be notified by the institution prior to any policy cost change. Students who are employed by affiliating or other radiology facilities are not covered under this policy for employment practices.

STUDENT EMPLOYMENT POLICY

At no point in the education of the radiologic technology students can employment interfere with clinical, laboratory, and/or didactic schedules.

Under no circumstances will student's Clinical Educational activities be substituted for inadequate staffing at the Clinical Education Centers.

Students who are employed by the Clinical Education Centers will not be given credit for work experience or compensated in any manner during Clinical Education hours. Moreover, no student will be given collegiate credit for experiences obtained during employment practices.

The Radiologic Technology Faculty closely monitors the clinical and didactic activities to ensure that

non-educational related activities do not interfere with student progress.

SUBSTANCE ABUSE CONTROL POLICY FOR STUDENTS IN THE HEALTH SCIENCES

I. Policy Purpose

- A. Wallace Community College is a public educational institution of the State of Alabama and, as such, shall not allow on its premises, or at any activity it sponsors, the possession, use, or distribution of any alcoholic beverage or any illicit drug by any student or employee.
- B. As stipulated by agencies with which Wallace Community College contracts for clinical experiences, health program students and faculty must abide by agency policies, including the substance abuse control policy and any subsequent revisions to the policy.

II. Standards of Conduct and Enforcement Thereof

- A. Any incident relating to alcohol or drug use by students should be reported to the Coordinator of Health Sciences.
- B. In the event of confirmation of such prohibited possession, use, or distribution by a student, Wallace Community College shall, within the scope of applicable federal and state due process requirements, take such administrative or disciplinary action as is appropriate. For a student, the disciplinary action may include, but is not limited to, program dismissal, college suspension or expulsion.
- C. If any student shall engage in any behavior prohibited by this policy, which is also a violation of Federal, State, or local law or ordinance, that student shall be subject to referral to law enforcement officials for arrest and prosecution.

III. General Guidelines

- A. Policies governing substance abuse include pre-clinical drug screening, random drug screening, and reasonable cause drug screening, should the student exhibit behaviors indicative of substance abuse during their participation in courses and/or activities offered by Wallace Community College.
- B. Laboratory Requirements
 - 1. Drug screening will be conducted according to the guidelines established in the Mandatory Guidelines for Federal Workplace Drug Testing Programs.
 - 2. Laboratories certified by the Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services (HHS), will be used to perform confirmatory drug testing analysis.
- C. Persons to be Tested
 - 1. Any student admitted to a health science program at Wallace Community College will be required to abide by this substance abuse control policy.
 - 2. Any faculty member, whether full or adjunct, responsible for clinical supervision of students enrolled in a health science program at Wallace Community College will be required to abide by this policy.

IV. Student Guidelines

- A. Pre-clinical Screening
 - 1. Students granted initial admission to any health science program at Wallace Community College will be provided information regarding and will be expected to adhere to the substance abuse control policy of Wallace Community College.
 - 2. Students transferring into a health science program, readmitting to a health science program, and/or enrolling in individual courses containing a clinical component will be provided

information regarding and will be expected to adhere to the substance abuse control policy of Wallace Community College. A signed consent to drug screening will be maintained on file for each health science student. Screening will be scheduled and conducted according to established guidelines at a cost agreed upon by laboratory facility and College representatives. Costs related to admission and random drug testing will be the responsibility of the student.

3. Students scheduled for random screening will be individually notified and required to report for testing at a designated location by a designated time.
4. Students failing to complete drug screening as required will be prohibited from participation in and completion of the clinical and/or laboratory component of required courses.
5. In accordance with policies found in the Wallace Community College Catalog/Student Handbook, students who are unable to complete course requirements due to positive drug screens will be allowed to withdraw from applicable courses.
6. Readmission to health science programs will follow guidelines established by each health program.

B. Reasonable-Suspicion Screening

1. While participating in clinical experiences and/or College activities, students may be required to submit to reasonable suspicion testing. Reasonable suspicion is defined as follows:

Observable phenomena, such as direct observation of drug use and/or the physical symptoms or manifestations of being under the influence of a drug; abnormal conduct or erratic behavior while in class or on the clinical unit; deterioration in performance; a report of drug use provided by reliable and credible sources which has been independently corroborated; evidence of tampering with a drug test; information that the individual has caused or contributed to an incident in a clinical agency; evidence of involvement in the use, possession, sale, solicitation, or transfer of drugs while on the premises of the College or a clinical agency.

2. Costs incurred for reasonable-suspicion screening will be the responsibility of the student involved.

C. Positive Screens

1. No student drug-screening sample will be reported as positive before a Certified Medical Review Officer has reviewed results.
2. Upon receipt of a positive drug screen notification, the College designee will counsel the student as to course/program eligibility status and treatment options.
3. Wallace Community College encourages students to seek professional help for a drug related problem. Follow-up treatment will be at the discretion of the student and all expenses incurred will be the responsibility of the student.
4. With exception of legal actions that require access to test results; all records will be secured in locked files with access limited only to stated College officials and his/her designees.

D. Readmission

1. Students withdrawing from a health science program due to a positive drug screen will be considered for readmission in accordance with standard guidelines stipulated by the

- applicable program and will have the same rights and responsibilities as those available to other students.
2. Prior to making application for readmission, students dismissed or withdrawing from a health science program related to a positive drug screen must submit verification of completion of a substance abuse treatment program to the appropriate College designee.
 3. Students readmitted to a health science program following violation of policies aimed at substance abuse prevention for Wallace Community College will be required to submit to an unannounced drug screen at their own expense prior to finalization of the process.
 4. Students readmitted to a health science program may repeat courses as guided by program policies and offerings.
 5. Following readmission, a second positive drug screen will result in program dismissal and terminate all eligibility for readmission.

**WALLACE COMMUNITY COLLEGE
DRUG SCREEN POLICY AGREEMENT**

In preparation for participation in clinical/laboratory activities of health science programs or other programs/activities requiring drug screening as outlined in the Wallace Community College Substance Abuse Control Policy, I hereby consent to submit to a urinalysis and/or other tests as shall be determined by Wallace Community College for the purpose of determining substance use. I agree that specimens for the tests will be collected in accordance with guidelines established in the Mandatory Guidelines for Federal Workplace Drug Testing Programs and as described in the Wallace Community College Substance Abuse Control Policy Guidelines.

I further agree to, and hereby authorize, the release of the results of said tests to the appropriate designee of Wallace Community College. All positive results will be reviewed by said College designee and followed by a confidential contact with me.

I understand that positive results indicating the current use of drugs and/or alcohol shall prohibit me from participating in clinical, laboratory, or other activities of health science programs requiring that I be drug free. I further understand that clinical/laboratory components of courses within health programs are required curriculum components and that an inability to attend said components may prevent or delay my program completion. I also understand that while participating in clinical activities within outside healthcare agencies, I will be subject to the same rules as the health care employees in said facilities.

I agree to hold harmless Wallace Community College and its designee/s and PrimeCare and its Medical Review Officer from any liability arising in whole or in part from the collection of specimens, testing, and use of the results from said tests in connection with excluding me from participation in clinical/laboratory activities.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced by anyone to sign this document. A copy of this signed and dated document will constitute my consent for PrimeCare to perform the drug screen and to release the results to Wallace Community College.

Signature

Printed Name

Date

THE PATIENT'S BILL OF RIGHTS

The American Hospital Association presents a Patients Bill of Rights with the expectation that observance of these rights will contribute to more effective patient care and greater satisfaction for the patient, his physician, and the hospital organization. Further, the Association presents these rights in the expectation that they will be supported by the hospital on behalf of its patients as an integral part of the healing process. It is recognized that a personal relationship between the physician and the patient is essential for the provision of proper medical care. The traditional physician-patient relationship takes on a new dimension when care is rendered within an organizational structure. Legal precedent has established that the institution itself also has a responsibility to the patient. It is in recognition of these factors that these rights are affirmed.

1. The patient has the right to considerate and respectful care.
2. The patient has the right to obtain from his/her physician complete and current information concerning his diagnosis, treatment, and prognosis in terms the patient can be reasonably expected to understand. When it is not medically advisable to give such information to the patient, the information should be made available to an appropriate person in his/her behalf. He/she has the right to know by name the physician responsible for coordinating his/her care.
3. The patient has the right to receive from his/her physician information necessary to give informed consent prior to the start of any procedure and/or treatment. Except in emergencies, such information for informed consent should include but not necessarily be limited to the specific procedure and/or treatment, the medically significant risks involved, and the probable duration of incapacitation. Where medically significant alternatives for care or treatment exist, or when the patient requests information concerning medical alternatives, the patient has the right to such information. The patient also has the right to know the name of the person responsible for the procedures and/or treatment.
4. The patient has the right to refuse treatment to the extent permitted by law, and to be informed of the medical consequences of his/her action.
5. The patient has the right to every consideration of his/her privacy concerning his/her own medical care program. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly. Those not directly involved in his/her care must have the permission of the patient to be present.
6. The patient has the right to expect that all communications and records pertaining to his/her care should be treated as confidential.
7. The patient has the right to expect that within its capacity, a hospital must make reasonable response to the request of a patient for services. The hospital must provide evaluation, service, and/or referral as indicated by the urgency of the case. When medically permissible, a patient may be transferred to another facility only after he/she has received complete information and explanation concerning the needs for and alternatives to such a transfer. The institution to which the patient is to be transferred must first have accepted the patient for transfer.
8. The patient has the right to obtain information as to any relationship of his hospital to other health care and educational institutions insofar as his/her care is concerned. The patient has the right to obtain information as to the existence of any professional relationships among individuals, by name, which is treating him/her.
9. The patient has the right to be advised if the hospital proposes to engage in or perform human experimentation affecting his/her care or treatment. The patient has the right to refuse to participate in such research projects.

10. The patient has the right to expect reasonable continuity of care. He/she has the right to know in advance what appointment times and physicians are available and where. The patient has the right to expect that the hospital will provide a mechanism whereby he/she is informed by his/her physician or a delegate of the physician of the patient's continuing health-care requirements following discharge.
11. The patient has the right to examine and receive an explanation of his/her bill regardless of source of payment.
12. The patient has the right to know what hospital rules and regulations apply to his/her conduct as a patient.

No catalogue of rights can guarantee for the patient the kind of treatment he has a right to expect. A hospital has many functions to perform, including the prevention and treatment of disease, the education of both health professionals and patients, and the conduct of clinical research.

All these activities must be conducted with an overriding concern for the patient and, above all, the recognition of his dignity as a human being. Success in achieving this recognition assures success in the defense of the rights of the patient*

* "A Patient's Bill of Rights," American Hospital Association, Chicago, 1973. Reprinted with the permission of the American Hospital Association.

Standards of Ethics

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PREAMBLE

The *Standards of Ethics* of the American Registry of Radiologic Technologists shall apply solely to persons holding certificates from ARRT who either hold current registrations by ARRT or formerly held registrations by ARRT (collectively, "Registered Technologists"), and to persons applying for examination and certification by ARRT in order to become Registered Technologists ("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.

A. CODE OF ETHICS

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

protection, safety and comfort of patients. The Code of Ethics is aspirational.

1. The radiologic technologist conducts herself or himself 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 socioeconomic 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 health care 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 present Registered Technologists and Candidates. Certification is a method 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 Registered Technologists 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. Registered Technologists and Candidates engaging in any of the

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

1. Employing fraud or deceit in procuring or attempting to procure, maintain, renew, or obtain reinstatement of certification or 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 or registration with the ARRT when that is not the case.

2. Subverting or attempting to subvert ARRT's examination process. Conduct that subverts or attempts to subvert ARRT's examination process includes, but is not limited to:

(i) conduct that violates the security of ARRT examination materials, such as removing or attempting to remove examination materials from an examination room, or having unauthorized possession of any portion of or information concerning a future, current or previously administered examination of ARRT; or disclosing information concerning any portion of a future, current, or previously administered examination of ARRT; or disclosing what purports 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 of ARRT;

(ii) conduct that in any way compromises ordinary standards of test administration, such as communicating with another Candidate during administration of the examination, copying another Candidate's answers, permitting another Candidate to copy one's answers, or possessing unauthorized materials; or

(iii) impersonating a Candidate or permitting an impersonator to take the examination on one's own behalf.

3. Convictions, criminal proceedings, or military courtmartial 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. Offenses that occurred while a juvenile and that are processed through the juvenile court system are not required to be reported to ARRT.

(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),

(iii) Military court-martials that involve substance abuse, any sex-related infractions, or patient-related infractions.

4. Failure to report to the ARRT that:

(i) charges regarding the person's permit, license, or registration certificate to practice radiologic technology or any other medical or allied health profession are pending or have been resolved adversely to the individual in any state, territory, or country, (including, but not limited to, imposed conditions, probation, suspension or revocation); or

(ii) that the individual has been refused a permit, license, or registration certificate to practice radiologic technology or any other medical or allied health profession by another state, territory, or country.

5. Failure or inability to perform radiologic technology with reasonable skill and safety.

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, 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; or

(iii) any practice that is contrary to the ethical conduct appropriate to the profession that results in the termination from employment. 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 health care 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, a chemically dependent person, or a person 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, that results in the termination of employment. This rule does not apply to pre-existing consensual relationships.

12. Revealing a privileged communication from or relating to a former or current patient, except when otherwise required or permitted by law.

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 aiding, assisting, advising, or allowing a person without a current and appropriate state permit, license, or registration certificate or a current certificate of registration with ARRT to engage in the practice of radiologic technology, in a jurisdiction which requires a person to have such a current and appropriate state permit, license, or registration certificate or a current and appropriate certification of registration with ARRT in order to practice radiologic technology in such jurisdiction.

16. Violating a rule adopted by any state board with competent jurisdiction, an order of such board, or state or federal law relating to the practice of radiologic technology, or any other medical or allied health professions, or 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. Practicing outside the scope of practice authorized by the individual's current state permit, license, or registration certificate, or the individual's current certificate of registration with ARRT.

19. Making a false statement or knowingly providing false information to ARRT or failing to cooperate with any investigation by ARRT or the Ethics Committee.

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 Registered Technologist or by a 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 (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 a registration. All Registered Technologists 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 Registered Technologist or Candidate has failed to observe the Rules of Ethics in the Standards, and determining an appropriate sanction; and (2) periodically assessing the Code of Ethics, Rules of Ethics and Administrative Procedures in the Standards 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 Registered Technologist or Candidate are patently frivolous or inconsequential, or (3) the allegations if true would not constitute a violation of the Rules of Ethics; the Chair may summarily dismiss the matter. The Chair may be assisted by staff and/or legal counsel of ARRT. The Chair shall report each such summary dismissal to the Ethics Committee.

(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 Registered Technologist 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 Registered Technologist or Candidate, or reject the proposed settlement and proceed under these Administrative Procedures.

(e) Summary Suspensions. If an alleged violation of the Rules of Ethics involves the occurrence, with respect to a Registered Technologist, of an event described in paragraph 3 of the Rules of Ethics, or any other event that the Ethics Committee determines would, if true, potentially pose harm to the health, safety, or well being of any patient or the public, then, notwithstanding anything apparently or expressly to the contrary contained in these Administrative Procedures, the Ethics Committee may, without prior notice to the Registered Technologist and without a prior hearing, summarily suspend the registration of the Registered Technologist 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 registration of a Registered Technologist in accordance with this provision, the Ethics Committee shall, by certified mail, return receipt requested, give to the Registered Technologist written notice that describes (1) the summary suspension, (2) the reason or reasons for it, and (3) the right of the Registered Technologist 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 Registered Technologist. If the Registered Technologist 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 Registered Technologist's request for the hearing. The applicable provisions of paragraph 2 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 Registered Technologist, nor a determination by the Ethics Committee or a panel following a timely requested hearing is appealable to the Board of Trustees.

2. Hearings

Whenever the ARRT proposes to take action in respect to the denial of an application for certification (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 a registration, or in connection with the revocation or suspension of a certificate or registration, or the censure of a Registered Technologist for an alleged violation of the Rules of Ethics, it shall give written notice thereof to such person, specifying the reasons for such proposed action. A Registered Technologist or a 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 Registered Technologist or a 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 Registered Technologist or a 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 which 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 Registered Technologist or the 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 Registered Technologist or the 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 Registered Technologist or Candidate in question, and the facts and evidence of ARRT in

respect to the basis or bases for the proposed action or disciplinary measure. The Ethics Committee may be assisted by legal counsel. The Registered Technologist or Candidate in question, by legal counsel or other representative if he or she desires (at the sole expense of the Registered Technologist 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 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 which is relevant or potentially relevant. The Ethics Committee shall not be bound by any state or federal rules of evidence. A transcript or an audio recording of the hearing is made. The Registered Technologist or Candidate in question shall have the right to submit a written statement at the close of the hearing. In a case where ARRT proposes to take action in respect to the denial of an application for certification (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 a 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 or renewal or reinstatement of a registration, and shall promptly transmit the same to the Board of Trustees and to the Registered Technologist or Candidate in question. In the case of alleged violations of the Rules of Ethics by a Registered Technologist, 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 Registered Technologist in question. Potential sanctions include denial of renewal or reinstatement of a registration with ARRT, revocation or suspension of a certification or registration or both with ARRT, or the public or private reprimand of a Registered Technologist. 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 paragraph 3 below, the Ethics Committee's findings of fact and determination in any matter (including the specified sanction) shall be final and binding upon the Registered Technologist or Candidate in question.

3. Appeals

Except as otherwise noted in these Administrative Procedures, the Registered Technologist or Candidate may appeal any decision of the Ethics Committee to the Board of Trustees by submitting a written request for an appeal within 30 days after the decision of the Ethics Committee is mailed.

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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 at 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 Registered Technologist or Candidate in question, and shall determine whether to affirm or to overrule 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 overrule, findings of fact made by the Ethics Committee shall be conclusive if supported by any evidence. The Board of Trustees may grant re-hearings, hear additional evidence, or request that ARRT or the Registered Technologist or the Candidate in question provide additional information, in such manner, on such issues, and within such time as it may prescribe. All hearings and appeals provided for herein shall be private at all stages. It shall be considered an act of professional misconduct for any Registered Technologist or Candidate to make an unauthorized publication or revelation of the same, except to his or her attorney or other representative, immediate superior, or employer.

4. Publication of Adverse Decisions

Final decisions that are adverse to the Registered Technologist or Candidate will be communicated to the appropriate authorities of all states and provided in response to inquiries into a person's registration status. ARRT shall also have the right to publish any adverse decisions and the reasons therefore. For purposes of this paragraph, a "final decision" means and includes: a determination of the Ethics Committee relating to a summary suspension, if the affected Registered Technologist does not request a hearing in a timely manner; a non-appealable decision of the Ethics Committee or a panel relating to a summary suspension that is issued after a hearing on the matter; an

appealable decision of the Ethics Committee from which no timely appeal is taken; and, in a case involving an appeal of an appealable decision of the Ethics Committee in a matter, the decision of the Board of Trustees in the matter.

5. Procedure to Request Removal of a Sanction

Unless a sanction imposed by ARRT specifically provides for a shorter or longer term, it shall be presumed that a sanction may only be reconsidered after at least three years have elapsed since the sanction first became effective. 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 which 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 Request, the fee, and all documentation in support of the Request must be received by ARRT at least 45 days prior to a meeting of the Ethics Committee in order to be included on the agenda of that meeting. If the Request is received less than 45 days before the meeting, the Request will be held until the following meeting. The Ethics Committee typically meets three times a year. 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 the Ethics Committee, in the exercise of its sole discretion, removes the sanction, the individual will be allowed to pursue reinstatement via the policies and procedures in place at that time, which may require the individual to take and pass the current certification examination. There is a three-attempt limit for passing the examination and a three-year limit within which the three attempts must be completed. Individuals requesting reinstatement will not be allowed to report CE credits completed while under sanction in order to meet the CE requirements for Registration. ARRT reserves the right to change its policies and procedures from time to time and without notice to anyone who is under a sanction or is in the process of seeking to remove a sanction. 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.

BILL OF RIGHTS

- The patient has the right to considerate and respectful care.
- The patient has the right and is encouraged to obtain from

physicians and other direct caregivers relevant, current, and understandable information about his or her diagnosis, treatment, and prognosis.

- Except in emergencies when the patient lacks the ability to make decisions and the need for treatment is urgent, the patient is entitled to a chance to discuss and request information related to the specific procedures and/or treatments available, the risks involved, the possible length of recovery, and the medically reasonable alternatives to existing treatments along with their accompanying risks and benefits.
- The patient has the right to know the identity of physicians, nurses, and others involved in his or her care, as well as when those involved are students, residents, or other trainees. The patient also has the right to know the immediate and long-term financial significance of treatment choices insofar as they are known.
- The patient has the right to make decisions about the plan of care before and during the course of treatment and to refuse a recommended treatment or plan of care if it is permitted by law and hospital policy. The patient also has the right to be informed of the medical consequences of this action. In case of such refusal, the patient is still entitled to appropriate care and services that the hospital provides or to be transferred to another hospital. The hospital should notify patients of any policy at the other hospital that might affect patient choice.
- The patient has the right to have an advance directive (such as a living will, health care proxy, or durable power of attorney for health care) concerning treatment or designating a surrogate decision-maker and to

expect that the hospital will honor that directive as permitted by law and hospital policy.

- Health care institutions must advise the patient of his or her rights under state law and hospital policy to make informed medical choices, must ask if the patient has an advance directive, and must include that information in patient records. The patient has the right to know about any hospital policy that may keep it from carrying out a legally valid advance directive.
- The patient has the right to privacy. Case discussion, consultation, examination, and treatment should be conducted to protect each patient's privacy.
- The patient has the right to expect that all communications and records pertaining to his/her care will be treated confidentially by the hospital, except in cases such as suspected abuse and public health hazards when reporting is permitted or required by law. The patient has the right to expect that the hospital will emphasize confidentiality of this information when it releases it to any other parties entitled to review information in these records.
- The patient has the right to review his or her medical records and to have the information explained or interpreted as necessary, except when restricted by law.
- The patient has the right to expect that, within its capacity and policies, a hospital will make reasonable response to the request of a patient for appropriate and medically indicated care and services. The hospital must provide evaluation, service, and/or referral as indicated by the

urgency of the case. When medically appropriate and legally permissible, or when a patient has so requested, a patient may be transferred to another facility. The institution to which the patient is to be transferred must first have accepted the patient for transfer. The patient also must have the benefit of complete information and explanation concerning the need for, risks, benefits, and alternatives to such a transfer.

- The patient has the right to ask and be told of the existence of any business relationship among the hospital, educational institutions, other health care providers, and/or payers that may influence the patient's treatment and care.
- The patient has the right to consent to or decline to participate in proposed research studies or human experimentation or to have those studies fully explained before they consent. A patient who declines to participate in research or experimentation is still entitled to the most effective care that the hospital can otherwise provide.
- The patient has the right to expect reasonable continuity of care and to be informed by physicians and other caregivers of available and realistic patient care options when hospital care is no longer appropriate.
- The patient has the right to be informed of hospital policies and practices that relate to patient care treatment, and responsibilities. The patient has the right to be informed of available resources for resolving disputes, grievances, and conflicts, such as ethics committees, patient representatives, or other mechanisms available in the

institution. The patient has the right to be informed of the hospital's charges for services and available payment methods.

The collaborative nature of health care requires that patient and/or their families and surrogates participate in their care. The effectiveness of care and patient satisfaction with the course of treatment depends, in part, on the patient's fulfilling certain responsibilities:

- Patients are responsible for providing information about past illnesses, hospitalizations, medications, and other health-related matters.
- Patients must take responsibility for requesting additional information or clarification about their health status or treatment when they do not fully understand the current information or instructions.
- Patients are responsible for making sure that the health care institution has a copy of their written advance directive if they have one.
- Patients are responsible for informing their physicians and other caregivers if they anticipate problems in following prescribed treatment.
- Patients also should be aware that the hospital has to be reasonably efficient and equitable in providing care to other patients and the community. The hospital's rules and regulations are designed to help the hospital meet this obligation.
- Patients and their families are responsible for being considerate of and making reasonable accommodations to the needs of the hospital, other patients, medical staff,

and hospital employees.

- Patients are responsible for providing necessary information for insurance claims and for working with the hospital as needed to make payment arrangements.
- A patient's health depends on much more than health care services. Patients are responsible for recognizing the impact of their lifestyles on their personal health.

***Last revised: Dec 11, 2003 Date
of last revision
Please send comments to
kellogg@is.dal.ca***

ASRT Code of Ethics
(American Society of Radiologic Technologists)

Preamble

Ethical professional conduct is expected of every member of the American Society of Radiologic Technologists and every individual registered by the American Registry of Radiologic Technologists. As a guide, the ASRT and the ARRT have issued a code of ethics for their members and registrants. By following the principles embodied in this code, radiologic technologists will protect the integrity of the profession and enhance the delivery of patient care.

Adherence to the code of ethics is only one component of each radiologic technologist's obligation to advance the values and standards of their profession. Technologists also should take advantage of activities that provide opportunities for personal growth while enhancing their competence as caregivers. These activities may include participating in research projects, volunteering in the community, sharing knowledge with colleagues through professional meetings and conferences, serving as an advocate for the profession on legislative issues and participating in other professional development activities.

By exhibiting high standards of ethics and pursuing professional development opportunities, radiologic technologists will demonstrate their commitment to quality patient care.

Code of Ethics

The radiologic technologist conducts himself or herself in a professional manner, responds to patient needs and supports colleagues and associates in providing quality patient care.

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.

The radiologic technologist delivers patient care and service unrestricted by 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.

The radiologic technologist practices technology founded upon theoretical knowledge and concepts, uses equipment and accessories consistent with the purpose for which they were designed and employs procedures and techniques appropriately.

The radiologic technologist assesses situations; exercises care, discretion and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.

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.

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 health care team.

The radiologic technologist practices ethical conduct appropriate to the profession and protects the patient's right to quality radiologic technology care.

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.

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.

CAMPUS REGULATIONS

As stated in the Wallace College Student Handbook/Catalog,
Sanctions and Appeals process is as follows:

Code of Student Conduct

As members of the learning community at the institution, students have a number of rights, privileges, and responsibilities. Those rights and privileges include the right to sound and professionally presented instructional programs and the right to due process in instances involving disciplinary actions or academic grievances. The Code of Student Conduct is the standard of conduct by which students and organizations are expected to abide. They shall be aware of the Code and know they will be held accountable for its provisions. By enrollment at the College, a student or organization neither relinquishes rights nor escapes responsibilities of local, state, or federal laws and regulations. The College has an interest in maintaining a campus environment that is conducive to the educational mission in addition to the safety, health, and well-being of all students and other individuals on campus. Students and organizations are obligated to abide by the rules and policies established by the College. Students at the College are considered responsible adults, serious of purpose, and enrolled for the primary purpose of furthering educational goals. It is assumed that students enrolling at the College are mature, have a desire for constructive learning, and are attending with that purpose in mind. Common courtesy and cooperation are expected of all students. Interference, injury, or intentional attempt to injure or interfere with the personal or property rights of any person, whether a student member of the College community or a visitor to the College, is strictly prohibited.

Note: Faculty and staff members (including College counselors) and students should note that any expectation of confidentiality does not include any illegal act. Faculty and staff members (including College counselors) are required to notify law enforcement and College officials when they learn of a criminal act.

Application. The Code of Student Conduct applies to individual students and student organizations and is applicable to on- and off-campus College functions. Any student or group involved in unacceptable or prohibited conduct shall be disciplined in a manner commensurate with the nature and severity of the act of misconduct. Any indication of facts that could cause imminent danger or harm to the health, safety, and welfare of the accused, students, faculty members, other individuals, or College property, or any indication of mental or physical harassment of students (hazing) by an organization or student may result in immediate interim suspension of the organization or student by the designated College official on each campus. This interim suspension may continue only for a period of 72 hours until such time as a disciplinary hearing is held to consider the matter. Imposition of the sanctions stated above may be stayed pending appeal, at the discretion of the President of the College, on written request by the student or organization.

Misconduct. Student conduct is expected to be in accordance with standards of common decency and decorum, with recognition of and respect for personal and property rights of others and the educational mission of the College. A student shall be subject to disciplinary action by the College, up to and including permanent expulsion, for misconduct on any property owned or controlled by the College; or off College property at any function that is authorized, sponsored, or conducted by the College; or in parking lots adjacent to areas or buildings where College functions are being conducted. Such misconduct shall include, but is not limited to, the commission of or attempt to commit any of the following acts:

01. Any form of dishonesty including cheating, knowingly furnishing false information to the members of the College faculty or to any other officer or employee of the College, and alteration or use of College documents instruments of identification with intent to defraud (cheating is defined as dishonesty in completing academic assignments, such as having in one's possession materials other than those specifically approved by one's instructor during tests; submission of work that was prepared by someone else to an instructor as one's own work; plagiarism, representation of someone else's writing or ideas as one's own; and assistance in the foregoing practices). Plagiarism is the act of using the words and/or work of another author and attempting to pass it on as one's own work. Examples of plagiarism include, but are not limited to, a student's submitting,

under his/her own name, an essay, report, research paper, or some other assignment that has been written in part or in whole by another person. Plagiarism also occurs when a pattern exists of failing to document and punctuate materials from research sources appropriately (as designated by the instructor and the research style that the instructor requires and publishes to his/her students) and/or the consistent failure to document accurately and in proper style any material that is not common knowledge, which the student has included in an assignment.

02. Forging, altering, or misusing College documents, records, or identification.
03. Issuing a worthless check made payable to the College or to its Bookstore. A student will be notified by the Business Office when a check for tuition, books, fees, or other charges is returned for insufficient funds. The student will have 72 hours in which to satisfy that obligation. If the obligation is not satisfied in that time the student's enrollment will be voided.
04. Failure to properly comply with any reasonable direction given by a College official acting within the capacity and performance of his/her position.
05. Violation of written College rules, policies, or regulations.
06. Obstruction or disruption of teaching, research, administration, service, disciplinary procedures or policies and/or procedures of clinical affiliates while at their sites, other College activities, or other activities on College premises. An instructor has the obligation to maintain order in the classroom to preserve the integrity of the learning environment. If a student's behavior disturbs or otherwise interferes with instruction, the student will be asked to leave the class. The student may be allowed to return to the next class meeting after consultation with the instructor and a third party. The third party may be another faculty member, division director, or a dean. The instructor may have a consultation with the division director and the Dean, Student Affairs and Sparks Campus to determine if the student should appear before the Judiciary Committee.
07. Destruction, damage, or misuse of College, public, or private property (the student is responsible for any damage done to College property).
08. Conduct in violation of federal or state statutes or local ordinances that threatens the health and/or safety of the College community or that could adversely affect the educational environment of the College.
09. Conviction of any misdemeanor or felony that adversely affects the educational environment of the College.
10. Obtaining College services by false pretenses including, but not limited to, misappropriation or conversion of College funds, supplies, equipment, labor, material, space, facilities, or services.
11. Hazing, i.e., any mental or physical requirement or obligation placed on a person by a member of any organization, or by an individual or group of individuals that could cause discomfort, pain, or injury or that violates any legal statute or College rule, regulation, or policy. **Hazing** has been defined as, but is not limited to striking, laying open hand on, treating with violence, or offering to do bodily harm to a person with intent to punish or injure the individual, or other treatment of a tyrannical, abusive, shameful, insulting, or humiliating nature. Hazing is any action taken or situation created, whether on or off College premises, to produce mental or physical discomfort, embarrassment, harassment, or ridicule, including servitude often called *personal favors*. The College does not approve of or condone hazing; thus, activities of this nature shall be dealt with promptly and sternly.
12. Lewd, obscene, licentious, or indecent conduct or verbal or written threat of such action against another person, **including sexual harassment/misconduct**.
13. Harassment, intimidation, bribery, physical assault, etc., or any other means, implied or explicit, to influence any member of a judicial body named in the Code, including witnesses, faculty members, staff members, and students before, during, or after a hearing. Organizations shall be responsible for the actions of their individual members, alumni, advisors, etc. in this type of situation.
14. Possession of firearms or weapons (including hunting guns, bows, crossbows, etc.), ammunition, explosives, fireworks, or any other dangerous instruments.

15. Intoxication from, or the possession and/or consumption of, any alcoholic beverage or non-prescribed controlled substance.
16. Unauthorized manufacture, sale, delivery, or possession of any drug or drug paraphernalia defined as illegal under local, state, or federal law.
17. Theft, accessory to theft, and/or possession and/or transportation and/or sale of stolen property.
18. Physical abuse, threat of violence, intimidation, and physical or mental harassment.
19. Trespassing or unauthorized entry.
20. Entering false fire alarms, tampering with fire extinguishers, alarms, or other safety equipment.
21. Publishing, aiding in publishing, circulating, or aiding in circulation of anonymous publications or petitions of a libelous, slanderous, scurrilous, or unduly offensive nature.
22. Smoking or using any tobacco product in classrooms, laboratories, library-media buildings, gymnasiums, or other locations where prohibited (including clinical sites).
23. Playing a device such as a tape player, radio, or other electronic device in hallways, classrooms, or any other place where such activity would interfere with normal activity of the College.
24. Any form of illegal activity defined by state or federal law or municipal ordinance.
25. Disruptive or disorderly conduct that interferes with the rights and opportunities of those who attend the College to use and enjoy College facilities.
26. Failure to obtain clearance from an instructor to leave a class, lab, clinical, or campus during class/clinical hours.
27. Failure to wear appropriate dress for the department in which the student is enrolled.
28. Participation in any form of gambling.
29. Unauthorized possession of a key to any College facility or vehicle.

If a student violates any of the provisions listed above while engaged as a representative of a student organization, the organization will be subject to having its approval suspended or terminated.

STUDENT ACADEMIC GRIEVANCES

Policy. The College has established policies and procedures to resolve student academic grievances that result from the acts or omissions of faculty members or administrators. This resolution should be achieved at the lowest level and in the most equitable way possible. The burden of proof rests with the complainant.

Procedures. When students believe they have an academic grievance, they should first seek to resolve it by discussions with the faculty member or administrator involved. If these discussions are not satisfactory, the complaint should be taken to the next highest level listed in the following procedure. If the grievance arises from a classroom situation, students should take the following steps in seeking redress:

1. Consult with the instructor involved, in person or by written contact, no later than 12 calendar days following the incident.
2. If agreement on or compromise of the problem is not achieved within 3 days, take the grievance to the appropriate Division Director.
3. If agreement on or compromise of the problem is not achieved within 3 days, take the grievance to the appropriate Instructional Coordinator.
4. If still not satisfied that a fair and equitable solution has been found within 3 days, take academic grievances to the Dean, Instructional Affairs. If still not satisfied, move to step 5.
5. The student should read the Judgments section of this policy carefully before contacting the Dean, Student Affairs for a hearing before the Admissions and Academic Standards Committee.

As a last resort and only after steps 1-5 have been carried out or conscientiously attempted, a student may take a grievance in writing to the Dean, Student Affairs and the chairperson of the Admissions and Academic Standards Committee. The grievance must be filed within 20 class days of the term following that in which the grievance occurred. No instructor or administrator shall be allowed to delay resolution of an academic

grievance by failing to hold a consultation with a student within a reasonable length of time of the initial request. Normally such consultation should occur immediately after receipt of the student request, unless bona fide reasons such as illness, personal emergency, or campus absences for professional reasons make the time limit unreasonable. In some instances, when the personalities or problem involved would make starting at the level of the complaint too awkward or embarrassing; students may initiate a complaint at the next higher level listed.

Types of Grievances. No list of grievance types could cover all contingencies that might arise. However, this procedure should be able to resolve the following types of grievances, which are among those expressed most often by students:

1. Errors in calculating or recording quiz or other grades.
2. Improper lowering of grade on basis of an alleged violation of an attendance policy.
3. Failure of a faculty member to follow College policies in conduct of classes or examinations.
4. Capricious or unreasonable actions by a faculty member or administrator that intimidate students or adversely affect their performance.
5. Failure of a faculty member to grade, return, and discuss assigned work within a reasonable time, e.g. before subsequent assigned work is scheduled for completion or before a subsequent examination.
6. Failure of a faculty member to provide student with copies of grading policies, course requirements, course procedures, and changes in announced policies without due notice and explanation. Certain types of grievances should not be brought to the committee, although they may be brought to the attention of the Department Chairperson and, if necessary, the appropriate dean so that a continuing administrative effort may be made to ameliorate problems. Examples of these grievances include:
 - Gross differences in grading by instructors teaching separate sections of the same course.
 - Personal habits of the instructor that distract students in their attempts to learn course material.
 - Fine distinctions in grading (e.g., the line between an "A" and a "B," or between a "D" and an "F") may be appealed only to the instructor.
 - Unannounced quizzes will not be considered a grievance, unless they are contrary to the class syllabus or information provided to the class by the instructor.

Role of the Admissions and Academic Standards Committee. There shall be 9 voting members of one or more academic standard committees to be appointed by the President of the College as follows: 7 professional employees and 2 students. A simple majority of members present may rule on any request or issue before the committee. The role of the Admissions and Academic Standards Committee shall be to hear academic grievances, to hear academic appeals for students who have been suspended from the College for academic reasons, and to provide input on College policies. The chairperson shall be the administrative officer of the committee. The chairperson's duties shall include arranging for appropriate times and places for committee meetings and hearings; informing committee members of the times and places of committee meetings and hearings; informing, in writing, all interested parties of the times and places of committee hearings that they are requested to attend and supplying them with a statement of alleged grievances; informing all other interested parties that a grievance is pending; securing and distributing to the committee written material appropriate for its consideration; arranging for recording of committee proceedings; maintaining committee records that are to be kept on permanent file in the Office of the Dean, Student Affairs; and informing, in writing, appropriate individuals of the decisions of the committee. Members of the committee may at any time disqualify themselves from consideration of any given case or cases because of personal bias. In such a case, a replacement member will be appointed by the President. Either party to the hearing may request of the chairperson, in writing, that any member or members of the committee be excluded from consideration of the case. Such a request must be for just cause and be brought to the chairperson's attention as the first step in the hearing. In the event a member is disqualified by majority vote of the committee from consideration of a case, the President shall appoint a replacement. The replacement must meet the general requirements of regular committee members.

Procedures for Hearing. Each Admissions and Academic Standards Committee may establish and publish its own procedures in accordance with provisions for academic due process and in accordance with the stipulation stated below: The only people present at meetings of the committee shall be committee members, parties to the action being considered by the committee and their representatives (not to exceed 2), witnesses actually testifying before the committee, and 2 representatives of the Student Affairs Division. The College and the complainant may have an attorney present during the hearing. The attorneys may only advise. They may not cross examine, question, or address the committee in any way. The committee, as a whole, shall arrange for a swift and comprehensive investigation of the matter under consideration. It shall then decide, on the basis of written statements and discussions presented by the complainant and respondent, and review of evidence, whether or not there are sufficient grounds to hear a case and whether or not the committee will accept written statements in lieu of personal appearances by witnesses. If the committee decides that there are not sufficient grounds to hear a case and closes the case, it shall notify the complainant and respondent in writing as to the reasons for its actions. If the committee determines that the case merits further consideration, the parties involved shall be informed in writing; consulted as to the possibility of correcting the situation; and, if a hearing is still required, be advised in writing of the scheduled time and place of the hearing. At the hearing, the complainant, individuals directly involved, and witnesses may testify and be questioned by the opposite party and committee members. Only evidence presented in the hearings may be considered in the final judgment. Written statements by witnesses in lieu of personal appearance shall not be allowed except in rare instances. A record of the hearing, tape recorded or otherwise preserved, shall be reserved for reference and review until the case has been finally resolved.

Judgments. Committee members shall arrive at a judgment in consultation among themselves after the parties have been dismissed. Only members of the committee who have been present during all of the meetings and who have heard all testimony relating to the alleged grievance may vote on the case. A majority vote of such qualified members shall constitute a judgment. A decision of the committee relating to redress of grievances is final insofar as the committee is concerned. The committee has been delegated by the President the authority to change or direct changes in student grades, faculty conduct, or other disputed areas. A course of action deemed appropriate by the committee shall be carried out unless the student or faculty member chooses to appeal the committee's decision to the President of the College or designee. The appeal must be made in writing to the President or designee no later than 7 calendar days after the date of the committee's decision and must be resolved within a maximum of 30 calendar days. If redress requires a policy change or if a policy change appears advisable or necessary, the committee shall refer its recommendations to the President of the College or appropriate administrator.

How to Reference JRCERT Standards for an Accredited Educational Program in Radiology

Wallace Community College Radiologic Technology Program is accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT), whereas the program must comply with JRCERT Standards for an Accredited Educational Program in Radiology. These standards can be referenced on-line at www.jrcert.org Go to www.jrcert.org then Program and Faculty then JRCERT Standards in Radiology.

Procedure for Allegations of Non-Compliance with JRCERT Standards

Students obtain the right to submit allegations against a Joint Review Committee on Education in Radiologic Technology (JRCERT)-accredited program if there is some reason to believe that the program has acted contrary to JRCERT accreditation standards or those conditions at the program appears to jeopardize the quality of instruction or the general welfare of its students.

The student must **first** attempt to resolve any formal/program grievance with institution/program officials by following the grievance procedure outlined in the institution/program. If the student is unable to resolve complaint with institution/program officials or believes that the concerns have not been properly addressed, he or she may then submit allegations of non-compliance directly to the JRCERT. The institution/program grievance policy can be located in the *College Catalog*, *Class Syllabi* and *Clinical Education Handbook*. The Joint Review Committee on Education in Radiologic Technology (JRCERT) can be accessed at www.jrcert.org.

ACKNOWLEDGEMENT OF CLINICAL EDUCATION HANDBOOK

I have received and have thoroughly read the Clinical Education Handbook for student radiographers at Wallace College (May 2020 Revision). I understand the policies and regulations contained therein and the responsibilities to be undertaken.

I understand that failure to comply with the established policies may result in suspension or withdrawal from the Radiologic Technology Program.

Student agreement of compliance will be verified and recorded for all students through Trajecsys®.