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

2026-2027

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INTRODUCTION

The Radiologic Technology program is designed to provide the student with clinical and didactic training in producing and processing radiographs, essential for a radiologist's accurate interpretation of the human anatomy utilizing digital imaging systems. The program is accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT) and is recognized by The American Registry of Radiologic Technologists (ARRT). Graduates of the program are eligible to attempt the certification examination of the ARRT. 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.

STATEMENT OF MISSION – GEORGE C. WALLACE COMMUNITY COLLEGE

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.

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 utilizing digital imaging systems and professional attitudes required for job acquisition and advancement.

PROGRAM 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.

ASSOCIATE IN APPLIED SCIENCE DEGREE

On successful completion of the Radiologic Technology curriculum, students are granted an associate in applied science degree.

HUMAN RIGHTS AND NON-DISCRIMINATION

Wallace Community College is committed to equal opportunity education. The College is guided in philosophy and practice by the principle that individuals will not be treated differently because of race, creed, religion, color, gender, age, national origin, disability, or marital status, and that legitimate and reasonable access to facilities is available to all. This principle particularly applies to the admission of students in all programs of the College and in their academic pursuits. It is also applicable in

extracurricular activities, all student services, employment of students by the College, and employment of instructors and non-instructional personnel. Therefore, Wallace Community College follows Title VI and VII of the Civil Rights Act of 1964, as amended; the Civil Rights Act of 1991; Executive Order11246; as amended; Title IX of the Rehabilitation Act; and The Americans with Disabilities Act of 1990. Wallace Community College is an Affirmative Action, Equal Employment and Educational Opportunity Institution.

Title IX of the Education Amendments of 1972, as amended, prohibits discrimination on the basis of sex. Sexual harassment is a form of discrimination that is illegal under Title VII of the Civil Rights Act of 1964 for employees and under Title IX of the Education Amendments of 1972 for students. Each campus of Wallace Community College has trained Compliance Officers.

Other Civil Rights and Title IX Compliance Coordinators
Employee's Contact:
Keyashia Sheppard, Wallace Campus - (334) 556-2557
Email: ksheppard@wallace.edu

Student's Contact:
Shaletha Barnes-Blackmon, Wallace Campus - (334) 556-2511
Email: sblackmon@wallace.edu

Office of Civil Rights for Alabama:
Office of Civil Rights, Atlanta Office
U.S. Department of Education
61 Forsyth Street S.W., Suite 19T10
Atlanta, GA 30303-8927
Phone: (404) 974-9406
Email: OCR.Atlanta@ed.gov

Section 504 of the Rehabilitation Act of 1973, as amended, prohibits discrimination on the basis of disabilities.

Section 504 Compliance Coordinator:
Ryan Spry, Director of Student and Campus Services - (334) 556-2587
Email: rspry@wallace.edu

The Americans with Disabilities Act of 1990 (ADA) provides that no otherwise qualified person shall be discriminated against in the provision of an educational service or benefit on the basis of disability. Wallace Community College endeavors to provide reasonable accommodations to qualified students with disabilities. Students needing disability services or information should contact the appropriate Compliance Coordinator on the appropriate campus or site.

GENERAL QUALIFICATIONS FOR ARRT CERTIFICATION

Individuals must satisfy general qualifications for certification in accordance with The American Registry of Radiologic Technologists (ARRT) guidelines. The ARRT is the Board that administers the national certification examination on completion of an accredited Radiologic Technology program. A candidate for certification by the ARRT must meet the ethics, education, and examination requirements as described in The American Registry of Radiologic Technologists Rules and Regulations and ARRT Standards of Ethics.

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

Issues addressed by the ARRT Rules of Ethics include convictions, criminal procedures, or military court martials related to a felony, misdemeanor, criminal procedure resulting in a plea of guilty or nolo contendere (no contest), a verdict of guilty, withheld or deferred adjudication, suspended or stay of sentence, or pre-trial diversion. Juvenile convictions processed in juvenile court and minor traffic citations not involving drugs or alcohol are not required to be reported to the ARRT.

Additionally, candidates for certification are required to disclose any honor code violations that may have occurred during their educational process. Please consult the Radiologic Technology Program Director if the previous statement applies.

ADMISSION

Program requirements for health programs offered within the Alabama Community College System may be reviewed and revised between publication deadlines for this and future College Catalog and Student Handbook documents. Admission requirements below were in effect at the time this document was published and may or may not be current. Prospective students should contact the program office to obtain requirement updates.

Students are admitted to the Radiologic Technology program without discrimination regarding color, age, creed, marital status, race, religion, sex, or national origin. Applicants must meet College requirements for admission. Admission packets for the program are available in March of each year. Applicants will be considered for admission into the program based on past academic achievement and performance on the ATI Test of Essential Academic Skills (TEAS®).

Admission to the Radiologic Technology Program operates in accordance with criteria mandated by the Alabama Department of Postsecondary Education. Students applying to the Radiologic Technology Program are required to take an academic entrance test, the ATI Test of Essential Academic Skills, (TEAS®).

TEAS® measures basic skills in reading, mathematics, science, English and language usage. Scores from the TEAS® test are good for three (3) years. No cut-off score has been established for the TEAS®, but ranking points for selection of applicants will be based on the test score received. A copy of the TEAS® score report form must be included as part of your Radiologic Technology Program application. Information about the TEAS® can be found through WCC Testing Services; however, applicants must create an account at www.atitesting.com to register, pay, and schedule a date for testing. The TEAS test is given on the Sparks Campus in Eufaula and on the Wallace Campus in Dothan.

Please note: Students who have taken the TEAS® at any location other than WCC will be required to have official scores transferred to WCC. ATI assesses a $30.00 fee to transfer these scores.

Wallace Community College complies with The Americans with Disabilities Act of 1990. Students who have a disability and require accommodation should contact Disability Support Services on the Wallace Campus in Dothan. Upon admission to the program, all students must complete a health form, including immunization records.

Minimum admission requirements are as follows:

1. Unconditional admission to the College.
2. Submission of a complete application packet for admission to the Radiologic Technology program by required deadline. The packet should include the following documents:
    a. Program application
    b. Essential Functions form
    c. All transcripts (unofficial high school and college) or unofficial GED® scores
3. Applicants must be at least 18 years of age. (Alabama Regulations for Control of Radiation Rule 420-3-03(6), Occupational Radiation Dose Limits, states that all occupational workers employing ionizing radiation must be at least 18 years of age
4. Students must have a minimum of a 2.5 GPA based on the last 24 college credit hours for students with previous college work.
5. A 2.5 high school grade point average for students without prior college work (GED® acceptable in lieu of high school transcript)
6. Eligibility for placement into BIO 201, ENG 101, and MTH 100.
7. Good standing with the College, permission for registration, and active enrollment status.
8. Ability to meet the essential functions required for the Radiologic Technology program. A copy of the essential functions is available from the RAD program office and published on the College website, www.wallace.edu. Admission to the Radiologic Technology program is competitive, and the number of students is limited by the number of faculty members and clinical facilities available. Meeting the minimum requirements does not guarantee acceptance.

Contractual agreements between the College and clinical agencies impose additional requirements on students enrolled in health programs. These requirements include, but are not limited to, the areas of attire, confidentiality, criminal background check, liability insurance, and substance abuse screening. Health insurance coverage is strongly recommended as the expense for treatment of injury suffered during training is the responsibility of the student. Any student denied clinical privileges or having

clinical privileges revoked by a healthcare facility due to positive background findings or clinical misconduct is not eligible for program admission or readmission.

PROGRESSION

To progress through and graduate from the Radiologic Technology program, students must meet the following criteria:

1. Progress through the required Radiologic Technology curriculum in the prescribed sequence.
2. All courses must be completed with a C or greater in the prescribed sequence, either prior to or concurrently as indicated, in order to progress to the subsequent semester.
3. Attain a grade of 75% or higher in each required radiology course, and a grade of 70% or higher in all general education courses (a cumulative 2.5 college grade point average)
4. Maintain ability to meet the Essential Functions for a Radiologic Technology program with or without reasonable accommodations. A copy of the essential functions is available from the RAD program office and published on the College website, www.wallace.edu.
5. Successfully complete the program within 33 months from the initial semester of RAD courses.
6. Maintain current CPR certification at the health care provider level as outlined by the program. On-line certification without hands-on skills sessions is not acceptable.
7. Maintain current professional liability insurance as outlined by the College.
8. Abide by the policies, procedures, and rules of behavior of the clinical agencies (which may include drug screening and background checks at the student's expense) and by the prescribed dress code for clinical education.
9. Abide by the policies, procedures, and rules of behavior of the Radiologic Technology program as published in the program and College student handbooks and as specified in other materials provided.
10. Follow established guidelines required by the College for maintaining accidental and health insurance.
11. Maintain a personal radiation monitoring device and radiographic identification markers as outlined by the program.
12. Read and sign the Student Clinical Rotation Contract as outlined by the College.

READMISSION

Students who interrupt progression in the Radiologic Technology program must apply for readmission to the program. A student who fails to progress during the first semester of the program must reapply for acceptance as a new student. Students must submit a readmission request and a current transcript(s) to the Program Director no later than mid-term of the term prior to a planned reentry. The program may provide the student with a plan for readmission based on clinical availability. The student may be considered for readmission only once.

Readmission to the program also depends on availability of clinical space. Students in regular progression will have first option of readmission based on clinical availability.

Readmission requires the following:

1. A 2.5 cumulative grade point average in all coursework.

2. No more than 33 months have elapsed from initial admission term to date of graduation.

3. All students who are readmitted must prove competency in all previous coursework as prescribed by the program and successfully complete all RAD courses in which a D or F was received.

4. Ability to meet and comply with standards and policies in the current College Catalog and Student Handbook.

5. Students who have been dismissed from two clinical facilities are ineligible for readmission.

6. Any student dismissed for academic or disciplinary reasons from the College will not be considered for readmission.

EVALUATION

Grading Scale

A 90-100

B 80-89

C 75-79

D 60-74

F 59 and below

AUDIT

Effective September 12, 2012 there shall be no auditing allowed for any Health Science classes.

TRANSFER STUDENTS

Receiving advance placement in the Radiologic Technology program requires the following criteria:

1. Unconditional admission to the College with clear academic status.

2. Ability to meet and comply with standards and policies in the current College Catalog and Student Handbook.

3. Minimum cumulative grade point average of 2.5.

4. No more than 33 months have elapsed from the initial admission term to date of graduation.

5. Official transcripts verifying a minimum grade of C earned in courses that represent collegiate coursework relevant to the degree, with course content and level of instruction resulting in student competencies at least equivalent for those matriculating students. Alabama Community College System Standardized Radiologic Technology Curriculum courses will be transferred without review of the course syllabus. Verification of knowledge and/or skills may be required.

6. Eligibility to return to previous Radiologic Technology program in good standing.

7. No more than one semester in which a grade of D or F has been earned in a RAD course.

8. Completion of 25% of total required hours for the associate in applied science degree in Radiologic Technology at institution conferring degree.

COURSES

Area I: Written Composition

Item #	Title	Credits
ENG 101	English Composition I	3

Area II: Humanities and Fine Arts

Item #	Title	Credits
	Speech	3
	Humanities/Fine Arts Elective	3

Area III: Natural Sciences and Mathematics

Prerequisite for BIO 201 and BIO 202: BIO 103 with a grade of C or higher, or satisfactory placement on the Alabama Community College System Biology Placement Exam.

Item #	Title	Credits
BIO 201	Human Anatomy Physiology I	4
BIO 202	Human Anatomy Physiology II	4
MTH 100	Intermediate College Algebra	3

Area IV: History, Social and Behavioral Sciences

Item #	Title	Credits
PSY 200	General Psychology	3

Area V: Career and Technical Courses

NOTE: Before completing this program, students must prove competency in computer applications. Students who fail to demonstrate adequate competency in Computer Science by passing a computer competency exam must successfully complete CIS 146 with a grade of C or higher.

Item #	Title	Credits
	ORI 101 OR ORI 105	1-3
RAD 111	Introduction to Radiography	2
RAD 112	Radiography Procedures	4
RAD 113	Patient Care	2
RAD 114	Clinical Education I	2
RAD 122	Radiographic Procedures II	4
RAD 124	Clinical Education II	5
RAD 125	Imaging Equipment	3
RAD 134	Clinical Education III	5
RAD 135	Exposure Principles	3
RAD 136	Radiation Protection and Biology	2
RAD 212	Image Evaluation and Pathology	2
RAD 214	Clinical Education IV	8
RAD 224	Clinical Education V	8
RAD 227	Review Seminar	2
	Total credits:	**Total Credits 76**

Course Sequencing

Radiologic Technology Associate in Applied Science Degree Suggested Course Sequence—Year One FIRST SEMESTER

Prerequisite for BIO 201 and BIO202: BIO 103 with a grade of C or higher, or satisfactory placement on the Alabama Community College System Biology Placement Exam.

ORI 101 or ORI 105 or transfer credit for an orientation to college course is required for all students.

Item #	Title	Credits
BIO 201	Human Anatomy Physiology I	4
	MTH 100 or higher	3
	ORI 101 OR ORI 105	1-3
RAD 111	Introduction to Radiography	2
RAD 112	Radiography Procedures	4
RAD 113	Patient Care	2
RAD 114	Clinical Education I	2

Radiologic Technology Associate in Applied Science Degree Suggested Course Sequence—Year One SECOND SEMESTER

CIS 146 OR competency in Computer Science by passing a computer competency exam. Students who fail to demonstrate competency must successfully complete CIS 146 with a grade of C or higher.

Item #	Title	Credits
BIO 202	Human Anatomy Physiology II	4
CIS 146	Computer Applications	3
RAD 122	Radiographic Procedures II	4
RAD 124	Clinical Education II	5
RAD 125	Imaging Equipment	3

Radiologic Technology Associate in Applied Science Degree Suggested Course Sequence—Year One THIRD SEMESTER

Item #	Title	Credits
ENG 101	English Composition I	3
RAD 134	Clinical Education III	5
RAD 135	Exposure Principles	3
RAD 136	Radiation Protection and Biology	2

Radiologic Technology Associate in Applied Science Degree Suggested Course Sequence—Year Two FIRST SEMESTER

Item #	Title	Credits
PSY 200	General Psychology	3
RAD 212	Image Evaluation and Pathology	2
RAD 214	Clinical Education IV	8
	Speech	3

Radiologic Technology Associate in Applied Science Degree Suggested Course Sequence—Year Two SECOND SEMESTER

Item #	Title	Credits
RAD 224	Clinical Education V	8
RAD 227	Review Seminar	2
	Humanities/Fine Arts Elective	3

All courses must be completed with a C or greater in the prescribed sequence, either prior to or concurrently as indicated, in order to progress to the subsequent semester.

PROGRAM LEVEL OUTCOMES (Supported by activities of program courses):

1. At the completion of the program, students will be clinically and didactically competent as entry-level radiographers.
   1.1 Students will appropriately position patients.
   1.2 Students will use the appropriate radiation protection methods.
   1.3 Students will appropriately evaluate the radiographic image.

2. Students will develop the necessary oral and written communication skills.
   2.1 Students will effectively communicate with patients.
   2.2 Students will effectively write a research paper.
   2.3 Students will effectively deliver oral presentations on image evaluation.
3. Students will think critically and solve problems in their daily work environment**.**
   3.1 Students will perform non-routine procedures.
   3.2 Students will correctly analyze and identify problems and solutions to selected films.
4**.** Students will develop professional attitudes and ethical behavior.
   4.1 Students will demonstrate professional behavior.
   4.2 Students will understand ethics.
5. The program will effectively meet the needs of the students and community.
   5.1 Graduates will pass the national ARRT certification exam.
   5.2 Employers will demonstrate satisfaction with program graduates.
   5.3 Students seeking employment will find employment in the radiologic sciences field.
   5.4 Graduates will indicate satisfaction with their preparation as entry-level practitioners.
   5.5 Students will complete the program.

THE STUDENT AND CLINICAL EDUCATION HANDBOOK

This Student and 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.

DIDACTIC AND LABORATORY POLICIES

Students must maintain all program qualifications and progression standards throughout their program tenure as indicated in all college documents.

Students will adhere to the dress code as outlined for all didactic, laboratory, clinical, and program activities.

Students should refer to the individual course syllabus for policies on make-up time, assignments, and examination.

Wallace Community College considers any form of cheating a serious conduct problem in all classes throughout the institution. Information regarding this problem is in the current Wallace Community College Catalog and Student Handbook and includes the following topics: disciplinary procedure, sanctions, and appeal. All students are responsible for understanding this information and abiding by the code of conduct. Unauthorized recording of oral lecture presentations is prohibited.

Students will be expected to adhere to strict standards of professional and ethical behavior in the classroom, laboratory, and clinic. Failure to do so can result in disciplinary action. Any harassing or threatening behavior of an ethical, sexual, or personal nature will not be tolerated. Students with concerns in any of these areas are encouraged to follow the procedure outlined in the Student Handbook Section of the College Catalog.

Specific course polices will be defined in each course syllabus and discussed during each course orientation.

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.
2. Complete all prerequisite radiography courses with a minimum grade of “C.”

3. Have and maintain a cumulative grade point average of 2.5 or better.
4. Successfully complete objectives of each phase of the clinical education component of the program prior to entering subsequent phases.
5. Malpractice insurance will be obtained through the Wallace Community College Business Office upon registration for all Radiologic Technology courses.
6. Substance abuse screening 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.
7. Students must successfully complete unit laboratory examinations with a grade of 75 or higher in RAD 112 to be eligible to enter and continue in RAD 114 clinical rotations.
8. Students must successfully complete all laboratory skills with a 75 or higher in RAD 113 to matriculate into RAD 124.
9. Students must successfully complete unit laboratory examinations with a grade of 75 or higher in RAD 122 to be eligible to continue in RAD 124 clinical rotations.
10. Students receiving an incomplete for any clinical education course must complete all coursework, including clinical hours, before the beginning of the next semester. Failure to complete the prescribed work and clinical hours will result in an F in the course and ineligibility to continue in the program.
11. Students will refer to all course syllabi for any additional information regarding placement and continuation in clinical education.

STUDENT RESPONSIBILITIES

1. Always maintain a professional appearance. Students are expected to comply with the 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 preceptors, 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 Preceptors and college faculty throughout each academic term regarding the evaluation of the students.

CLINICAL PRECEPTOR 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.

CLINICAL PRECEPTORS

Andalusia Health – Andalusia, AL
Alexandria Re'ena Thomas, RT(R)(CT)
Misty Solomon Rogers, RT (R)

Dale Medical Center-Ozark, Alabama
ShyAnne Drivas, RT(R)
Michael Stinson, BAS RT (R)

Donalsonville Hospital – Donalsonvile, GA
Carmen Scoggins, RT (R)

Dothan Diagnostic Imaging – Dothan, AL
Carson Croom, RT (R)(CT)
Haviland Suzanne Croom, R.T. (R)

Flowers Hospital-Dothan, Alabama
Hanna Westcott, RT (R)
Kayla Beckworth, RT (R)
Mae Marsh, RT (R)
Shanica Kelley, RT (R)

FMG PrimeCare, LLC-Dothan, Alabama
Jennifer Hill, R.T. (R)

Hughston Clinic-Dothan, Alabama
Maryann Dykes, R.T. (R)

Medical Center Enterprise-Enterprise, Alabama
Brooke Hudson, RT(R)
Kathy Snow, RT (R)
Natasha Sumblin, RT (R) (M)
Galen Bradshaw, RT (R)

Medical Center Barbour-Eufaula, Alabama
Thomas Chase Dixon, RT (R)(CT)

Mizell Memorial Hospital – Opp, Alabama
April Smith, RT (R)(CT)(M)
Elaine Smith, RT (R)(M)

Southeast Health-Dothan, Alabama
Kristi Holland, BSRS RT (R)
Morgan Land, RT (R)

Southern Bone and Joint Specialists
Christina Brown RT (R) – Enterprise Location
Kasie Sanchez RT(R)-Dothan, East Location
Cameron Jackson RT (R)-Dothan, West Location

Southern Clinic-Dothan, Alabama
Rachel Miller, R.T. (R)

Troy Regional Medical Center – Troy, AL
Jennifer Schultz, RT (R)(CT)
Tami Hudson, RT (R)(CT)

Wiregrass Medical Center-Geneva, Alabama
Kelli F. Hall, R. T. (R)

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:

Dr. Rachael Thomley	Program Director	Wallace Community College
Ms. Jacy Tucker	Clinical Coordinator	Wallace Community College
Mr. Bates Gilmore	Program Instructor	Wallace Community College
Mr. Chris Hughes	Radiologic Technologist	Southern Bone and Joint
Ms. Renee Godbold	Mammography Technologist	Flowers Hospital
Mr. Jeff Speed	Radiologic Technologist	Community Member
Ms. Windy Hoose	Radiologic Technologist	Southeast Health
Ms. Tracy Shadell	Biology Teacher	Headland High School
Mr. Steve Walker	CT Technologist	Southeast Health
Ms. Natasha Sumblin	Radiology Director	Medical Center Enterprise
Ms. Michelle Whitehurst	Radiologic Technologist	Southeast Health
Mr. Michael Holland	Radiology Supervisor	Southeast Health
Ms. Maryann Dykes	Radiologic Technologist	Hughston Clinic
Ms. Kasie Sanchez	Radiologic Technologist	Southern Bone and Joint
Ms. Kelli Hall	Radiologic Technologist	Wiregrass Medical Center
Ms. Kim Casey	CT Technologist	Dale Medical Center
Mr. David McKnight	Director of Radiology	Medical Center Barbour
Mr. Bill Hobbs	Radiology Director	Southeast Health
1st Year Student	Radiologic Technology	Wallace Community College
2nd Year Student	Radiologic Technology	Wallace Community College

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

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 Preceptors and the Clinical Coordinator. Each clinical affiliate will have its own Committee on Clinical Education. These committees will meet periodically to discuss students' 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 Preceptors from each affiliated clinical education site.
2. Program Clinical Coordinator

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.

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 JRCERT approved radiography clinical affiliates:

1. Andalusia Health, 849 S 3 Notch St, Andalusia, AL 36420
2. Dale Medical Center, 100 Hospital Avenue, Ozark, AL 36360
3. Donalsonville Hospital, 102 Hospital Circle, Donalsonville, GA 39845
4. Dothan Diagnostic Imaging, 217 Graceland Dr, Dothan AL 36303
5. Flowers Hospital, 4370 W. Main Street, Dothan, AL 36303
6. FMG-PrimeCare, 4126 W. Main St, Dothan, AL 36305
7. Hughston Clinic, 512 N. Shady Ln, Dothan, AL 36303
8. Medical Center Barbour, 820 W. Washington St, Eufaula, AL 36027
9. Medical Center Enterprise, 400 N. Edwards Street, Enterprise, AL 36330
10. Mizell Memorial Hospital, 702 N Main St, Opp, AL 36467
11. Southeast Health, 1108 Ross Clark Cir, Dothan AL 36301
12. Southern Bone and Joint Specialists, 1500 Ross Clark Cir, Dothan, AL 36301
13. Southern Bone and Joint Specialists, 404 N. Main St, Enterprise, AL 30330
14. Southern Bone and Joint Specialists, Westside Location, 345 Healthwest Dr, Dothan, AL 36301
15. Southern Clinic, 201 Doctors Dr, Dothan, AL 36301
16. Troy Regional Medical Center, 1330 US-231, Troy, AL 36081
17. Wiregrass Medical Center, 1200 Maple Ave, Geneva, AL 36340

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 clinical rotations are based on a 1:1 student / qualified technologist ratio.

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 radiographer 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 radiographer 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 radiographer. 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.

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.

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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.

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. Computed Tomography
8. Evening/Night/Weekend Rotations
9. Bone Densitometry*
10. Cardiac Interventional*
11. Magnetic Resonance*
12. Mammography*
13. Medical Dosimetry*
14. Nuclear Medicine/Molecular Imaging*
15. Radiation Therapy*
16. Sonography*
17. Vascular Interventional*

*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 on 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 and 7:30 am - 2:30 pm depending on the area and/or room assignment. Variations in these hours exist at some clinical rotation sites. 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 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.

No student will be permitted to leave a patient during 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 images checked for necessary repeats or additional images and seeing that the patient is dismissed from the department).

CLINICAL EDUCATION ATTENDANCE POLICY

Students are expected to be present and on time for all clinical hours including clinical conferences. Clinical education courses are professional courses, and the motivated student will strive for perfect attendance during all clinical education experiences. A record of completed hours, absences, 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. Failure to complete assigned clinical hours will result in an incomplete in the clinical education course (for additional information, refer to clinical eligibility section of this document). 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/Clinical Preceptor(s)

If the student does not personally inform the clinical site/preceptor or clinical coordinator, 5 points will be deducted from the professionalism grade percentage category.

Students are required to attend all clinical education experiences. Absences for personal reasons, including but not limited to family events, personal appointments, extracurricular activities, and outside employment, are not considered excused absences for missing clinical time.

Absences that are deemed excusable will require missed time to be made up at the convenience of the clinical coordinator and clinical preceptor(s). These hours will be made up at the same rate as those missed (1:1 ratio). Absences that are unexcused will be made up at a double rate (2:1). Counseling forms will be completed after the first absence and three or more unexcused absences will result in termination of the clinical experience.

A grade of "Incomplete" will be issued until all clinical time is completed. Due to College policy concerning malpractice insurance, make-up time can be done only when time is preapproved by the clinical coordinator. The student is responsible for scheduling to make up hours for these absences. Such sessions will be treated as assigned time and must not be arranged on days or times when the student has scheduled classes. No radiography student will be assigned or allowed to make-up clinical education during holidays that are observed by the sponsoring institution which is Wallace Community College. Refer to Wallace Community College's calendar for recognition of holidays.

NOTE: A student must report an intended absence within 30 minutes of the assigned reporting time. Counseling forms will be completed, and the student will be counseled after a student does not notify the clinical coordinator and clinical facility/preceptor within the stated 30-minute time frame and will be recorded as Absent Without Leave (AWOL). 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 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 scheduling 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 semester clinical conference and on assigned days. Failure to balance required clinical hours would result in a grade of "I", which will be submitted to the Wallace College Registrar's Office for that term. Clinical conference attendance is mandatory. Failure to attend end of semester clinical conference will result in an "I." Tardiness to a clinical conference will be treated as a clinical tardiness with a 5-point grade reduction and make up time.

Students will be required to make up their absences at their Clinical Educational Center where the time was missed unless there is a college/affiliate scheduling conflict.

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 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 by the clinical coordinator to the program director should the student incur one tardy or absence during the clinical probation period.

UNEXCUSED ABSENCES

1. 5 percentage points for each infraction up to maximum of 25% of final clinical grade
2. Written counseling
3. Make up hours are at a 2:1 ratio
4. Repeated infractions will result in recommendation for dismissal from the Program

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 PROBATION

Clinical probation time will be a determinate of the student's violation.

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.
7. Students will be responsible for payment of their medical expenses.

DRESS CODE

Students are required to always present a professional appearance. It is the patient's right to be treated with dignity and care by clean individuals; therefore, each student must practice good personal hygiene at all times. Proper dress code is required in the clinical setting, laboratory setting, during any program functions, and while in the Heersink Family Health Science Building.

Uniform Requirements

1. Students must wear the prescribed gray scrub top and gray scrub pants as designated by the Program.
2. The prescribed gray warm-up jacket with the Program patch affixed to the left sleeve is required. The top of the patch must be positioned 1½ inches below the top sleeve seam. An optional cold-weather jacket is available at the bookstore and scrub shops. Program patches must be permanently and professionally affixed to all uniform tops and jackets.
3. The designated name tags must be worn at the collar and remain visible at all times. The program-issued student radiation monitor must be worn at the collar and affixed separately from name tags. Program-issued lead markers are considered a required part of the uniform and must be properly stored according to lead marker policy guidelines when not in use.
4. A prescribed gray undershirt, free of logos or writing, may be worn under the scrub top.

Shoes

1. Only black, all-leather, lace-up athletic shoes with no colored logos are permitted.
2. Clogs, sandals, open-toe shoes, or any other non-approved footwear are not allowed.
3. Students are responsible for keeping shoes neat, clean, and polished. Shoestrings must also be kept clean.

Hair and Grooming

Hair must be of a natural color and a conservative style. For infection control, patient safety, professional appearance, and student safety, hair must be secured and controlled during all clinical, laboratory, and surgical activities.

1. Hair must be worn secured away from the face and secured up off the shoulders if it extends beyond the level of the collarbone.
2. Hair must not fall forward or require frequent adjustment during procedures.
3. Acceptable methods include, but are not limited to: buns, low or high ponytails secured tightly, braids secured and pinned up, and twists.
4. Loose hair, partially secured styles, or styles that fall forward when bending are not permitted in clinical or surgical areas.
5. Hair accessories must be clean, minimal, and professional and must not interfere with PPE or sterile technique. Beads, charms, and other hair ornamentation are not permitted.
6. During surgical rotations, all hair must be fully contained within the facility-provided surgical cap.
7. Students are responsible for ensuring their hairstyle allows them to perform clinical duties safely, comfortably, and without distraction.

Facial Hair (If Applicable)

8. Mustaches and beards must be neatly trimmed and maintained in a professional manner.
9. Facial hair must not interfere with PPE or proper mask fit.

Jewelry, Accessories, and Body Art

10. Jewelry must be kept to a minimum.
11. Numerous chains, rings, or bracelets are not allowed.
12. No visible ear, body, or tongue piercings are permitted.
13. All visible body art must be fully covered, including tattoos on the neck, ears, and hairline.
14. All accessories must be of a conservative, professional nature and approved, including false eyelashes and other beauty accessories.

Cosmetics and Nails

15. Makeup, if worn, must be conservative and professional.
16. Fingernails must be kept short and clean.
17. Clear nail polish only is permitted.
18. Artificial nails are not permitted.

Fragrance and Hygiene

19. No perfume, cologne, scented lotion, etc. may be worn.
20. Students must maintain appropriate personal hygiene to ensure a clean and professional appearance.

Compliance and Consequences

Any student found out of uniform or inappropriately dressed may be asked to leave the clinical assignment and will receive a five (5) point deduction from the Professional Conduct category of the grading criteria. This incident will be documented on a Record of Student Counseling.

Any time missed from clinical assignment due to inappropriate attire must be made up.

Uniform Vendor Requirement

For standardization, all students are required to purchase their clinical attire from a prescribed vendor.

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 professional conduct category.

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. Technical factors used specific to radiographic procedures and patients.
3. Students will be required to formulate a detailed radiographic technique chart assigned by Clinical Coordinator.
1. Listing of all clinical competencies performed. Student must include date, room, evaluator, procedure, notes, and grade.
2. Information concerning procedures which may be valuable and may be used as a resource in the future.
3. Accurate listing of patient information concerning procedures observed, assisted, and/or individually performed.
4. Any information concerning disease processes, history, diagnosis, and prognosis.
5. Student clinical requirements include acknowledgement of policies, radiation exposure reports, health documentation maintenance.

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

CLINICAL EDUCATION RECORDS SYSTEM

All student clinical records 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 in 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 and out inside the x-ray department at their assigned clinical site daily, using the Trajecsys ® clinical record keeping system. Students must use cell phone to clock in and out and must allow location services. If a department computer is used in the event that a personal phone is not available, the clock in / out must be accompanied by a time verification form completed by the technologist. Students may not clock in or out while in the parking lot. Students are expected to remain clocked in and actively engaged in clinical duties until their assigned clinical end time; clocking out early is not permitted.

C. Student logs for each clinical day.

* Students are required to submit daily logs using the Trajecsys ® program. To get full credit, students must enter logs on the same day the procedure was done. All logs should be entered within 3 days of the clinical attendance date. Any logs entered after 5 days will only receive

credit for the procedure count requirements at the end of the semester.

1. Date: Select the month, day, and year.
2. Room: Use appropriate room number or room name in the comments.
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).
8. Students may complete clinical logs only during the last 10–15 minutes of the day, in a designated non-patient/non-work area within the radiology department, and only when the department is not busy. Students must remain in the department in case assistance is needed and must use a tablet or PC (cell phones are not permitted).

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

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 (0), assisted (A), or individually performed (P).

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

D. Student evaluations

1. Students are evaluated at the end of each rotation by the technologists using the student performance evaluation located in the Trajecsys ® program.
2. Evaluations will be reviewed by faculty periodically.
3. The student evaluations 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. Procedure counts will be reviewed by the Clinical Coordinator periodically.
3. The procedure count will compose 20 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 Preceptors, faculty members, or any qualified technologist approved by the program. Each student must complete an adequate number of performances for each procedure before competency evaluation takes place.

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 preceptor or supervising technologist.
   5. 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:
   1. Assemble the accessory equipment required to perform the particular radiographic procedure

specified by the requisition.
2. Set up the examination room for the procedure before the patient enters.
3. Fill syringes with contrast material using sterile technique when appropriate.
4. 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:
1. Using patient's surname, asking for first name.
2. Checking hospital identification bracelet on patients.

D. Introduce Self to Patient
The student will:
1. Welcome patient to the department and verify his/her name.
2. Respect the patient's privacy and concern.
3. Treat each patient with dignity and concern.
4. Inform patient of what will happen during the procedure(s).
5. Explain the examination to the patient and/or to an accompanying family member.
6. Reassure patient and answer questions as appropriate.
7. 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:
1. Ascertain that correct preparation procedure was followed.
2. Instruct the patient to remove articles which will be represented on the radiograph as artifacts.
3. 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:
1. Transport patient into the examination room without injury to the patient or self.
2. Transport patient on a stretcher or in a wheelchair into the examination room.
3. Assist patient safely from the transportation vehicle to the examination table,
4. 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:
1. 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 image receptor exposure 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 image.
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 the 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 radiographic images have been seen by the radiologist.

S. Evaluate Radiographs to Determine Necessity for Repeats
The student will:
1. Safely transport image receptor(s).
2. Review images for technical quality, proper alignment of part/image receptor and tube/image receptor, and correctly placed lead marker.
3. Make certain identification information is readable and accurate.
4. Identify the need for additional or repeat radiographs.

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 technologist.

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. 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. Each competency procedure is evaluated specifically through Trajecsys® and available to students beginning in RAD 114.

CLINICAL COMPETENCY EVALUATION CRITERIA

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 a declaration of 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 the examination and will review and approve the radiographs produced by the radiography student.
5. Program Faculty and Clinical Preceptors 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. Image Receptor Exposure/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 with 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 the Program Faculty. A 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. Refer to Appendix titled Clinical Education Grading Policy.

ARRT PRIMARY CERTIFICATION AND REGISTRATION DIDACTIC AND CLINICAL COMPETENCY REQUIREMENTS

https://www.arrt.org/docs

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 clinical rotations)
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

Category	Category Total	Percentage of Total Procedures
Chest and Thorax	270	12%
Upper Extremity	157	7%
Lower Extremity	157	7%
Head	22	1%
Spine and Pelvis	337	15%
Abdomen	67	3%
Fluoroscopy Studies	247	11%
Mobile C-Arm Studies	90	4%
Mobile Radiographic Studies	180	8%

Pediatric Patient	45	2%
Geriatric Patient	225	10%
Grand Totals	1910	85%

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

15% = 337 Examinations

Total Number of Examinations Required == <u>2250</u>

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.

I. **Bone Densitometry**
II. **Cardiac Interventional**
III. **Computed Tomography**
IV. **Magnetic Resonance**
V. **Mammography**
VI. **Medical Dosimetry**
VII. **Nuclear Medicine/Molecular Imaging**
VIII. **Radiation Therapy**
IX. **Sonography**
X. **Vascular Interventional**

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. Rules and regulations for clinical education are still in effect for special area rotations. The program is not in a position to override clinical setting policies that restrict clinical experiences to students. Students are advised that placement in a special rotation is not guaranteed and is at the discretion of each clinical affiliate. Each of the

following objectives listed specific to each special rotation should be met upon completion of the rotation.

Interventional Radiology

1. Identify common interventional procedures and explain their purpose.
2. Recognize and assist with basic equipment, supplies, and room setup.
3. Describe the use and administration considerations of contrast media.
4. Apply principles of sterile technique and maintain aseptic practices.
5. Recognize patient positioning, anatomy, and basic pathology on images.
6. Demonstrate professional behavior and assist with patient care.

Radiation Oncology

1. Describe the purpose of radiation therapy and common treatments for cancer.
2. Identify major equipment (e.g., linear accelerator, simulator) and their function.
3. Explain the basics of treatment planning and dosimetry.
4. Assist with patient positioning and preparation for treatment and simulation.
5. Recognize basic treatment setup, imaging verification, and documentation processes.
6. Demonstrate professional behavior and compassionate patient care in the oncology setting.

Computed Tomography

1. Describe the purpose of CT and basic scanner operation.
2. Identify major components of the CT system and factors affecting image quality.
3. Apply radiation protection principles specific to CT.
4. Recognize patient positioning, cross-sectional anatomy, and common pathology.
5. Identify the use of contrast media and basic scan preparation procedures.
6. Assist with patient care and scan preparation while demonstrating professional behavior.

Nuclear Medicine

1. Describe the purpose of nuclear medicine and the use of radiopharmaceuticals.
2. Identify major equipment and basic imaging processes used in nuclear medicine.
3. Recognize common radiopharmaceuticals and methods of administration.
4. Apply radiation protection principles specific to nuclear medicine.
5. Recognize patient positioning, basic procedures, and anatomy/pathology demonstrated.
6. Demonstrate professional behavior and assist with patient care.

Sonography

1. Describe the purpose of ultrasound and basic imaging principles.
2. Identify common equipment, transducers, and their uses.
3. Recognize common ultrasound exams and indications.
4. Explain basic patient preparation and positioning for procedures.
5. Recognize basic anatomy and obvious pathology on ultrasound images.
6. Demonstrate professional behavior and assist with patient care.

Cardiac Catheterization

1. Describe common cardiac catheterization procedures and their purpose.
2. Identify major equipment, supplies, and imaging systems used in the cath lab.
3. Recognize basic sterile technique and procedure setup.
4. Identify cardiac anatomy, great vessels, and common pathology on images.
5. Describe the use of contrast media and basic angioplasty principles.
6. Demonstrate professional behavior and assist with patient care.

Mammography

1. Describe the purpose of mammography in the detection and diagnosis of breast disease.
2. Identify common mammographic exams, including screening and diagnostic studies.
3. Recognize standard positioning (e.g., CC and MLO views) and the role of compression.

4. Identify basic mammography equipment and quality control practices.
5. Demonstrate appropriate patient communication, professionalism, and sensitivity.
6. Observe and assist with patient care and exam preparation.

Magnetic Resonance Imaging

1. Magnetic Resonance training and screening is required for all students.
2. Students are mandated to notify the program if there is a status change regarding MRI screening.
3. Describe the purpose of MRI and basic imaging principles (e.g., T1 vs. T2 weighting).
4. Identify major MRI equipment and safety considerations.
5. Recognize patient screening, preparation, and positioning for common exams.
6. Identify the use of contrast media and basic scan procedures.
7. Recognize cross-sectional anatomy and common pathology on MRI images.
8. Demonstrate professional behavior and assist with patient care.

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. Any procedure/exam which has been used for a competency evaluation may be chosen for critique (images 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 image/procedure 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 image receptor exposure 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 radiographic images.
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 alignment or distance, source to image, object to image 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 using 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 Preceptors, and management team.
2. 10% Supervises and correlates the Clinical Preceptor 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 Preceptors, and students on a daily basis.
9. 5% Assists Clinical Coordinator in clinically related assignments.
10. 8% Confers with the Clinical Preceptors 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 PROGRAM DIRECTOR

The Program Director is a full-time faculty member of Wallace Community College, and his duties consist of organization, administration, periodic review, continual development, and general effectiveness of the Radiologic Technology Program. The Program Director also performs other assigned duties related to clinical education and adheres to all policies and procedures of the College. Program Director's responsibilities and percentage of time are as follows:

1. 5% Program organization.
2. 5% Program development.
3. 15% Program administration.
4. 10% Program evaluation.
5. 50% Program instruction.
6. 5% Other duties assigned by the Dean, Instructional Affairs or President.
7. 10% Evaluation and participation in Clinical Education

The Program Director maintains current knowledge of imaging techniques and educational methodology by attendance and participation in professional development meetings on the local, state, and national level. Qualifications for the Program Director are concurrent with the JRCERT Standards.

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 Preceptors 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 POLICY

Grading Criteria

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 declaration of competency 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 submitted into Trajecsys to the Clinical Preceptor/Coordinator for review and final grade. The Clinical Evaluator must be a qualified practitioner.

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.

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.

<u>Factors Affecting or Altering Grade</u>

1. <u>Absenteeism</u>

   A student that is absent during a semester more than 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 x 5% = 16 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
   a. 5 percentage points for each lateness infraction up to maximum of 25% of final clinical grade
   b. Written counseling
   c. Repeated infractions will result in recommendation for dismissal from the Program

3. Clinical Education Records
   Students are required to clock in and out using Trajecsys only while physically present in their assigned clinical department. Clock-in/out must occur in an approved area where phone use is permitted. Trajecsys location services must accurately reflect the student's assigned clinical location. Any discrepancies or inaccuracies in recorded location data may require additional documentation and verification upon request by program faculty. Clinical education logging records must be maintained in a detailed and accurate manner. All records will be evaluated each semester and will comprise a percentage of the student's final clinical education grade within the clinical records category. Failure to comply with Trajecsys and clinical documentation requirements—including, but not limited to, incorrect clock-in/out times, inaccurate location data, failure to clock in/out, clocking in/out from an unapproved area, or incomplete/inaccurate documentation—may result in deductions from the student's professionalism grade. Time clock errors will result in a 2-point reduction per occurrence. Failure to complete accurate forms will result in a 2-point reduction per occurrence.

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

Each radiography student must complete the total required mandatory and elective competencies (approx. 102) examinations by the end of RAD 224 - Clinical Education V.

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:

Students must notify the 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 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
Mumps
Measles
Rubella
Whooping Cough (Pertussis)
Hepatitis A
Hepatitis B
Tuberculosis
Salmonella
Food Poisoning
COVID-19 (Coronavirus)
Pneumonia
Meningococcal Disease
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 a 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 Community College, and the Radiologic Technology Program are not responsible for any cost incurred due to illness or injury.

STUDENT PREGNANCY POLICY

As a student radiographer, you may be occupationally exposed to ionizing radiation during clinical training. The U.S. Nuclear Regulatory Commission (NRC) regulation 10 CFR 20.1208 sets the dose limit to the embryo/fetus of a declared pregnant individual at 0.5 rem (500 millirem or 5 mSv) for the duration of the pregnancy. This reflects scientific understanding that the embryo/fetus is more sensitive to radiation than children or adults, particularly during the first trimester. The National Council on Radiation Protection and Measurements (NCRP) Report No. 116 supports this fetal dose limit and reinforces the need for radiation exposure to be kept As Low As Reasonably Achievable (ALARA).

Voluntary Declaration of Pregnancy

It is the student's choice whether to disclose a pregnancy. If a student chooses to do so, the declaration must be submitted in writing and must include the estimated date of conception or expected due date. Once declared, the student is classified as a "declared pregnant individual" under NRC guidelines. The declaration may be rescinded at any time, for any reason, by providing written notice to the Program Director or Clinical Coordinator.

Options for the Declared Pregnant Student

Upon written declaration of pregnancy, the student will be provided with a copy of NRC Regulatory Guide 8.13: "Instruction Concerning Prenatal Radiation Exposure." The following options are available:

a. Continue in the Program Without Modification

The student may continue with all scheduled clinical and didactic activities without modification. Radiation exposure will continue to be monitored, and reasonable efforts will be made to ensure that the total fetal dose does not exceed 500 millirem (5 mSv) throughout the pregnancy. To reduce exposure, students are encouraged to:

- Minimize time spent in radiation areas
- Maximize distance from the source
- Use proper shielding (e.g., lead aprons, thyroid shields)

b. Request Modified Clinical Assignments

The student may request adjustments to clinical rotations to minimize exposure to ionizing radiation. Clinical coordinators and the program director will work with the student to develop an alternate schedule that allows continued program participation, if feasible, without exceeding fetal dose limits.

c. Request a Temporary Leave of Absence or Withdrawal

If desired, the student may request a leave of absence or withdrawal from the program for the duration of the pregnancy. If the leave is less than one year, the student may re-enter the program at the same point they left, contingent on space and clinical availability. If more than one year has elapsed, reapplication to the program will be required.

Consultation and Support

Students are encouraged to consult with the Radiation Safety Officer (RSO) and their personal healthcare provider to make an informed decision. No student will be penalized, discriminated against, or delayed in program completion solely for choosing to declare or not declare a pregnancy. Students may elect to consult with the College's Title IX coordinator for assistance with additional resources.

Please check the appropriate boxes and sign below.

☐ I have received and reviewed NRC Regulatory Guide 8.13: Instruction Concerning Prenatal Radiation Exposure.

☐ I understand the fetal dose limit of 500 millirem (5 mSv) and the importance of ALARA principles.

☐ I choose to voluntarily declare my pregnancy and provide the following information:

☐ I understand that I may revoke this declaration at any time in writing.

☐ I have discussed available options with program officials and have selected the following:

☐ Continue in program without modification

☐ Request modified clinical assignment

☐ Request leave of absence or temporary withdrawal

Student Signature: _____ Date: _____

Program Officials' Acknowledgement

This section confirms receipt of the student's declaration and related materials.

Role	Name & Signature	Date
Program Director	_____	_____
Clinical Coordinator	_____	_____

RADIATION SAFETY POLICY

All radiology students are to follow the ALARA concept. ALARA is an acronym for **A**s **L**ow **A**s **R**easonably **A**chievable. 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 radiographic exposure.**

Shielding

Consistent with The Joint Review Committee on Education in Radiologic Technology (JRCERT) Standards for an Accredited Educational Program in Radiography Standard Five, policies/processes are in place to ensure students are educated on the importance of the proper use of shielding and optimal use of radiation to promote the health and safety of students, patients, and the public. Gonadal and fetal shielding should be used when it will not interfere with the purpose of the examination.

Dosimetry Monitors

Safety Precautions for Dosimetry Monitors:

1. Never leave the radiation monitor in an area where external radiation is being used.
2. Never expose radiation monitor to intense sunlight or extreme temperatures.
3. Never wash or dry the radiation monitor.
4. Always remove the radiation monitor before doing any type of radiographic studies.
5. Never place a radiation monitor on top of the 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 a radiation monitor 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 having their radiation monitors read at the assigned times (quarterly, for collar dosimeters and monthly for fetal). Monitors should be turned in at the end of each semester.
4. The Clinical Coordinator receives a dosimetry report from Flowers Hospital, which has been reviewed by the Radiation Safety Officer. The report is released to the student within 30 days of receipt of the data. It is the responsibility of each student to review their personal dosimetry report and complete the acknowledgement in Trajecsys®.
5. The reports are reviewed by the Clinical Coordinator and Radiation Safety Officer to ensure students do not exceed the maximum permissible dose for 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. The Radiography Program has identified a threshold dose well below those identified in federal guidelines. Student radiation reports exceeding 50 mrems/month (whole body deep) will be counseled by the clinical coordinator. A record of student counseling will be maintained.
7. In-services will be held on proper reading and exchange of radiation monitor for monitoring students.

PATIENT SHIELDING POLICY FOR RADIOGRAPHY STUDENTS

Purpose

The purpose of this policy is to ensure that patients undergoing radiographic procedures receive the highest standard of radiation protection. Patient shielding remains a professional expectation for student radiographers and supports the ALARA (As Low As Reasonably Achievable) principle.

Policy Statement

Manual Technique Selection

All students are required to set manual exposure techniques when performing radiographic examinations. Because manual techniques are mandated, the concern regarding increased patient dose when lead shields are used with Automatic Exposure Control (AEC) is not applicable in this program.

Use of Patient Shielding

Students must provide gonadal shielding whenever shielding does not obscure the anatomy of interest. The ASRT Practice Standards support shielding in all cases where diagnostic information will not be compromised.

Exceptions to Shielding

Gonadal shielding may be omitted only when: The shield covers anatomy of interest (e.g., abdomen, pelvis, hip studies).

A clinical preceptor or supervising technologist determines that shielding will compromise diagnostic quality.

Clarification of National Statements

Recent ACR statements suggest that routine gonadal shielding is not necessarily due to “no conclusive evidence” of measurable patient benefit.

It is important to understand that this statement reflects the difficulty in proving direct biological effects from low-level radiation exposure — not that such exposure is harmless.

Shielding remains a prudent, low-cost, and effective method of reducing unnecessary patient exposure and maintaining patient confidence in radiologic practice.

Rationale for Shielding

Shielding decreases radiation dose to radiosensitive tissues and reproductive organs.

Consistent use of shielding reflects the radiographer’s commitment to ALARA and professional responsibility.

Shielding reassures patients that all reasonable efforts are being taken to minimize their exposure.

Student Accountability

Students are responsible for applying shielding during all applicable radiographic procedures.

Failure to comply with this policy may result in remediation and/or disciplinary action, as shielding is considered a required standard of care within this program.

References

ASRT (American Society of Radiologic Technologists). Practice Standards for Medical Imaging and Radiation Therapy. Revised 2020.

ACR (American College of Radiology). ACR–SPR Practice Parameter for Imaging Pregnant or Potentially Pregnant Adolescents and Women with Ionizing Radiation. Revised 2020.

ARRT (American Registry of Radiologic Technologists). Standards of Ethics. Updated 2022.

JRCERT (Joint Review Committee on Education in Radiologic Technology). Standards for an Accredited Educational Program in Radiography. 2021.

NCRP (National Council on Radiation Protection and Measurements). Report No. 174: Preconception and Prenatal Radiation Exposure: Health Effects and Protective Guidance. 2013.

LEAD MARKER PLACEMENT POLICY

Any second year Radiography student that accumulates five or more images that are not correctly marked will be suspended from 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 contain 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 Preceptors, Radiologists and Program Faculty. The accumulation count will be recorded in the student's Clinical Education Record Book.

PROFESSIONAL LIABILITY INSURANCE POLICY

Student liability insurance through the Wallace College Radiography Program is mandatory for all students registered for all radiography courses. This insurance coverage is a requirement of each allied health program. This liability insurance cannot be waived. This fee is payable during registration each semester. Students will not be allowed into the lab or clinic until confirmation of payment has been obtained. 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 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 Associate Dean 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.

3. 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.
4. Students scheduled for random screening will be individually notified and required to report for testing at a designated location by a designated time.
5. 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.
6. 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.
7. 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 the 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

ARRT Code of Ethics

American Registry of Radiologic Technologists® Standards of Ethics can be viewed on the ARRT website at ARRT.org. Students in the [Program Name] are required to conduct themselves in a manner consistent with the ARRT Standards of Ethics.

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

1. The radiologic technologist acts in a professional manner, responds to patient needs, and supports colleagues and associates in providing quality patient care.

2. The radiologic technologist acts to advance the principal objective of the profession to provide services to humanity with full respect for the dignity of mankind.

3. The radiologic technologist delivers patient care and service unrestricted by the concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, familial status, disability, sexual orientation, gender identity, veteran status, age, or any other legally protected basis.

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

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

6. The radiologic technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.

7. The radiologic technologist uses equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice, and demonstrates expertise in minimizing radiation exposure to the patient, self, and other members of the healthcare team.

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

9. The radiologic technologist respects confidences entrusted in the course of professional practice, respects the patient's right to privacy, and reveals confidential information only as required by law or to protect the welfare of the individual or the community.

10. The radiologic technologist continually strives to improve knowledge and skills by participating in continuing education and professional activities, sharing knowledge with colleagues, and investigating new aspects of professional practice.

11. The radiologic technologist refrains from the use of illegal drugs and/or any legally controlled substances which result in impairment of professional judgment and/or ability to practice radiologic technology with reasonable skill and safety to patients.

INSTITUTIONAL POLICIES

For information related to institutional policies related to student activities, please refer to the Wallace Community College Student Handbook: https://catalog.wallace.edu/student-handbook

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

The Wallace Community College Radiologic Technology Program is accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT) and complies with the JRCERT Standards for an Accredited Educational Program in Radiography. These standards are available online at www.jrcert.org under the "Programs & Faculty" section.

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 Student and Clinical Education Handbook for student radiographers at Wallace College. 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®.