



Radiography Program

Student Handbook
2026-2027

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Chattahoochee Technical College Mission Statement

The mission of Chattahoochee Technical College, a unit of the Technical College System of Georgia, is to transform the lives of individuals and strengthen the workforce in the communities we serve through contemporary education.

Radiography Mission Statement

Consistent with the vision and mission statements of Chattahoochee Technical College, the Radiography Program will be a leader in workforce development by providing an educational experience that prepares graduates with the necessary skills and proficiency required of a competent entry-level technologist, while reinforcing a strong work ethic. The program will utilize a competency-based evaluation system to assess the level of skill proficiency and the utilization of critical thinking and problem-solving skills and safety relative to clinical procedures and patient care. A variety of clinical education settings and procedures will provide program participants with a well-rounded educational experience.

Radiography Program Goals

To support our program mission, the radiography program has established the following program goals and student learning outcomes:

Goal: The student will be clinically competent.

Student Learning Outcome: Student will utilize and demonstrate appropriate radiation safety practices.

Student Learning Outcome: Student will demonstrate appropriate speed when performing radiographic images.

Goal: The student will effectively communicate.

Student Learning Outcome: Graduates and students will demonstrate effective communication skills with patients.

Student Learning Outcome: Students will demonstrate effective written communication skills.

Goal: The student will demonstrate critical thinking skills.

Student Learning Outcome: Student will display appropriate critical thinking and problem-solving skills during trauma procedures.

Student Learning Outcome: Student will display appropriate measures to correct inadequate images.

Please Note:

Periodically, it will be necessary to revise existing program guidelines, or to publish new guidelines, in order to meet the needs of the sponsoring institution (Chattahoochee Technical College), the clinical affiliates, and to meet JRCERT Accreditation Standards.

Students will be notified of any and all changes (in writing) prior to implementation. Revised (or new) guidelines will be discussed and students will have an opportunity to ask questions for clarification. Each student will be responsible for adding these changes to the current student handbook.

The ARRT Code of Ethics

(also adopted by the ASRT)

The Code of Ethics forms the first part of the Standards of Ethics. The Code of Ethics shall serve as a guide by which Registrants 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 Registrants 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 Registrant acts in a professional manner, responds to patient needs, and supports colleagues and associates in providing quality patient care.
2. The Registrant acts to advance the principal objective of the profession to provide services to humanity with full respect for the dignity of humankind.
3. The Registrant 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 Registrant 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 Registrant assesses situations; exercises care, discretion, and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.
6. The Registrant 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 Registrant 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. Registrant practices ethical conduct appropriate to the profession and protects the patient's right to quality radiologic technology care.
9. The Registrant 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 Registrant 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 Registrant 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

The Radiologic Technologist continually strives to improve knowledge and skills by participating in continuing educational and professional activities, sharing knowledge with colleagues and investigating new aspects of professional practice.

Clinical Affiliates & Clinical Instructors

AdventHealth Redmond (AHR) 501 Redmond Road Rome, GA 30165 <u>706-802-3040</u> <i>Matt Russell, RT</i>	Atrium Floyd Medical Center (FMC) 304 Turner McCall Boulevard Rome, GA 30165 <u>706-509-6279</u> <i>Brandis Nelson, RT</i> <i>Stephanie Teems, RT</i>	Atrium Polk Medical Center (PMC) 2360 Rockmart Highway Cedartown, GA 30125 <u>770-749-4063</u> <i>Shaunda Farrington-Hardwick, RT</i>
Emory Johns Creek Hospital (EJC) 6325 Hospital Parkway Johns Creek, GA 30097 <i>Christian Haney, RT</i>	Emory University Hospital (EUH) 1364 Clifton Road NE Atlanta, GA 30322	Emory University Hospital Midtown (EUM) 550 Peachtree Street NE Atlanta, GA 30308 <i>Melissa Maldonado, RT</i> <i>Nicole (Cole) Stump, RT</i>
Emory University Hospital – Winship Cancer Institute (EUH-W) 1365 Clifton Road, Building C Atlanta, GA 30322 <i>Alexandria Simmons, RT</i> <i>Marcus Evans RT</i> <i>Rachel Blanding, RT</i>	Emory University Hospital Midtown – Winship Cancer Institute (EUM-W) 36 Linden Avenue Atlanta, GA 30308 <i>Kaitlyn Faulds, RT</i>	Northside Hospital Cherokee (NHC) 450 Northside Cherokee Boulevard Canton, GA 30115 <u>770-224-1416</u> <i>Ashley Jett, RT</i> <i>Kennedy Griffeth, RT</i>
Northside Marietta Imaging (NMI) 780 Canton Road NE, Suite 230 Marietta, GA 30060 <u>770-792-1234 ex. 1240</u> <i>Jennifer Galloway, RT</i> <i>Jessica Cannon, RT</i>	Outpatient Imaging Center (OPI) 2000 Village Professional Dr, Suite 100 Canton, GA 30114 <u>(404) 225-5674</u> <i>Nicci Johnson, RT</i>	Piedmont Cartersville (PCMC) 960 Joe Frank Harris Parkway SE Cartersville, GA 30120 <u>470-490-1955</u> <i>Shane Perdue, RT</i> <i>Brandi New, RT</i> <i>Eric Jordon, RT</i>
Piedmont Ellijay (PE) 370 Highland Drive, Suite 100 East Ellijay, GA 30540 <u>706-515-4015</u> <i>Rebecca Seabolt, RT</i>	Piedmont Mountainside (PMH) 1266 Hwy 515 S Jasper, GA 30143 <u>706-301-5415</u> <i>Chelsea Berens, RT</i>	Pinnacle Orthopedics (PO) 300 Tower Road, Suite 200 Marietta, GA 30060 <u>770-427-5717 Ext. 500</u> <i>David Martin, RT</i>

Wellstar Acworth Health Park (AHP) 4550 Cobb Parkway NW, Suite 109 Acworth, GA 30101 <u>470-956-0081</u> <i>Wendy Snipes, RT</i> <i>Julie Robinson, RT</i>	Wellstar Cherokee Health Park (CHP) 1120 Wellstar Way, Suite 104 Holly Springs, GA 30114 <u>706-301-5415</u> <i>Natalie Williams, RT</i>	Wellstar Cobb Hospital (CH) 3950 Austell Road Austell, GA 30106 <u>470-732-3514 - Main</u> <u>470-732-3804 - ER</u> <i>Dimple Trevino, RT</i> <i>Jennifer Marvin, RT</i>
Wellstar (South) Cobb Imaging (COP) 3950 Austell Road Austell, GA 30106 <u>470-732-5645</u> <u>470-732-5646</u> <i>Don Larsen, RT</i> <i>Cindy Montgomery, RT</i>	Wellstar Douglas Hospital (DH) 8954 Hospital Drive Douglasville, GA 30134 <u>470-644-6507</u> <i>Marcy Marlow, RT</i> <i>Missy Cobb, RT</i> <i>Amanda Reese, RT</i> <i>Yelkys Ferreira, RT</i> <i>Kaylee Medrano, RT</i>	East Cobb Imaging (EC) 3747 Roswell Road Marietta, GA 30062 <u>470-956-8772</u> <i>Shannon Goehring, RT</i> <i>Emma Blasingame, RT</i> <i>Tara Cochran, RT</i>
Wellstar Kennestone Hospital & Imaging Center (KH & 210) 677 Church Street Marietta, GA 30060-1101 <u>770-793-5521- Main</u> <u>770-793-7712 - 210 Outpatient</u> <i>Christy Sinclair, RT – KH</i> <i>Angie Barnett, RT – KH</i> <i>Nataly Fussell – KH</i> <i>Jamie McKinley, RT – 210</i> <i>Bridget Monroe, RT – 210</i>	Kennestone Imaging – Tower (Tower) 355 Tower Road, Suite 202 Marietta, GA 30060 <u>470-245-9892</u> <i>Ryan Emanuel, RT</i>	Wellstar Paulding Hospital (PH) 2518 Jimmy Lee Smith Parkway Hiram, GA 30141 <u>470-644-7186</u> <i>Emma Boston, RT</i> <i>Laurie Reynolds, RT</i> <i>Robin Sowders, RT</i>
Paulding Imaging Center (PIC) 148 Bill Carruth Parkway, Suite LL20 Hiram, GA 30141 <u>470-644-8115</u> <i>Josh Romero, RT</i> <i>Brandi Jones, RT</i>	Wellstar Vinings Health Park (VHP) 4441 Atlanta Road SE, Suite 101/102 Smyrna, GA 30080 <u>470-956-0367</u> <i>Donna Daniel, RT</i> <i>Brenda Rosser, RT</i>	Wellstar Windy Hill Hospital (WH) 2540 Windy Hill Road Marietta, GA 30067 <u>770-644-1240</u> <i>Eline Rodriguez, RT</i>

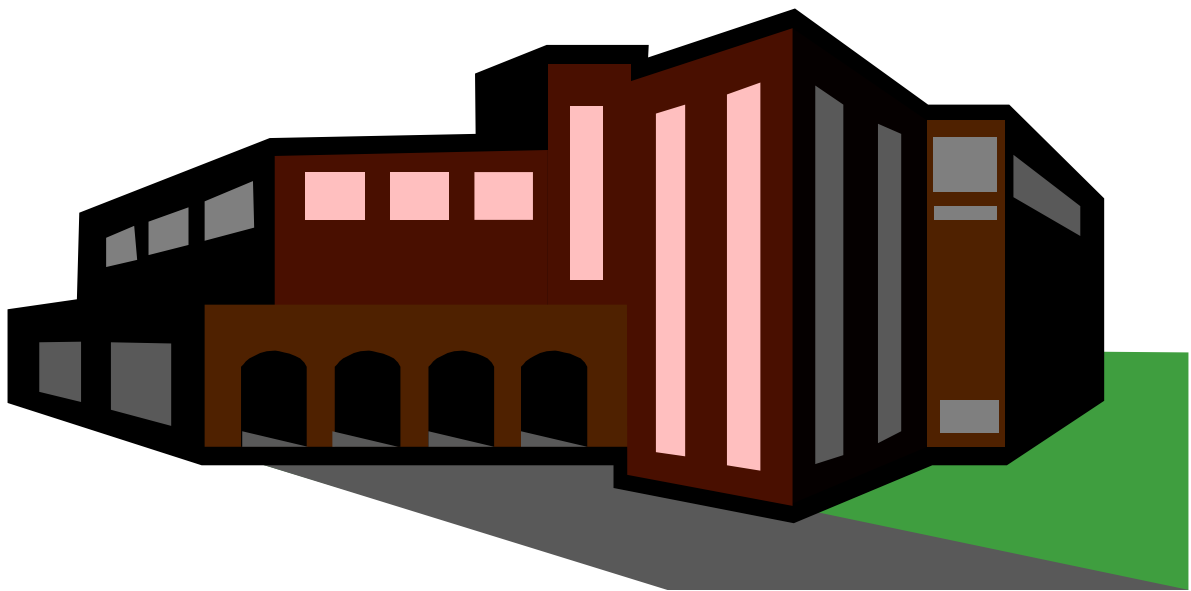
Program Directory

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Program Curriculum

Course #	Course Name	Pre-requisites/Co-Requisites	Contact Minutes	Credit Hours
First Semester (Fall)				
RADT 1010	Introduction to Radiography	Program Admission, Co- RADT 1030, RADT 1320	3750	4
RADT 1030	Radiographic Procedures I	Program Admission, BIOL 2113 & 2114, Co- RADT 1010, RAD 1320	3750	3
RADT 1320	Clinical Radiography I	Co- RADT 1030	9000	4
RADT 1065	Radiologic Science	Co-RADT Program Admission	1500	2
TOTAL CREDIT HOURS FOR THE TERM				13
Second Semester (Spring)				
RADT 1060	Radiographic Procedures II	Pre-Req, RADT 1010, RADT 1030/ Co-Req RADT 1330 RADT 1065	3750	3
RADT 1075	Radiographic Imaging	Pre-Req, RADT 1010, RADT 1030/ Co-Req RADT 1330 RADT 1065	3750	4
RADT 1330	Clinical Radiography II	Pre-Req, RADT 1010, RADT 1030, RADT 1320/ Co-req, RADT 1060 RADT 1065	15750	7
TOTAL CREDIT HOURS FOR THE TERM				14
Third Semester (Summer)				
RADT 1200	Principles of Radiation Biology and Protection	Program Admission	1500	2
RADT 2090	Radiographic Procedures III	Pre-req, RADT 1060/ Co-Req, RADT 2340	3000	2
RADT 2340	Clinical Radiography III	Pre-Req, RADT 1330	13500	6
RADT 1085	Radiologic Equipment	Program Admission	3000	3
TOTAL CREDIT HOURS FOR THE TERM				13
Fourth Semester (Fall)				
RADT 2260	Radiologic Technology Review	Pre-req: All Required, Co-req. All Required	2250	3
RADT 2360	Clinical Radiography IV	Pre-Req, RADT 1010, RADT 2090, RADT 2340	20250	9
TOTAL CREDIT HOURS FOR THE TERM				12
TOTAL CREDIT HOURS FOR THE TERM				52

Academic Guidelines



Graduation Requirements

In addition to the graduation requirements published in the Chattahoochee Technical College catalog, the following are **program-specific graduation requirements**. The full Chatt Tech catalog can be found at www.chattahoocheetech.edu.

Program-Specific Graduation Requirements:

In order for the program director to certify program completion for ARRT eligibility purposes, each student must successfully complete all of the following:

- ☐ RADT prefix courses with a final average of **70% or higher** (*see grading scale guideline*)
- ☐ required clinical rotation hours
- ☐ published ARRT competency requirements for the radiography examination
- ☐ terminal competency examinations with a final score of **80% or higher** for each portion of the terminal competency evaluation
- ☐ terminal examination with a final score of **75% or higher**

A detailed discussion of each item will be presented during the new student orientation.

Program Grading Scale

The Radiography Program utilizes the following grading scale for all didactic and clinical courses (RADT prefix).

Course final average	Letter Grade:
90 % - 100 %	A
80 % - 89 %	B
70 % - 79 %	C
60% -69%	D (failing grade in program)
Below 60 %	F

1. Grades will be issued at the completion of each semester. Students may be advised of their individual course standing / numerical grade prior to the end of semester completion. (instructor courtesy)
2. Students **must** maintain a cumulative course numerical grade average of **70 % or higher** in all Radiography Program courses (RADT prefix), as calculated at the end of each semester, to advance in the Radiography Program.

3. Students will be awarded the grade of D or F in the Radiography Program for failure to maintain a final numerical course grade average of 70 % in all RADT courses. Students must pass all RADT courses with a **“70%” or higher**.
4. Minimum score of 75% is required on all exams. If 75% is not obtained, the student will have one attempt to remediate and re-test to score 75% or higher. The original grade will be recorded in the course gradebook. The second exam will cover the same content, but may be composed of different questions than the original exam. Students who are unsuccessful on their remediation and re-test will be assigned a grade of “F” for the given course. This process will ensure adequate competency on radiologic concepts and success on the ARRT national exam.
5. See readmission guidelines/procedure in the School of Health Sciences Handbook

Classroom and Lab Cleanliness (Programmatic)

In order to ensure a clean environment in the classroom and lab, **no food or beverages will be allowed in the classroom unless permitted by the program director or instructor**. Each student is responsible for maintaining a clean desk area. Students are responsible for discarding of their trash in the appropriate places. Students are **not** allowed to have food or beverages in the equipment area of the classroom or lab at any time.

Classroom and Lab Accessibility

Students will have access to classrooms and labs during the class hours indicated on the semester schedule of classes. If a student desires access to the classroom or lab outside of these hours, prior arrangement should be made with the course instructor. Each classroom or lab will be locked when classes are not scheduled for that room.

It is the student's responsibility to notify the instructor if they are experiencing difficulty in learning the material assigned in this class. The instructor will work with students individually to help overcome any obstacles that may impede the learning process.

For support services, see the School of Health Sciences Handbook.

Classroom and Lab Management Plan

Many courses include hours designated as lab hours. During these hours, the student is expected to complete lab assignments as determined by the instructor. The instructor will monitor the lab, while providing direction and instruction.

While in the radiography lab area, students are expected to adhere to the following policies and procedures:

- ❑ **No food or drink is allowed in the lab at any time.**
- ❑ No children are allowed in the lab area at any time.
- ❑ No electronic device usage during lab.
- ❑ The student will not move any electrical equipment or connections. If a connection needs to be replaced or connected, it should be reported to the instructor. Any electrical problems

(e.g. frayed wires, poor connections, loose plugs) or equipment damage is to be reported to the instructor immediately.

- ❑ Lab experiments are to be performed **under direct supervision only**. Students will not be allowed to operate equipment in the Radiography lab without the presence of an Instructor/Program faculty member. Radiation exposures will only be conducted on phantoms or inanimate objects.
- ❑ Each student is responsible for cleaning up the lab area after use. Keep floors and walking areas clear of any impediment.
- ❑ Students are allowed to attend lab sessions only during the designated lab time he / she is assigned. Lab groups will contain no more than 15 students.
- ❑ Students are NOT to wear open toed shoes when at any time while in the lab area. This is for liability reasons.
- ❑ 5-points will be deducted from Lab Practical Scores or Terminal Comps if open toed shoes are worn.
- ❑ Live work will not be performed in the Radiography lab. This is defined as any work performed by students or instructors of Chatt Tech that requires the payment of fees or any other guarantee written or implied.
- ❑ Under no circumstances will the student position themselves in the x-ray beam (e.g. Holding image receptors, phantoms, etc.) Students are required to stand behind the barrier wall when making exposures
- ❑ Always keep doors to the radiation area **closed** when exposures are being made
- ❑ Students must wear dosimeters while conducting experiments in the energized lab. Students without their dosimeter will not be allowed to enter the lab space and will be counted absent for the day.
- ❑ Return all equipment to its proper storage place
- ❑ Turn off all machines after use.
- ❑ **All accidents** will be reported to the Radiography Program Director/ Instructor, an incident report must be filled out immediately
- ❑ **Any student who purposefully radiates another student or any other human being will be subject to the Grade Appeal Process and be referred to the Student Conduct Office**

Telephones/Cell Phones/Electronic Devices

Clinical Assignments:

Student radiographers are not to have their personal cell phones on their body during clinical rotations. Cell phones are to be kept with the student's personal belongings, e.g. purses, bags, lockers, etc. Personal phone calls on cell phones, or if the student wishes to check their phone messages, may be done during lunch or on approved breaks away from the clinical area, unless against the guideline of that institution or area. "Smart watches" are likewise prohibited while in clinical rotations. Emergencies may be communicated to students by calling the clinical site; however, this method of communication is not appropriate for routine messages/conversations. Clinical rotation sites may elect to send the student home in addition to the issuance of a written warning if this guideline is violated.

Classroom & Lab:

In order to maintain an environment conducive to learning cell phones brought in to the classroom or lab **must be turned off or be placed on silent mode, and placed out of sight during instructional time.** "Smart watches" should be silenced, and put away during exams, lectures, and labs. Students are required to store personal effects before a given exam begins. Students seen possessing a personal electronic device during an exam will be subject to the terms located in the School of Health Sciences Handbook.

Computer Usage at Clinic:

Students are not allowed to use hospital/facility computers for schoolwork or for personal use while they are at clinic. Disciplinary action for guideline violation includes program suspension and inability to continue in the program for repeat offenses.

Student Employment

Some students may be offered the opportunity to be employed by clinical affiliates while in the program. If given that opportunity, it is the student's responsibility to speak with the hospital/outpatient sites security department and have security issue the student a separate identification badge. This badge is to be worn only when the student is working and not when the student is at the clinical site in a student capacity. The student will be responsible for wearing the correct badge at the clinical site. If the student is caught wearing the employee badge while performing clinical hours for the program, the student will be issued a reprimand. Our accrediting agency requires that students not misrepresent themselves during their clinical hours by wearing a badge stating they are an employee. If students are employed at other facilities, they are NOT to wear their student badge while working at any clinical facility.

Students are also advised that they are **NOT** allowed to receive clinical competencies when they are at the clinical site in an employment capacity. This would not allow for equitable learning opportunities for the students that are not employed. If a student is caught attempting to receive a competency while working at the facility, then the student will receive a write up and the competency will be void. Students may **not** complete clinical program "make up hours" while employed by a clinical site. This guideline is in effect in order to clearly differentiate between a student's employment and their clinical education.

Drug & Alcohol Usage

This guideline was written in conjunction with the Student Services Department in order to comply with JRCERT requirements.

It is the guideline of the Radiography Program to observe a zero-tolerance guideline relative to the use and / or possession of illicit drugs and alcohol. This guideline will apply to all enrolled radiography students. Furthermore, it is the guideline of the program to prohibit the unauthorized possession or use of alcohol, controlled substances, or illegal drugs. Students are prohibited from reporting to class or clinical assignments under the influence of alcohol, illegal drugs, or controlled substances not prescribed to them by a physician or other licensed healthcare practitioner.

Indicators for "reasonable suspicion" that a student may be under the influence of alcohol, unauthorized narcotics, or controlled substances or illegal drugs include (but are not limited to):

- a. bizarre or unusual behavior

- b. slurred speech, the smell of alcohol on the breath, irrational behavior
- c. repeated mistakes or accidents not attributable to other factors
- d. violation of safety rules / policies and procedures which potentially jeopardize the wellbeing of patients, hospital employees, fellow students, and / or others
- e. deteriorating clinical performance or attendance problems not attributable to other factors
- f. apparent physical state of intoxication or drug induced impairment of motor functions

If it is determined that a drug or alcohol screen is necessary, the program director will:

1. Take the student to a quiet and private area and express concern that the student does not appear to be able to perform his / her duties at this time and that the student is suspected to be under the influence of some substance.
2. Depending on the student's condition, the presence of hospital security may be requested.
3. The student will be sent home after the program director has arranged transportation with the student's relative, emergency contact individual or other responsible adult.
4. The program director will document the observed behavior, which will be maintained in the student's file.
5. A drug or alcohol screen will be required within 24 hours at the student's expense. **The burden of proof shall rest with the student.** If the student refuses to comply with the test within the 24-hour deadline, they will receive a grade of "F" for the current clinical course and will be subject to the grade appeal process and be referred to the student conduct office.

If the results are positive, unless the student is able to produce a medically acceptable prescription dated prior to the test. The student will receive a grade of "F" for the current clinical course and will be subject to the grade appeal process and be referred to the student conduct office.

Title 20-1 of the Official Code of Georgia Annotated: *any student of a public educational institution who is convicted, under the laws of the state, the United States, or any other state, of any felony offense involving the manufacture, distribution, sale, possession, or use of marijuana, controlled substance, or a dangerous drug shall as of the date of conviction be suspended from the public educational institution in which such person is enrolled. Except for cases in which the institution has previously taken disciplinary action against a student for the same offense, such suspension shall be effective as of the date of conviction, even though the educational institution may not complete all administrative actions necessary to implement such suspension until later.*

Purpose:

To clarify the program's position on the use and possession of alcohol and / or illicit drugs on hospital property or clinical / classroom areas.

Definitions:

Illicit drugs: any drug, medication or controlled substance not prescribed for the individual by a licensed healthcare practitioner. This definition is extended to include controlled substances, illegal drugs including, but not limited to, marijuana, methamphetamine, cocaine, and heroine.

Drug Testing at Clinical Sites: It is the guideline of some hospitals to conduct random or scheduled drug testing. Students may be asked to submit a random drug screen at the request of the clinical facility. (This is done for the purpose of maintaining hospital accreditation.)

The Drug & Alcohol guideline is also in effect for any off-campus activities. Students are still affiliated with Chatt Tech and must abide by all policies whether students are on or off campus.

Mandatory Drug Testing and Background Check

In order to provide competent health care workers and be in compliance with clinical agency contracts, each student will be required to submit to drug screening as well as a criminal background check once being admitted into the Radiography Program. Cost associated with these screenings will be paid for by the student. The Radiography Program and the various clinical facilities associated with the program may also conduct random drug screenings.

Positive Drug Screens

It is unacceptable for students to have illegal drugs in their system, to be under the influence of alcohol, or to have levels of legal drugs which are not disclosed and/or for which no prescription can be produced. Positive findings on a drug screen or refusal to submit to a requested drug screen will prevent the student from being placed in the clinical education setting. Therefore, the student will not be able to complete the program.

Diluted Drug Screens

If a student's drug screen sample is found to be diluted, the student will have one opportunity to provide an undiluted sample. Any cost associated with the second test will be paid by the student. The timing of the second test will be determined by program faculty.

If the student provides a second diluted sample or refuses to submit to a requested drug screen will result in ineligibility to be admitted to the program.

Positive Criminal Background Checks

If a student has been convicted of a misdemeanor or felony (excluding misdemeanor speeding convictions, unless they are related to alcohol or drug use) they are required to report this to the American Registry of Radiologic Technologists, which is the Radiography certifying agency. The ARRT may decide to act in the denial of the student's application for certification. (See www.arrt.org for the Pre-Application Review of Eligibility for Certification.) The student may also be prohibited from attending the required clinical rotations due to a positive background check, which would prevent the student from completing the Radiography program.

Communicable Diseases

This guideline was written in order to comply with JRCERT Accreditation Standards.

A communicable disease guideline is necessary to safeguard the health and safety of the student radiographer and patient alike. All students are required to report any communicable disease(s) contracted in or out of the hospital clinical site immediately to the Clinical Coordinator and Program Director.

A communicable disease is defined as a disease that may be transmitted directly or indirectly from one individual to another. Examples include, but are not limited to influenza and conjunctivitis. Students with a suspected or confirmed communicable disease **will not be permitted to report to clinical sites or to class**, in order to ensure the health of others and compliance with infection control procedures. Upon confirmation, the student will not return until appropriate documentation clearing them is submitted. No exceptions to this guideline will be made.

For communicable disease exposure at clinical sites

The student will complete an institutional incident report and forward it in accordance with clinical site guideline. In addition, the supervising technologist must complete a Chattahoochee Technical College Incident Report. This incident report must be forwarded to the Clinical Coordinator within 24 hours of the exposure.

The student must report to either their private physician or site emergency room **the same day as the exposure** for evaluation and treatment (if necessary). Documentation of this visit must also be forwarded to the clinical coordinator within 24 hours of exposure. The provider should send any bills related to this evaluation to:

Chattahoochee Technical College (Marietta Campus)
Christine Yarborough
980 South Cobb Drive
Marietta, GA 30060
Office B152
(770) 528-3975
Christine.Yarbrough@chattahoocheetech.edu

Payment for medical attention received will be made from the student services accident insurance guideline. The premium for this guideline is paid each semester as part of the "student services fee" at the time of registration.

The exposed student will be required to follow through on subsequent blood or medical treatment as deemed necessary by the healthcare provider. Documentation must be submitted to the program office. Failure of the student to follow through will release the school from liability.

Students are NOT to have paperwork filled out as if it were a "workman's comp" case, when being seen by the physician.

For communicable diseases acquired outside of school activities

The student must submit documentation from their personal physician (or local health department) clearing them to return to didactic and clinical assignments. **The student** is responsible for all charges related to medical evaluation and treatment.

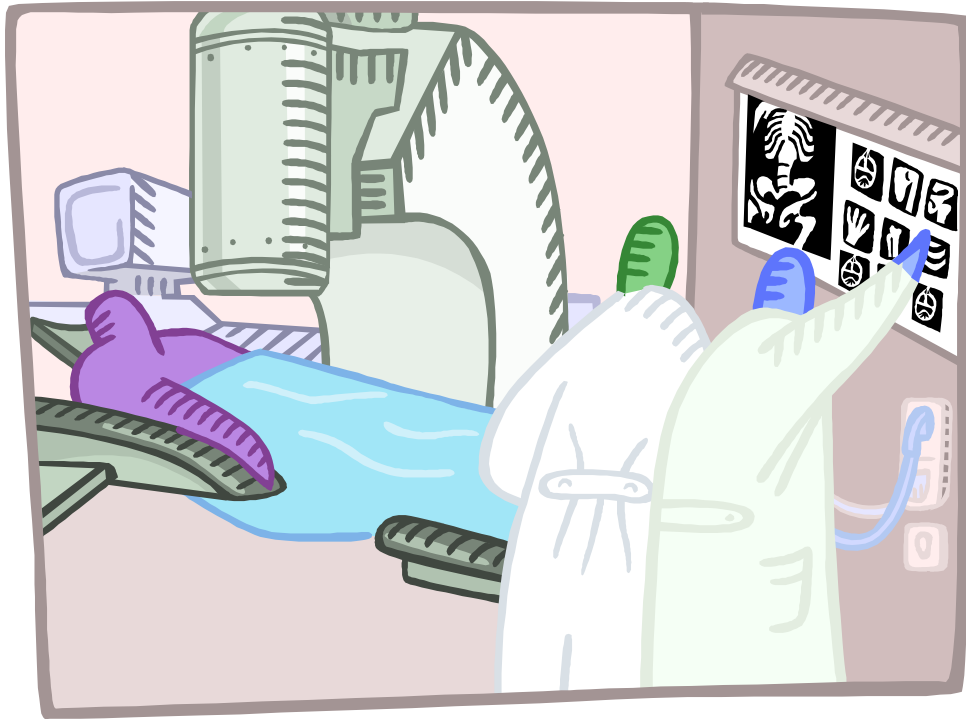
Posting of Assignment and Exam Scores

All quizzes, tests, and examinations will be graded and results provided to students within a “reasonable amount of time”. Whenever possible, results will be communicated to students within **one week** (7 days) from a testing session. With the exception of final examinations, quizzes and tests will be distributed during a regularly-scheduled class session and reviewed.

Calculators

Calculators may be used assignments and examinations. Only simple (4-function), non-programmable calculators will be permitted. Cellular telephones and other devices will not be permitted.

Clinical Guidelines



Uniform Requirements, Grooming Standards and Uniform Restrictions

It is the guideline of the Radiography Program that all student radiographers conform to uniform requirements at all times. The uniform requirements are as follows:

1. Pewter colored scrub tops (with school patch) and pewter colored scrub pants. **The school patch should be sewn onto the left shoulder, with the top of the patch 2.5" below the top shoulder seam.**
2. **White** or **black** leather uniform shoes or **solid white** or **solid black** leather (or other non-absorbing material) athletic shoes. Canvas shoes are not permitted. Any shoe that does not completely cover the foot is not permitted (e.g. shoes with open backs). Uniform shoes and athletic shoes will be solid white or black only. (Not a mix of colors on the shoes.)
3. Socks that match the shoe are required.
4. Clothing should fit properly. Clothing that is too tight or transparent is not appropriate.
5. If a student wishes to wear an undershirt beneath the uniform top, it must be plain white, gray, or black in color, with no writing or image printed on it.
6. No visible tattoos are to be displayed. If necessary, a long-sleeved uniform top may be required. Turtlenecks must be worn if visible tattoos are on the neck. Make/up and/or concealer may not be used.
7. The school uniform must be clean and pressed. **The hospital/clinic site identification badge is a part of the uniform and must be worn at all times to all clinical locations. If the clinic site does not provide an identification badge; your Chattahoochee Technical College student identification badge must be worn. Students are not to wear their clinical photo badge when rotating through clinical sites other than the specified clinical site.** The photo ID will be clipped to the left uniform pocket.
8. The radiation monitor issued must be worn at all times while in the clinical education setting. The dosimeter is to be worn at collar level (designated as "*collar*") placed outside of a lead apron when worn.
9. A white or pewter colored scrub jacket is considered optional, unless required by your clinic site. If a lab coat or jacket is worn, it must also have a program patch sewn on the left shoulder, with the top of the patch located 2.5" below the shoulder seam. When the lab coat or jacket is worn, the hospital-issued photo ID is to be placed on the lab coat at the approximate level of the uniform top position. If the lab coat or jacket is removed, the ID badge must be relocated to the uniform top and clearly visible at all times.
10. A plain white cardigan-type sweater (only) may be worn if necessary. When a sweater is worn, and ID badge must be placed on the outside of the sweater (*see #9 above for positioning*).
11. In order to be completely prepared for clinic, the following conditions must be met:
 - a. Above uniform specifics followed
 - b. R & L image markers
 - c. Bontrager pocket handbook

- d. ARRT master sheets
- e. Proper time sheets
- f. Clinical logs
- g. Current TB/CPR/Hep B documentation to clinical coordinator
- h. *Up to date record of all competencies (must be initialed by evaluating technologist or Chatt Tech faculty)*

In addition, students will be required to adhere to the following dress code standards:

- ❑ Hair must be a natural color, clean, neat, and **off the collar**.
- ❑ Male students must be clean-shaven, or maintain a well-groomed mustache or beard.
- ❑ Hands must be clean with nails trimmed. NO nail polish may be worn. **No artificial nails are permitted.**
- ❑ Undergarments must be worn and should not be visible through the uniform.
- ❑ Conservative make up, no perfume or cologne, and no cigarette odor. Students should eliminate offensive body odors by bathing and using deodorants.
- ❑ Oral hygiene, including brushing, flossing, and the use of mouthwash, is to be practiced.
- ❑ Only one pair of small earring posts or other unobtrusive earrings may be worn in uniform. No dangling / hoop earrings are permitted.
- ❑ No studs or posts are to be worn in the tongue or worn where they are visible on the face or body while in the clinical area. This is the guideline of many healthcare agencies due to infection control guidelines.
- ❑ Wedding and engagement rings may be worn while on duty, if relatively plain. Decorative wedding and engagement rings with numerous stones are not appropriate because they can tear the fragile skin of elderly patients and they can also harbor bacteria. No other jewelry is acceptable.
- ❑ **The lead “left” and “right” markers are considered part of the student uniform. Markers must have student’s assigned number on the marker. If markers are lost, it is the student’s responsibility to order additional sets immediately if a marker is lost.**
- ❑ A pen is considered part of the uniform and each student will be responsible for bringing a pen with either blue or black ink to clinic each day.

For the purpose of clarification, uniform restrictions will be defined as follows:

- ❑ **Shoes:** Clogs (including those sold in uniform stores), sandals, ankle-laced, platform, open-toe, or open-backed shoes.
- ❑ Denim materials including jeans.
- ❑ Jump suits, short-pants, and coveralls.
- ❑ Political pins or emblems, flowers or corsages, slogans or stickers (unless hospital approved).

- ❑ A hair scarf, hats or ornaments.

Students not conforming to uniform requirements will be sent home and counted as absent for the clinical day. Additionally, students will receive a clinical warning (5% deducted from the course average for a given clinical course) for any offense related to this guideline. (See *Clinical Warning Guideline* below).

Hospital-issued ID Badges

Students will be given instructions for obtaining a mandatory clinical hospital issued ID badge. For security reasons, students must wear this hospital photo identification badge at all times while on hospital property, including all facility clinical rotation areas. Students should not wear clinical assigned badges that are not designated to the assigned facility.

The front of the badge denoting the individual as a student must be prominently displayed at all times. The identification badge is considered part of the student uniform. If the student forgets this identification badge, they will be sent home for being out of uniform, marked as absent, with no credit given for clinical attendance for the day.

If a student loses their photo identification badge, they must notify the program director immediately. The student will be responsible for any badge replacement cost. If a given site does not issue ID badges for students, a Chattahoochee Technical College issued ID badge will be used in lieu of a hospital issued ID badge.

Procedure:

In the event a hospital-issued identification badge is lost:

1. The student must contact the program director immediately.
2. The program director will arrange for a replacement badge to be issued by the security staff.
3. The student will be responsible for any replacement cost, and will be asked to provide proof of identification in order for a replacement badge to be issued.

Dosimeter Care Guideline

The goal of radiation protection is to limit the probability of radiation induced diseases in persons exposed to radiation and in their descendants to a degree that is acceptable in relation to the benefits from the activities that involve such exposure (NCRP Report No. 107). Each student is required to exercise sound radiation practices at all times to insure safe working conditions for physicians, staff, faculty, other students and patients. Failure to comply with the Radiation Safety Standards may be grounds for disciplinary action pending the grade appeal process

Clarification: all students are to wear whole body radiation dosimeters (e.g., Dosimeters or thermoluminescent dosimeters) when in the vicinity of radiation producing machines (i.e.: clinical assignments and during labs or practice in the lab.) *Students should operate according to ALARA guidelines in order to minimize exposure.*

Furthermore:

- The program director and clinical coordinator will review student radiation exposure reports to assure compliance with the dose limit listed below.
- Dosimeters must be replaced at periods not to exceed one month.
 - o *All dosimeters are to be obtained from the Program faculty at the beginning of each month.*
 - o *The Program will keep exposure records for each student during their tenure in the program. All students will be required to initial dosimeter reports on a monthly basis (reports will be available to students within 30 days of the receipt of data). Students may request access to their records at any time. Should any student receive more than **20 mrem** in any month, the student will be counseled immediately regarding radiation protection practices.*
- Lost or damaged dosimeters must be reported immediately to the Program faculty. If a dosimeter is lost or damaged, the student shall cease work immediately until a replacement dosimeter is provided. The results of the calculated exposure and the time period for which the dosimeter was lost or damaged shall be documented.
- **DO NOT** wear Chatt Tech Dosimeters while working if employed in radiology. The employer must provide their own Dosimeter.

Dosimeter Exchange

In order to expedite the monthly exchange of Dosimeters, each student will be responsible for bringing their Dosimeters to campus the first class day of each month. The program must receive all Dosimeters at one time in order to send them for reading in a timely manner.

Procedure:

1. On the first scheduled class day of each month, students will bring their Dosimeters to class for exchange.
2. Current badges will be turned in to the clinical coordinator, and new badge inserts will be supplied.
3. At the end of the class day, the clinical coordinator will send all badges to be processed.

It is imperative that all students comply with this guideline in order to expedite the monthly processing of Dosimeters.

Non-compliance:

- ❑ If the student forgets to bring the Dosimeters, they may be asked to leave and retrieve them.
- ❑ The clinical coordinator will issue a written warning.

Chattahoochee Technical College Vaccine Statement

The college does not require vaccinations as a criterion for admission and enrollment of students; however, immunizations are required for college health programs by our clinical partners. Students may not complete clinical rotations without meeting clinical site immunization requirements. All required vaccinations must be complete prior to starting clinical practice. Students completing internships or practicums in other majors must adhere to all job site vaccination guidelines. Clinical and job site requirements can and do change without notice or input from the College.

Clinical Rotation Assignments

In order to ensure that all clinical activities are educationally sound, and to ensure equitable learning opportunities, it is the guideline of the Radiography Program to assign student rotations through clinical areas and facilities on a rotating basis.

A clinical rotation schedule will be distributed to each student, clinical instructor for each facility, and prior to the commencement of clinical activities. Rotation schedules will define the start and end dates, facility, and specific areas (when applicable) for each rotation period. Any changes to clinical assignments must be approved by the clinical coordinator prior to implementation.

Students are required to rotate through assigned areas only, and are not permitted to be “pulled” to cover staffing shortages. Doing so is a violation of JRCERT accreditation standards. **Students are never to be utilized to supplement paid, technical staff. Students are not permitted to transport patients from the department to the floor or unit without direct supervision. Students may transport within the department under indirect supervision at the decision of the supervising technologist unless prohibited by patient condition. If the student feels uncomfortable transporting, the supervising technologist or clinical instructor should be promptly notified.**

In the event of decreased workload in the assigned area, a site clinical instructor may reassign the student to another similar area in order to maximize clinical learning experiences. Furthermore, students are not permitted to “visit” in areas other than their assigned area.

Procedure:

1. At the beginning of each academic semester, the clinical coordinator will prepare the clinical rotation schedule.
2. Schedules will be distributed to each student at the beginning of the academic semester.
3. Program officials and faculty will ensure distribution of schedules to facility supervisors and clinical instructors.

4. No changes to the rotation schedule can be made without the permission of the clinical coordinator.

Clinical Make-Up Time (for missed clinical assignments)

If a student is going to be absent, late to clinic or leave early from clinic the student is required to **call the clinical site and the clinical coordinator** of the school. The student has to inform both locations **30-minutes prior** to the assigned shift. If a student fails to contact both the clinical site and the clinical coordinator, they will receive a write up, which will result in a 5-point deduction from their clinical grade that semester.

In order to ensure "equitable learning opportunities" and adequate supervision as outlined in the JRCERT Accreditation Standards, the following guideline has been created.

Program Expectation:

All student radiographers are expected to maintain acceptable attendance patterns during scheduled clinical rotations. Students are required to attend all clinical assignments. All hours missed during clinical rotations must be made up in the clinical site and area the initial time was missed. All make-up time must be completed by the end of the last day of the clinical rotation.

For clarification, clinical competency evaluations may be completed during make-up time.

Terminology: The term ***"Attendance Irregularity"*** will be used to describe an incidence of arriving late (tardy) or leaving early. This term will also describe arriving late from lunch break.

Tardies:

- ❑ Students arriving late to clinical (1 minute up to 30 minutes) will owe 30 minutes of make-up time. This time can be made up on the same day, so long as the Clinical Coordinator and Clinic Instructor approve.
- ❑ Students arriving 31 minutes up to 60 minutes late will owe 60 minutes of make-up time.
- ❑ Students arriving more than 60 minutes late will owe make-time totals accrued in 30-minute increments according to the above schedule.
- ❑ Students who are absent, arrive late, or leave early, regardless of using a clinical pass, **MUST** notify the clinical coordinator by phone or email in a timely fashion. Failure to do so will result in a 5-point deduction from the final course grade for each infraction.

Arranging make-up time:

1. Clinical make-up time must be scheduled in advance with both the site Clinical Instructor and program clinical coordinator. The student will complete and sign a makeup time request form and submit it to the clinical coordinator prior to the makeup hours. Make up time authorization will ultimately depend on staffing patterns and available levels of supervision. By completing and signing the Request for Clinical Makeup Hours form, the student acknowledges the fact that the 40-hour limits may be exceeded due to the original decrease in scheduled clinical hours. If makeup time is not arranged in advance, with approval by the clinical instructor and clinical coordinator, the time will not be counted toward hours owed.

2. A clinical make-up form must be filled out and signed by the shift supervisor indicating the hours recorded are accurate. An original form must be submitted to the clinical coordinator within one week of the makeup day / dates. Failure to do so will result in the hours not counting toward those owed.
3. If a student arranges make-up time, and fails to show up (or otherwise comply with the pre-arranged schedule), the student will receive a 5-point deduction from the clinical course final average and a write-up.

For example:

- ❑ If a student's final course average for a clinical course is 92 (A), a 5-point deduction would drop their average to an 87 (B).

Arranging clinical make-up time represents a commitment between the student and clinical facility.

Students not adhering to this guideline are subject to the following disciplinary action:

- ❑ 1st occurrence: a 5-point deduction in the final course average and a formal written reprimand will be issued.
- ❑ 2nd occurrence: assigned a grade of "F" and will be subject to the grade appeal process

Excessive absenteeism defined:

Any and all clinical time missed must be made up, regardless of the reason for absence. Clinical rotations are subject to the program attendance guideline:

"Excessive absenteeism" is defined as missing more than 10% of the scheduled class days for each didactic, lab and clinical course.

Students missing more than 30 minutes of a scheduled class, or lab session will be counted as absent for the purpose of attendance accountability.

If a student has three incidences of attendance irregularities (tardy/leave early), they will be equal to one absence for the purpose of attendance accountability (calculating the 10%).

If a student is absent or tardy for 10% or more of a course, for any reason, they will earn a grade of F regardless of other graded exams/assignments and be unable to progress in the program. Prolonged illnesses or other legitimate verified absences will count towards the 10% guideline and may be addressed via the grade appeal process.

Even if time missed is made up, in the event the student accumulates absences in excess of 10% of the clinical course scheduled sessions, they will be subject to receiving a grade of "F" for the course, with no credit earned for that course, regardless of the overall numerical grade average.

Even if time missed is made up, each absence prior to the 10% limit will result in a 3-point deduction from the final clinical course grade.

Make-up Time Restrictions

Weekends: In order to ensure equitable learning opportunities and adequate levels of clinical supervision, no clinical rotations will be scheduled for weekends. Weekend make-up time will not be permitted. In the event an injury was to occur, no program officials are available on weekends.

Lunch Breaks: Students may not skip lunch breaks, continue to work, and count that time toward time owed (make-up)

Minimum Time Block: All make-up time is to be completed in a minimum time block of 2 hours. Students will not make up time in shorter increments **unless permission is granted by the Clinical Coordinator**.

Permissible days: The following is a summary of when pre-arranged clinical make-up time can be completed:

- ❑ On weekdays following the completion of regularly-scheduled clinical assignment, no later than 8:30pm (11:00 pm for second shift rotation).

Holidays: Due to departmental reduction in staffing on holidays, and the available level of adequate supervision and school closure, no make-up time is permitted to be scheduled for any holidays.

Students employed by clinical affiliate sites: It is the position of the program that students employed by the clinical facility will not act in the capacity of "student" while they are being compensated (on the clock). No time can be made up while the student is being paid for the hours. Furthermore, no competency evaluations can be completed while the student is being compensated for hospital work.

Students may not make up time in the mornings before 7:00am.

Students may NOT “skip” classes in order to make up missed clinical hours. If a student completes make up time when they are supposed to be in class, they will be subject to a letter grade reduction in their clinical course. The student will also receive a zero in the class, which will count towards their exam average.

Established Clinical Leave Time

Program Expectation: Attendance at the clinical site is a requirement of the Radiography Program. Absence days from the clinical site are strongly discouraged due to the time required to master performance of radiographic procedures and the number of clinical competencies that are required of each semester. Recognizing that all individuals may become unexpectedly ill, or encounter an unforeseen emergency situation the Radiography Program has incorporated “*Established Clinical Leave Time*.”

Each student will be handed two ‘sick day/ absence’ along with two tardy/leave early passes (to be used during the length of the program.) The ‘sick day/ absence’ pass will account for an eight-hour period. The tardy/leave early pass will only cover a tardy for the first or last 30 minutes of schedule clinical day. If a student exceeds a tardy of 31 minutes or more they will be subject to the provisions outlined in the Clinical Make-Up Time Guideline (see Clinical Make-Up Time (for missed clinical assignments) Guideline.)

Clarification: Two 'sick day/ absence' along with two tardy/leave early passes are given to each student prior to the commencement of any clinical activity. It is the student's responsibility to manage such passes and turn them into the clinical coordinator accordingly. It is recommended that the student refrain from missing clinical unless an emergency occurs or the student is ill.

Inclement Weather: If inclement weather occurs, the Program Director or Clinical Coordinator will communicate by email if there is a delay in opening or if classes are cancelled. You should also be notified by Chatt Tech (via Eagle Link) as well. You will not be allowed to attend your scheduled class time or clinical rotation during the time that the school is closed and it will be excused. If there ever is a situation to where you are not able or if you think that you can't make it to class or clinic due to weather, please notify the appropriate instructors and use your BEST judgment as to when and if you can make it.

Signing in and out for clinical assignments

Each clinical affiliate site will have a method for tracking student attendance during regularly scheduled clinical rotation days. Each student will receive an attendance roster (sign in & out sheet). It is the responsibility of each student to orient themselves as to time-keeping procedures at the particular site where the student is rotating. Each site keeps the timesheets in different locations, so it will be the student's responsibility to ask a Clinical Instructor where the timesheets are kept.

Any student caught signing in or out for themselves or another student will be assigned a grade of "F" and subject to the grade appeal process. Any student caught "changing their timesheet" or forging the initials or signature of a registered technologist, will receive a grade of "F" for the given clinical course, and will be referred to the student conduct officer.

At the start and end of each clinical day, students will have a registered technologist within the main dept write in the time and initial. Any student caught signing in and out simultaneously will receive a grade of "F" for the given clinical course, and will be referred to the student conduct officer.

Clinical Rosters must remain at the clinical site in a central location. Time records are not to be removed from the site. The only exception is when a student is rotating to a new clinical site. The student will be responsible for carrying the current time sheet with them to the new site.

The clinical coordinator and clinical faculty members will regularly review time records during clinical site visits and note any irregularities. Attendance warnings may also be issued for excessive tardiness or absences if applicable (following two or more).

If a student fails to be signed in and out for an entire clinic day, they will be counted as absent, without exception.

If a student fails to be signed in for a clinic day, but is present at the clinical site, they will be marked as **late**, and will be required to make up a minimum of ½ hour of time (or more if they arrived more than 30 minutes late).

Lunch Breaks

Students enrolled in the radiography program will be allocated a thirty-minute (30) period for lunch each clinical day in addition to a fifteen-minute (15) break period. If it is not possible to take the break, this time

may combine to allow for a forty-five-minute (45) lunch break. The designated site clinical instructor will schedule the actual meal period with consideration being given to the workload in the assigned area. **Lunch breaks will not be taken during the first or last hour of the scheduled clinical day.**

Guideline:

1. Designated clinical instructors in each area will assign lunch breaks. Lunch times may vary according to patient workload.
2. Students are expected to closely observe the time of their meal period in consideration of other students and staff technologists in their assigned area. **Tardiness in returning from the meal period will result in disciplinary action including makeup time required.**
3. Students taking longer than the allotted time will receive a reprimand (write up) from the clinical instructor at the site.
4. Students are not allowed to “skip” their lunch and/or breaks in order to leave from clinic early or to arrive to clinic late.

Purpose:

To establish a meal period during regularly scheduled clinical rotation days.

Definitions:

A lunch break means a period of time during which the student is not in a patient care area and is relieved of all clinical and clerical responsibilities.

Leaving Assigned Clinical Rotation Areas

Students are not permitted to leave their assigned clinical area during a scheduled clinical day without the permission of the designated site clinical instructor. The designated clinical instructor will assign each student a lunch period according to the rotation area workload (*see Lunch Break guideline*).

Students will not take lunch breaks during the first or last hour of a scheduled clinical day.

If a student leaves an assigned area without the permission of the designated site clinical instructor, a clinical warning will be issued (5% off the course average for a given clinical course). See Clinical Warning Guideline for full details.

Students are not to leave their clinical areas at the end of the day until all work in progress is completed including necessary clerical functions. Under no circumstances are students permitted to invest more than forty hours per week in program activities consisting of class and clinical schedules combined, in accordance with JRCERT Standards, unless permission is granted by the Clinical Coordinator or Program Director.

Clinical Logs

It is the guideline of the Radiography Program to comply with all program accreditation requirements published by the Joint Review Committee on Education in Radiologic Technology (JRCERT).

JRCERT Standard One, objective 4.4 states that the program:

"Provides timely, appropriate, and educationally valid clinical experiences for all students"

As one method for documenting compliance, students during clinical rotations will maintain clinical logs as a record of the volume and variety of procedures performed and to document that clinical activities are indeed educationally valid.

Procedure:

1. At the beginning of the first semester, clinical logs will be distributed to each student, and from that point on, the logs are available in the back of the classroom for students to obtain as needed.
2. The clinical logs must accompany each student during clinical rotation activities and be part of their clinical uniform. **It is the student's responsibility to update these logs on a daily basis by documenting the procedures they have observed, assisted with, or performed under indirect supervision.**
3. Clinical logs will be submitted to the Clinical Coordinator every 2 weeks.

The clinical coordinator and clinical faculty members shall periodically (and at random) inspect student clinical logs to ensure guideline compliance. Students without current logs (most recent log is more than 2 weeks old), will receive documented counseling. After counseling, if the students file is not current at the next check, they will receive a written clinical warning (See Clinicals Warnings Guideline).

Clinical Warnings (a.k.a “write-ups”)

Each time a clinical guideline is violated, the student will receive a written warning. Specific clinical policies have been outlined and described throughout the Student Handbook. Accompanying each guideline is the penalty for violation. As with all disciplinary issues, the student may appeal in accordance with the program Due Process Guideline. Clinical warnings will adversely impact the student's clinical grade.

Procedure:

1. If a clinical guideline is violated, the student will receive a (documented) first warning followed by a subsequent second warning or other action depending on the severity of the issue involved.
2. Each written warning will result in a deduction of 5 points from the student's clinical grade for that semester.
3. Students receiving 2 warnings within the same semester (same infraction or 2 different infractions) will receive a deduction of 10 points from the student's clinical grade for that semester.
4. The first time you violate any of these guidelines, the student will be written up with counseling. The second incident will be a write up, probation and counseling. The third incident will consist of receiving a grade of F in the course.

The site clinical instructor will perform primary clinical supervision and guideline adherence monitoring. The clinical coordinator will coordinate and oversee student supervision. Each site clinical instructor has the authority to issue warnings to students for violating clinical policies, in accordance with specific program guideline governing the violation.

Weekend Clinical Activities

In order to ensure equitable learning activities and adequate levels of clinical supervision, no clinical rotations will be scheduled for weekends. Students needing to make up time missed are only allowed to do so during weekdays (*See Clinical Make-up Time Guideline*). Weekend make-up time will not be granted.

Examination Rooms and Clinical Area Responsibilities

Students are required to maintain a clean environment in their assigned clinical area / examination room. This will also include stocking of rooms with supplies and replenishment of the room linen. The supervising technologist and/or designated facility clinical instructor will assign specific duties to student radiographers relative to maintaining adequately stocked and clean exam areas.

Students are responsible for all technical, clerical, and other duties relative to the performance of radiographic procedures. This includes, but is not limited to, all necessary exam paperwork and computer functions.

All students will perform patient examinations and studies according to their skill-level and will assist staff technologists with the following:

- a. Identification of radiographs
- b. processing radiographs
- c. caring for the needs of patients
- d. lifting and moving patients as necessary
- e. cleaning examination rooms and equipment
- f. emptying laundry hampers in examination rooms if necessary
- g. recording the procedure in the hospital's computer system and completing associated paperwork

Under no circumstances will a student eat or drink in patient areas including radiographic examination rooms. Doing so violates OSHA Blood-borne Pathogens guideline. Food and beverage consumption must be done only in designated areas within the hospital. Each clinical instructor will inform students of the designated area.

Student Supervision (Direct and Indirect)

The clinical education portion of the curriculum consists of a structured, competency-based system interrelated with the didactic portion of the program. Through the interaction between students, the clinical instructors and staff, and imaging patients, students have an opportunity to complete mandatory and elective competencies (as required by the ARRT) and achieve the program's mission and goals.

The presence of students in the clinical areas is not intended to supplement or replace paid technical staff. Clinical education opportunities are provided under the supervision of qualified radiographers, clinical instructors, clinical supervisors, and adjunct clinical faculty.

1. Direct Supervision defined:

Until a student demonstrates clinical competency for a specific radiographic procedure, all medical imaging procedures must be performed under the direct supervision of a staff radiographer.

The radiographer will review the examination request in relation to the student's achievement relative to obtaining a passing score on the clinical competency evaluation. The staff radiographer must evaluate the patient's condition to determine whether or not the student possesses the necessary knowledge and skill level required to perform the examination. The radiographer must remain in the room observing the student's performance. The radiographer will complete a competency evaluation form as documentation of the student's ability level relative to the specific examination performed.

All mobile/portable, fluoroscopic, and surgical procedures must be performed under direct supervision. A qualified technologist must be physically present and actively supervising the student during these procedures, regardless of the student's level of competency.

All students must work under direct supervision (a staff radiographer physically present in the examination room) until such time that they have successfully completed a competency evaluation as described above (*see also clinical competency exam guideline*).

2. Indirect Supervision defined:

When a student successfully completes a competency evaluation for a particular examination, they are permitted to perform only those examinations under the indirect supervision of a qualified staff radiographer. Indirect supervision is defined as a staff radiographer is immediately available to the student in an adjacent room to assist should the need arise. The staff radiographer is also available to answer any questions the student may have relative to the procedure and patient condition.

For all mobile/portable, fluoroscopic, or surgical studies, the technologist must accompany the student, regardless of competency status.

Students may perform portable radiographic procedures under indirect supervision (following successful completion of a competency evaluation) provided that a staff radiographer is readily available (see above) to assist the student should the need arise. This may vary according to departmental guideline, which will take precedence.

The student's ability to work under indirect supervision following successful completion of a competency evaluation shall be subject to the professional decision making of the supervising staff radiographer or clinical instructor and may vary according to the area of clinical rotation.

Although students will rotate through the operating room, and will be required to assist and perform portable examinations, as well as complete area specific competencies, all students in the operating room and all students performing a portable examination will work only under the direct supervision of a staff radiographer, regardless of competency status. Students are not permitted to transport patients without direct supervision.

If a student feels that the supervision policies described above are not being adhered to, written notification must be immediately submitted to the program director so that the necessary corrective actions will be taken. No student retaliation will be permitted following notification of guideline violation.

Student supervision will be monitored to ensure compliance with program guideline by adjunct clinical faculty members and the program clinical coordinator.

Mobile/Portable, Fluoroscopic, Surgical Procedures (Direct Supervision)

In order for the program to remain compliant with all JRCERT Accreditation Standards, once a student receives a mobile/portable, fluoroscopic, or surgical competency, they may only perform the study under direct supervision. The technologist is required to accompany the student to the floor area at all times.

Any student performing a portable, fluoroscopic, or surgical examination, regardless of the location of the exam, will work only under the direct supervision of a staff radiographer, regardless of competency status.

If a student feels that the supervision policies described above are not being adhered to, written notification must be immediately submitted to the program director so that the necessary corrective actions will be taken.

Student supervision will be monitored to ensure compliance with program guidelines by adjunct clinical faculty members and the program clinical coordinator.

Incomplete Clinical Courses

Below, the Chattahoochee Technical College guideline regarding grades of "incomplete" for courses can be found. This guideline can be found in the College catalog:

Incomplete—assigned by an instructor to a student who has completed 85% of the coursework by the end of the grading period. The "I" grade automatically becomes a grade of "F" if the student does not satisfactorily complete the coursework and the record does not reflect a new grade by the end of the 4th week of the following semester. If a grade of "I" is received in any course that is a prerequisite to other courses, the student must complete the required prerequisite and receive a satisfactory final grade to be eligible to enroll in the next level course. The student may not register for the same class until the "I" grade is resolved. "I" grades are only acceptable for credit classes and not allowed in learning support courses. The college calendar notes established semester deadlines.

Incomplete clinical courses continue to be an ongoing issue. The first day of each semester a course syllabus is distributed to each student that outlines the minimum requirements for successful completion of the clinical course, including a minimum number of competency evaluations to be completed by the end of the semester. In addition, a specific number of clinical hours must be completed, as defined by the Technical College System of Georgia (TCSG) for each clinical course.

In accordance with the Chatt Tech guideline referenced above, an incomplete "I" grade will be assigned only in the event the student has made arrangements with the appropriate faculty member(s). For clarification, the radiography program guideline will require arrangements to be made with both the clinical coordinator and program director. Assignment of a grade of "I" will ultimately be at the decision of the program director.

For the purposes of good record keeping, any student wishing to make special arrangements must request a formal meeting with the clinical coordinator and program director in writing. Once the request is received, a meeting will be scheduled during which time all of the student's clinical records will be evaluated and a determination made if the student is genuinely able to benefit from continued enrollment in the program.

Students not requesting special arrangements **at least three weeks prior to the completion of a clinical course** will receive a grade of "F" in accordance with Chattahoochee Technical College guideline.

It is each student's responsibility to make up time missed and to have regular, acceptable levels of attendance.

This does not apply to students on a leave-of-absence (with appropriate documentation) arranged with the program director in advance (see *leave-of-absence guideline*).

It is the student's responsibility to complete clinical competency evaluations at an appropriate rate. Failure to do so demonstrates a lack of clinical progress. If the student is experiencing difficulties with clinical performance, **it is their responsibility** to notify the site clinical instructor a program clinical coordinator to arrange for remedial instruction.

If an "I" is granted, once the completed hours or competencies are completed, the clinical course grade will be reduced by one letter.

Personal Clinical Documentation Requirements

It is the student's sole responsibility to maintain compliance by submitting required clinical documentation of TB records, CPR certification, and Hepatitis B series vaccinations on or before the dates of expiration. **Students will maintain Basic Life Support (BLS) CPR and AED certification only through the American Heart Association (AHA) for health care providers.**

Students have an obligation to check with the Clinical Coordinator if they are unsure of the due dates of each necessary item. If a student is found to be at clinic with any of the above items expired, the student will be sent home, counted absent, required to make up the time missed, and given a written warning to go in their clinical file.

Furthermore, any student requiring "*light duty*" must bring physicians orders outlining the requirements. If a physician's orders outline requirements such that a student is unable to perform the programmatic outlined technical standards, the student will not be permitted to attend clinic until cleared by their physician. (for example: non-weight bearing, e.g. on crutches) This missed clinical time will be counted towards the student's 10% attendance.

Clinical affiliates of the radiography program require a flu shot every October during flu season. Students unable to receive flu shots due to medical or personal reasons will be required to submit an appeal to the affiliate's clinical management, and a decision will be made by the facility if the student will be allowed to continue clinical education at that site.

Personal Medical Emergencies and Incomplete Course Work

In the event a student experiences a significant personal medical emergency, which necessitates a brief interruption in attendance, a grade of "I" (incomplete) will be awarded for the course(s) if work is not made up by the end of the current semester.

Procedure:

If a student experiences a significant medical emergency that necessitates a brief interruption in attendance, the following procedure should be followed:

1. The program director is to be notified as soon as possible on the nature of the emergency and the estimated length of recuperation specified by the student's physician.
2. Documentation will be requested from the student's physician outlining the date the student may return to class and clinical activities, with appropriate accommodation / duty restrictions if applicable.
3. If all clinical time missed is not made up by the end of the semester, a grade "I" will be submitted. In accordance with Chattahoochee Technical College's guideline regarding incomplete grades, the student will be required to complete any missed hours by the end of the following semester.
4. The student and clinical coordinator will develop a written schedule of make-up time upon return to clinical activities. In accordance with existing program policies, time missed will be made up in the specific rotation site and areas where the absence occurred in order to provide for "equitable learning activities" as required by JRCERT.
5. Failure to make up missed clinical hours by the end of the next semester will result in the "I" being converted to a final course grade of "F"

Student Injury During Clinical Assignments

In the event a student is injured while performing the tasks associated with a clinical assignment, the student should immediately be referred to the emergency department for assessment and initial treatment. **The student must be evaluated the same day as the injury. It is the student's responsibility to comply with follow-up care and treatment.**

Protocol:

In the event of injury, the following protocol must be followed:

1. The student and supervising technologist will complete an institutional incident report and forward it in accordance with clinical site guideline. The clinical coordinator should be contacted immediately.
2. The supervising technologist must also complete a Chattahoochee Technical College Incident Report. This report must be forwarded to the program director and clinical coordinator within 24 hours of the injury.
3. The student will be referred to the emergency department for initial assessment and treatment. For students rotating at freestanding imaging centers, the student should be referred to the closest hospital emergency department. Payment for medical attention received will be made from the student services accident insurance guideline. The premium for this guideline is paid each semester as part of the "*student services fee*" during registration.
4. The injured student will be required to follow up with subsequent medical treatment as deemed necessary by the healthcare provider. Failure to do so will release the program from liability. Follow-up care will be provided by the student's personal physician, and bills will be sent to the business office, as outlined in number 3 above. **Documentation of follow up care must also be submitted to the program director.**
5. The injured student will not be permitted to return to program activities until cleared (in writing) by a licensed physician. All time missed from clinical rotation and course work must be made up in accordance with current program policies.

Student Injection of IV Contrast

It is the guideline of the Radiography Program that students will not inject intravenous contrast on patients for any reason. This includes patients with a port-a-cath, PICC line, or other central venous line.

This guideline shall be enforced throughout the duration of program enrollment. Violation of this guideline will result in **the student receiving a grade of "F" and be subject to the grade appeal process for unsafe patient care practices.** Additionally, any student in violation of this guideline will be referred to the student conduct office.

Protocol for Student Clinical Exposure to Blood or Bodily Fluids

Purpose:

This protocol was designed to clarify the procedure to be followed in the event a student is accidentally exposed to blood or other bodily fluids during clinical assignments. This protocol will apply to all radiography students who may accidentally incur a significant percutaneous or mucosal exposure (*see definition below*) to blood or other bodily fluid, which may expose them to any of the hepatitis viruses, the human immunodeficiency virus (HIV), and / or other blood-borne pathogens.

Exposure prevention:

Prevention of potential exposure to blood-borne pathogens is accomplished by the following:

1. Immunization of all students with the series against hepatitis B.
2. Initial instruction on Standard Precautions during RADT 1010 (Introduction to Radiography). This instruction may include the use of reading assignments, videos, and laboratory experience.
3. Instruction of all enrolled students in the use of Standard Precautions will be designated by the clinical affiliate's Infection Control Department nurse during new student orientation. In addition, qualified technologists will supervise students in the clinical affiliate sites (*see supervision guideline*).

Blood and / or body fluid exposure is defined as any of the following:

- ❑ Percutaneous inoculation: needle stick or "sharps" injury
- ❑ Non-needle percutaneous exposure: open cuts and / abrasions
- ❑ Direct mucosal membrane contact: accidental splash
- ❑ Direct hand contact: with large amounts of blood and / or body fluids without glove protection. Hands may have small nicks or cuts which may allow a virus to enter through the skin.

Student Responsibilities:

1. Effective prevention depends upon adequate immunization against hepatitis B, and the conscientious, consistent use of **Standard Precautions**. Students are responsible for obtaining the necessary immunizations and using proper precautions in situations where exposure to blood or body fluids may potentially occur.
2. If an accidental exposure occurs, immediately wash the area of exposure, and report the incident to the designated site clinical instructor. The clinical coordinator should be notified immediately of the exposure and an institutional incident report will be completed and submitted according to clinical site guideline. In addition, a Chattahoochee Technical College Incident Report must be completed by the supervising technologist and submitted to the clinical coordinator within 24 hours.
3. The student will immediately report to the emergency department for evaluation and treatment (*see the Student Injury guideline for information regarding payment and submission of bills*).
4. It is the student's responsibility to comply with necessary medical screening, treatment, and follow-up. Failure to do so will release the program and clinical site from liability.
5. Student will not be permitted to attend clinical until a documented clearance is received from a physician.

Faculty Responsibilities:

1. Program faculty members are expected to reinforce the use of standard precautions with students through education and practice.
2. In the event an exposure is reported, the faculty will:
 - ❑ determine the extent of the exposure
 - ❑ ascertain the client's blood-borne pathogen status as soon as possible following the exposure. The faculty will comply with the clinical affiliate procedures for obtaining necessary testing if client status is not known.
 - ❑ ensure completion of the Chatt Tech Incident Report.
 - ❑ counsel the student regarding the accidental exposure and inform on the procedure for obtaining follow up care and treatment.

Clinical Affiliate Responsibilities:

1. Clinical rotation areas will ensure that standard precautions are followed by providing adequate student supervision (*see supervision guideline*).
2. Make available the institution's blood-borne pathogens plan.
3. Affiliates will assist faculty in obtaining information regarding the client's blood-borne pathogen status, with regard to patient confidentiality and HIPAA regulations.

Faculty Member / Student Consent Form

Accidental Exposure to Blood or Body Fluid HIV Antibody Test

I have reported an exposure to a patient's / client's blood or other potentially infectious body fluids and have been counseled to have the HIV (AIDS virus) antibody testing.

I understand that this test will be performed as soon as possible after the exposure, and will be repeated at intervals, according to current US Public Health Service guidelines. I understand that there will be no charge to me for this testing.

I acknowledge that prior to signing this consent form that I received direct, personal counseling which has included the following:

1. the purpose for the test
2. the procedures to be followed
3. the limitations of the test and the meaning of the test results
4. what is AIDS and how the HIV virus is transmitted
5. measures for prevention of HIV infection
6. the voluntary nature of the HIV antibody test and the right to withhold consent to the test process prior to the actual test being done
7. **the right to keep confidential the information identifying me and the test and the test results** to the extent provided by law
8. when the test results will be available
9. partner notification
10. other recommended limitations and restrictions on activities until completion of the test process

I understand that the test results will be released to the Institution Infection Control Coordinator and will not be released to any other agency or individual without my express written authorization.

I have had the opportunity to ask questions, which have been answered to my satisfaction. My signature below indicates that I am consenting to HIV antibody testing.

Signature

date

Witness

date

Radiography Program Definition of "Clinical Competence"

In accordance with the ARRT position regarding "clinical competence", the radiography program will determine what constitutes "competence" with regard to clinical competency evaluations, provided three performance areas (independent performance, consistent performance, and effective performance) are addressed. The radiography faculty have determined the following performance areas constitute clinical competence:

1. Independent Performance:

- ❑ The student must volunteer to perform a competency evaluation, not be prompted to do so.
- ❑ There must be absolutely no input from the evaluating technologist throughout the procedure, unless intervention is necessary or patient safety and / or radiation protection. This will terminate the competency evaluation.
- ❑ The student will not ask any questions of the technologist
- ❑ The evaluator will not offer any assistance throughout (unless lifting help is required for difficult patients).
- ❑ Only the patient, student and technologist will be present in the exam room throughout the evaluation. No other students are allowed to be present.
- ❑ Markers must be visible on 100% of the position/projections of the exam being performed
- ❑ Radiographs marked incorrectly will terminate the competency evaluation
- ❑ Student must be within 15% of an appropriate technique selection that would produce a comparable image otherwise the competency evaluation is terminated

2. Consistent Performance:

- ❑ Programs must assess student ability levels more than just once.
- ❑ "Terminal Competencies" will also be required for program graduation.

3. Effective Performance:

- ❑ Performance results achieve the desired outcome (image quality, positioning accuracy, etc.). Diagnostic-quality images are obtained and patient safety is ensured. Adequate radiation protection measures were employed.

It is the student's responsibility to see that all competencies are completed in a given semester. These exams are to be performed without assistance in the presence of a qualified technologist. This excludes competency for fluoroscopy exams only.

Radiography Program "Clinical Competence" Criteria

Clinical competence will be defined by the following criteria. The student will be able to accurately:

1. manipulate the radiographic equipment, including tube, bucky, and control panel.
2. select the appropriate technical factors within 15% and adjust as necessary (*see guideline regarding technique and competency evaluations*).
3. perform the procedure from start-to-finish including positioning, patient care duties, and communication with the patient.

4. perform the procedure ensuring patient safety, address patient comfort and modesty, and employ appropriate radiation protection measures.
5. identify relevant radiographic anatomy for the procedure (*see list in the student handbook*).

All of the above items are evaluated during competency examination evaluations, and specific items on the competency evaluation form address each.

Competencies that are rejected (bounced) by the Clinical Coordinator will require repeat of the entire exam. Each subsequent competency attempt will be subjected to a 10-point reduction. (For example: the maximum possible score on the second attempt will be a 90. The maximum possible points on the third attempt would be 80).

Process for Repeat Competencies

A student who has been unsuccessful in the first attempt to prove competency on a procedure/exam will, when applicable, before a second attempt:

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

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

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

1. Be counseled by the person administering the evaluation to identify areas of weakness.
2. Review the relevant procedure.
3. Request an academic review with image evaluation from the Clinical Coordinator within ten (10) 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 (5) class days after the academic review session. Third attempts to prove competency will be evaluated by a radiographer selected by the Clinical Coordinator.
5. The competency grade will be derived as an average between attempt one and attempt two.

It is the responsibility of the student to make arrangements with the clinical instructor to schedule the above-mentioned activities.

A student who fails to pass a competency evaluation on the third attempt will be assigned a grade of "F" for the enrolled clinical course and will follow the grade appeal process.

Competency Evaluations - Technical Factor Selection

It is the guideline of the Radiography Program to produce graduates possessing the skills necessary to function as entry-level technologists. In order to ensure that program graduates have achieved an appropriate level of skill mastery and clinical competence, all clinical procedural competency evaluations must be performed utilizing manual technique settings. A few guideline exemptions are listed below.

Procedure:

1. In accordance with established program clinical competency evaluation guidelines, all competency evaluations must be observed by the evaluating technologist (under direct supervision), and a competency form completed.
2. For each exposure made, the student must set appropriate kVp and mAs values. **Automatic Exposure Control (AEC) is not permitted, unless required by site specific protocol.** If a competency evaluation is performed on digital equipment, no image manipulation may occur, and the student will be scored according to the initial image displayed (for image quality). Technique must be within 15% of an acceptable image in order to receive the competency.
3. Final radiographs will be evaluated for diagnostic quality as part of the established competency evaluation procedure.

Rationale:

To ensure all completed competency evaluations accurately reflect the student's level of competence and knowledge base. In order to be certified as "competent", the student radiographer must be able to demonstrate an acceptable level of competency in the performance of the particular examination, which includes equipment adjustment and technical factor selection (*see also the program's definition of clinical competence*).

Clinical Competency Requirements

In accordance with the ARRT examination eligibility requirements, it is the guideline of the Radiography Program that a student successfully complete all required competency evaluations before they are considered to have completed the program of study. Students must successfully complete clinical competency examinations on all 36 mandatory and 16 of the listed elective procedures as found on the ARRT competency checklist. **No registry applications will be signed by the Program Director until all required competencies have been completed (total of 52 procedural and 8 patient care), in order to meet ARRT examination eligibility requirements.**

During the semesters when specific named competencies are required, (see clinical syllabi) a student will receive a "zero" if the required competencies are not obtained during that outlined semester.

The 36 mandatory competencies should be performed on actual patients, with **no more than two** to be simulated if demonstration on an actual patient is not feasible. The only two mandatory competencies that may be simulated are listed below. The ten general patient care competencies should also be performed on actual patients if at all feasible.

Of the elective competencies listed, 16 are required and should also be demonstrated on actual patients. **No more than four (out of an allowed ten)** elective competencies are to be simulated if demonstration on actual patients is not feasible. (see list below for specifics).

One patient may be used to document more than one competency. However, each individual procedure may be used for only one competency (e.g.,* a portable femur can only be used for a portable extremity or a femur but not both). The candidate cannot perform more than three competencies per day on the same patient.

ARRT defines simulation of a clinical procedure routinely performed on a patient as the

candidate completing all possible hands-on tasks of the procedure on a live human being using the same level of cognitive, psychomotor, and affective skills required for performing the procedure on a patient.

A signed, completed competency evaluation form must be on file with the student's clinical records for all 60 examination competencies and 10 general patient care competencies in order to successfully complete the Radiography Program (*see program-specific graduation requirements*).

In order to perform an examination under indirect supervision, the completed competency evaluation form must be in the student's clinical file. Students are not permitted to complete a competency evaluation on a particular examination until after the examination has been covered in class and laboratory, and the student has successfully passed a written examination on the procedure. No exceptions to this rule will be permitted (*see clinical competency testing guideline*).

At the completion of the fourth semester of program enrollment, if all competencies are not complete, additional clinical rotations will be scheduled until such time that all competencies are passed. **For ARRT examination eligibility, the Program Director cannot confirm program completion until all requirements are met.**

Simulations will only be accepted during the fourth semester.

ARRT requires that competencies performed as a simulation must meet the same criteria as competencies demonstrated on patients. For example, the competency must be performed under the direct observation of the program director or program director's designee and be performed independently, consistently, and effectively.

Simulated performance must meet the following criteria:

- Simulation of imaging procedures requires the use of proper radiographic equipment
- without activating the x-ray beam.
- The candidate must evaluate related images.
- A total of six imaging procedures may be simulated. Imaging procedures eligible for simulation are noted below

The following mandatory competencies that may be simulated are:

- Humerus
- Cross table hip

Only 4 of the following elective competencies can be simulated are:

- Sternum
- Scapula
- AC joints
- Skull
- Orbits
- Mandible
- Sinuses
- Nasal Bones
- Scoliosis Series
- Sacroiliac Joints



RADIOGRAPHY

ARRT Didactic and Clinical Competency Requirements

Eligibility Requirements Effective March 2027*

ARRT requires candidates applying for certification and registration under the primary eligibility pathway to meet the Professional Education Requirements specified in the ARRT Rules and Regulations. ARRT's Radiography Didactic and Clinical Competency Requirements are one component of the Professional Education Requirements. ARRT periodically updates the requirements based on a practice analysis, which is a systematic process to delineate the job responsibilities typically required of radiographers. The result of this process is a task inventory which is used to develop the clinical competency requirements (see section 4 below) and the content specifications which serve as the foundation for the didactic competency requirements (see section 3 below) and the examination.

Documentation of Compliance

After the candidate submits the Application for Certification and Registration, the program director (and authorized faculty member if required) will verify that ARRT requirements were met using the Program Verification Form on the ARRT Educator website. The verification includes confirming the applicant has completed the educational program, including the

ARRT Didactic and Clinical Competency

Requirements and conferment of a degree meeting ARRT requirements. Candidates who complete their educational program during 2027 or 2028 may use either the 2022 Didactic and Clinical Competency Requirements or the 2027 requirements. Candidates who complete their educational program after February 28, 2029, must use the 2027 requirements.

Didactic Competency Requirements

The purpose of the didactic education requirements is to document that individuals had the opportunity to develop fundamental knowledge, integrate theory into practice, and hone affective and critical thinking skills required to demonstrate professional competency. Candidates must successfully complete coursework addressing the topics listed in the ARRT Content Specifications for the Radiography Examination. These topics would typically be covered in a nationally recognized curriculum published by organizations such as the ASRT. Educational programs accredited by a mechanism acceptable to ARRT generally offer education and experience beyond the minimum requirements specified in the content specifications and clinical competency documents.

Clinical Competency Requirements

The purpose of the clinical competency requirements is to document that individuals have demonstrated competence performing the clinical activities fundamental to a particular discipline. Competent performance of these fundamental activities, in conjunction with mastery of the cognitive knowledge and skills as documented by the examination requirement, provides the basis for the acquisition of the full range of procedures typically

required in a variety of settings. Demonstration of clinical competence means that the candidate has performed the procedure independently, consistently, and effectively during the course of their formal education. The following pages identify the specific procedures for the clinical competency requirements. Candidates may wish to use these pages, or their equivalent, to record completion of the requirements.

Radiography Clinical Competency Requirements

The clinical competency requirements include the eight general patient care activities listed below and a subset of the 52 radiologic procedures identified on subsequent pages. Demonstration of competence should include variations in patient characteristics (e.g., age, gender, medical condition).

1. General Patient Care

Requirement: Candidates must be BLS certified and have demonstrated competence in the remaining seven patient care procedures listed below. The procedures should be performed on patients whenever possible, but simulation is acceptable if state regulations or institutional practice prohibits candidates from performing the procedures on patients.

General Patient Care	Date Completed	Competence Verified By
☐ BLS		
☐ Vital Signs (blood pressure, pulse rate, respiration rate, pulse oximetry)		
☐ Sterile and aseptic technique		
☐ Transfer of patient (Wheelchair)		
☐ Transfer of patient (Stretcher)		
☐ Care of patient medical equipment (e.g., oxygen tank, IV tubing)		

Chatt Tech Radiography Clinical Competency Requirements

Requirement: Candidates must demonstrate competence in all 36 procedures identified as mandatory (M). Procedures should be performed on patients; however, up to ten mandatory procedures may be simulated (see previous page) if demonstration on patients is not feasible. Candidates must demonstrate competence in 16 of the 36 elective (E) procedures. Candidates must select one elective procedure from the head section. Candidates must select Contrast Enema plus one other elective from the fluoroscopy section. Elective procedures should be performed on patients; however, electives may be simulated if demonstration on patients is not feasible (Program policy may supersede these requirements). Institutional protocol will determine the positions or projections used for each procedure. Demonstration of competence includes, patient identity verification, examination order verification, patient assessment, room preparation, patient management, equipment operation, technique selection, patient positioning, radiation safety, image processing, and image evaluation.

Chest & Thorax	MIN # VIEWS	M or E	PATIENT OR SIM	Accession Number	VERIFIED BY
Chest Routine	2	M			
Chest AP (wheelchair or stretcher)	1	M			
Ribs	3	M			
Chest Lateral Decubitus	1	E			
Sternum	2	E			
Upper Airway (soft- tissue neck)	1	E			
SC Joints	2	E			
Clavicle	2	M			
Upper Extremity					
Finger or Thumb	3	M			
Hand	3	M			
Wrist	3	M			
Forearm	2	M			
Elbow	3	M			
Humerus	2	M			
Shoulder	3	M			
Trauma: shoulder or Humerus (scapular Y, transthoracic, or axial)*	1	M			
Scapula	2	E			
AC Joints	2	E			
Trauma Upper Ext: (Nonshoulder)*	2	M			

Lower Extremity	MIN # VIEWS	M or E	PATIENT OR SIM	Accession Number	VERIFIED BY
Foot	3	M			
Ankle	3	M			
Knee	3	M			
Tibia-Fibula	2	M			
Femur	2	M			
Trauma: Lower Ext*	2	M			
Patella	1	E			
Calcaneus (Os Calcis)	2	E			
Toes	2	E			
Cranium	Must have one of the following electives				
Skull	4	E			
Paranasal Sinuses	3	E			
Facial Bones	3	E			
Orbits	3	E			
TMJ	3	E			
Nasal Bones	2	E			
Mandible (panorex acceptable)	3	E			
Spine & Pelvis					
Cervical Spine	3	M			
Thoracic Spine	2	M			
Thoracolumbar Spine	2	E			
Lumbosacral Spine	3	M			
Cross-Table Lat. Spine	1	M			
Pelvis	1	M			
Hip	2	M			
X-Table Lat. Hip	1	M			
Sacrum and/ or coccyx	3	E			
Scoliosis Series	2	E			
Sacroiliac Joints	2	E			
Abdomen					
Abdomen Supine (KUB)	1	M			
Abdomen Upright	1	M			
Abdomen Decubitus	1	E			
Nasogastric/Enteric or Orogastric/Enteric Tube	1	E			

	MIN# VIEWS	M or E	PATIENT OR SIM	Accession Number	VERIFIED BY
Fluoroscopy Studies***	Must have CE and one other fluoroscopic study. Perform per site protocol.				
Upper GI Series	**	E			
Contrast Enema	2	M			
Small Bowel Series	3	E			
Esophagus	**	E			
Cystography / Cystourethrography	2	E			
ERCP	**	E			
Myelography/LP	2	E			
Arthrography/injection	**	E			
Surgical Studies					
C-Arm Procedure (requiring manipulation to obtain more than one projection)	**	M			
Surgical C-Arm Procedure (requiring manipulation around a sterile field)	**	M			
Mobile Studies					
Chest	1	M			
Abdomen	1	M			
Upper or Lower Ext.	2	M			
Pediatrics	Age Years 6 or Younger				
Chest Routine	2	E			
Upper or Lower Ext.	2	E			
Abdomen	1	E			
Mobile Study	1	E			
Geriatrics	At least 65 Years Old and Physically or Cognitively Impaired Due to Aging				
Chest Routine	1	M			
Upper or Lower Ext.	2	M			
Hip or Spine	1	M			

* Trauma requires modifications in positioning, tube angle, or detector placement due to injury with monitoring of the patient's condition. Preferably these exams should be performed in an ER or orthopedic setting.

** Student must set up and maintain the sterile field throughout the procedure as part of the competency. During these exams, the physician (or Radiologist) takes his or her own digital spot images. The student must set up the equipment and run it throughout the procedure.

***Fluoroscopy studies can be performed in a fluoroscopy room or with a C-arm. These do not count towards the mobile C-arm studies

Clinical Competency Testing

In accordance with the ARRT examination eligibility requirements, it is the guideline of the Radiography Program that a student successfully complete all required competency evaluations before they are considered to have completed the program of study. The objective of this guideline is to further assure that all activities assigned to students are educational and in accordance with radiation safety guidelines and in support of the program's mission and goals.

In order for students to satisfy all requirements for program completion, clinical competencies for all required procedures (see Clinical Competencies & Clinical Checklist) must be demonstrated by performing procedures in the presence of a staff radiographer. A Clinical Competency Form must be completed at the time of the evaluation. In order for the student to receive the competency, the student's assigned marker must be used. Failure to do either will invalidate the results of the evaluation.

Students will only request competency testing after they have satisfied the following criteria:

- a. They have received didactic instruction for the procedure that they are requesting to be evaluated on in RADT 1030, RADT 1060, or RADT 2090.
- b. They have received laboratory instruction and have had an opportunity to practice the procedure in their lab session with the instructor.
- c. Passed the written examination on the particular procedure in RADT 1030, RADT 1060, or RADT 2090 and received remediation for all test items answered incorrectly. Students must be notified of their passing score in the classroom setting before they can "comp". Students not receiving a passing score will be assigned a remedial activity by the course instructor.
- d. They have had the opportunity to observe and progressively participate in performing the procedure during their clinical rotation in the assigned area. Competency testing can only be requested after the student has had an opportunity to perform the examination under the direct supervision of a staff radiographer a sufficient number of times, **and at the decision making of the clinical staff technologist and designated clinical instructor.**

Recognition of clinical competency for the radiographic procedure performed requires **a minimum score of 80%** on the competency testing form. Competency testing forms must be completed and signed by the staff radiographer evaluating the student's performance. The clinical coordinator will tabulate the competency score once received.

The clinical coordinator will enter the final scores on the clinical competency checklist and review the results with the student radiographer. **Students are required to maintain a current and verified record of the competencies completed at all times.**

No student will perform a clinical examination on a patient under indirect supervision until such time that the above-mentioned criteria have been met and the student has successfully completed a clinical competency evaluation and the necessary documentation has been submitted to the clinical coordinator. Violation of this guideline will result in a grade of "F" and subjugation to the grade appeal process (see *Student Supervision guideline*) for unsafe radiation safety practices.

Clinical Performance Objectives and Competency Evaluation Criteria will serve as guidelines and checklists for Category Competency Evaluations.

The final competency score will be converted into a % score for the purpose of calculating clinical course grades.

Radiographic Anatomy List by Procedure

When performing competency evaluations, the student must be able to identify (but not limited to) the following anatomical structures on the radiographs taken during the procedure.

THORAX

Chest (use also for routine chest, pediatric chest, and wheelchair / stretcher chest)

☐ apices	☐ T-1
☐ hilar region	☐ right hemi-diaphragm
☐ air-filled trachea	☐ 10 th rib
☐ clavicle	☐ scapula
☐ costophrenic angles	☐ right main-stem bronchus

Ribs

☐ 1 st rib	☐ axillary ribs
☐ scapula	☐ sternum body (oblique projection)
☐ costo-transverse articulation 4 th rib	☐ intervertebral disk space T-11/T-12
☐ costo-vertebral articulation of 3 rd rib	☐ Body of L-1

Clavicle

☐ Acromioclavicular (AC) joint	☐ 1 st rib
☐ Sternoclavicular (SC) joint	☐ Scapula
☐ Acromion process	☐ Glenoid process
☐ coracoid process	☐ Glenoid fossa

Sternum

☐ manubrium	☐ xiphoid process
☐ gladiolus	☐ sternal angle

Upper Airway (soft tissue neck)

☐ larynx	☐ 1 st rib
☐ trachea	☐ left clavicle (medial portion)

Upper Extremities

To be used for routine examinations and trauma projections

Finger

☐ proximal phalanx of 5 th digit	☐ proximal interphalangeal joint 3 rd digit
☐ distal interphalangeal joint 2 nd digit	☐ 2 nd metacarpo-phalangeal joint
☐ distal phalanx 1 st digit	☐ 4 th metacarpal

Hand

☐ 3 rd metacarpal phalangeal joint	☐ distal radius
☐ 1 st MP joint	☐ 2 nd PIP joint
☐ 1 st metacarpal	☐ 5 th DIP joint
☐ 4 th metacarpal	☐ 1 st distal phalanx
☐ navicular	☐ trapezoid
☐ hamate	☐ pisiform
☐ 2 nd proximal phalanx	☐ ulnar styloid process
☐ distal ulna	

Wrist

☐ hamulus of the hamate bone	☐ distal radius
☐ scaphoid bone	☐ distal ulna
☐ pisiform	☐ trapezium
☐ lunate	☐ hamate

Forearm

☐ radial head	☐ olecranon process
☐ shaft of the ulna	☐ trochlea
☐ ulnar head	☐ capitulum
☐ styloid process, ulna	☐ radial tuberosity

Elbow

☐ olecranon process	☐ radial head
☐ lateral epicondyle	☐ medial epicondyle
☐ capitulum	☐ olecranon fossa
☐ radial tuberosity	☐ radial head
☐ proximal radius	☐ coronoid process

Humerus

☐ humeral head	☐ medial epicondyle
☐ greater tubercle	☐ olecranon fossa
☐ glenoid cavity	☐ acromio-clavicular joint
☐ acromion	☐ anatomical neck
☐ humeral shaft	☐ surgical neck
☐ lateral epicondyle	

Shoulder

☐ sternoclavicular joint	☐ lesser tubercle
☐ manubrium	☐ anatomical neck
☐ humeral head	☐ surgical neck
☐ greater tubercle	☐ axillary border of scapula
☐ intertubercular groove	☐ coracoid process

Lower Extremities

To be used for routine examinations, pediatric, and trauma projections

Foot

☐ cuboid	☐ 1 st metatarsal
☐ calcaneus	☐ 3 rd tarsal-metatarsal joint
☐ talus	☐ IP joint, 1 st digit
☐ navicular	☐ head of the 1 st metatarsal
☐ 1 st cuneiform	☐ longitudinal arch

Calcaneus

☐ Talocalcaneal joint	☐ Navicular
☐ tuberosity	☐ lateral malleolus
☐ lateral process	☐ sustentaculum tali

Ankle

☐ fibula	☐ talus
☐ tibia	☐ calcaneus
☐ mortise joint	☐ navicular
☐ medial malleolus	
☐ lateral malleolus	

Tibia-Fibula (lower Leg)

☐ medial condyle, tibia	☐ styloid process, fibula
☐ diaphysis, tibia	☐ lateral tibial condyle
☐ medial malleolus	☐ medial tibial condyle
☐ lateral malleolus	☐ tibial tuberosity
☐ diaphysis, fibula	☐ intercondylar eminences
☐ neck, fibula	☐ head, fibula

Knee

☐ tibial plateau	☐ neck, fibula
☐ tibial spines	☐ lateral epicondyle, femur
☐ medial condyle, tibia	☐ tibial tuberosity
☐ lateral condyle, femur	☐ patellofemoral joint
☐ apex of the patella (on lateral)	☐ popliteal region
☐ base of the patella	☐ intercondylar fossa
☐ styloid process (fibula)	

Patella

☐ base	☐ femoral condyles
☐ apex	☐ tibial plateau
☐ patellofemoral joint	

Femur

☐ lateral condyle, femur	☐ femoral head
☐ diaphysis, femur	☐ lesser trochanter
☐ greater trochanter	☐ acetabulum
☐ femoral neck	☐ ischial spine
☐ intertrochanteric crest	

Cranium

To be used for routine examinations, pediatric and trauma projections

Facial Bones

☐ mandible	☐ sella turcica
☐ maxillae	☐ zygomatic arch
☐ nasal bones	☐ petrous ridges
☐ orbital roof	☐ maxillary sinuses
☐ sphenoid, greater wing	☐ coronoid process of the mandible
☐ mandibular condyles	☐ frontal sinuses
☐ bony nasal septum	☐ anterior nasal spine
☐ zygoma bone	☐ maxillae, alveolar process

Nasal Bones

☐ ethmoid sinuses	☐ anterior nasal spine
☐ left and right nasal bones (tangential projection)	☐ bony nasal septum

Paranasal Sinuses

☐ right & left maxillary sinuses	☐ temporal bone
☐ ethmoid sinuses	☐ mastoid air cells
☐ frontal sinuses	☐ petrous ridges (on PA Axial / Waters)
☐ inferior nasal conchae (turbinates)	☐ petrous ridges (on AP Axial / Towne)
☐ middle nasal conchae (turbinates)	☐ dorsum sella (on Towne)
☐ sphenoid sinus	☐ superior orbital fissure
☐ sella turcica	☐ mandibular rami
☐ sphenoid, greater wing	☐ bony nasal septum

Skull Series

☐ PA: supraorbital margin	☐ Lateral: Frontal bone
☐ PA: ethmoid, crista galli	☐ Lateral: Lambdoidal suture
☐ PA: sagittal suture (posterior skull)	☐ Lateral: Dorsum sella
☐ PA: Petrous Ridges	☐ Lateral: Sphenoid sinus
☐ AP Axial: dorsum sella	☐ Lateral: Inion
☐ AP Axial: Posterior clinoids	☐ Lateral: Frontal bone, orbital plate

☐ AP Axial: Occipital bone	☐ Lateral: Vertex
☐ AP Axial: Parietal bones	☐ Lateral: Coronal suture
☐ AP Axial: Foramen magnum	☐ Lateral: Anterior clinoid processes
☐ Lateral: Temporal bone, mastoid portion	☐ Lateral: Parietal bone
☐ Lateral: Occipital bone	

Spine & Pelvis

To be used for routine & pediatric examinations

Cervical Spine

☐ odontoid process on AP open mouth	☐ body of C-7 (lateral projection)
☐ body of C-2	☐ intervertebral disc space between C-4/C-5
☐ left zygapophyseal joint	☐ pedicle of C-6
☐ lateral masses of C-1	☐ 1 st rib, left
☐ body of C-3	☐ vertebral prominens
☐ odontoid process on lateral projection	☐ 1 st rib, right

Trauma Cervical Spine *(cross-table lateral projection)*

☐ odontoid process	☐ zygapophyseal joint between C-4/C-5
☐ body of C-2	☐ intervertebral disc space between C-3/C-4
☐ body of C-7	

Thoracic Spine

☐ Body of C-7	☐ body of T-7
☐ 1 st rib, right	☐ body of L-1
☐ 9 th posterior rib	☐ 11 th costovertebral joint
☐ transverse process C-6	☐ Lateral: intervertebral foramen T-7/T-8

Lumbosacral Spine

☐ Body of L-1	☐ AP: Spinous process of L-4
☐ Lateral: Inferior vertebral notch of L-3	☐ AP: L-1/L-2 Intervertebral disc space
☐ Lateral: Spinous process of L-1	☐ Oblique: a transverse process
☐ Lateral: Superior articular process of L-2	☐ Oblique: a superior articular process
☐ Lateral: L-5/S-1 intervertebral disc space	☐ Oblique: a pedicle
☐ Lateral: Inferior articular process of L-3	☐ Oblique: a pars interarticularis

Pelvis

☐ Iliac crest	☐ Acetabulum, right
☐ ASIS	☐ Femoral neck: left
☐ Ischial tuberosity	☐ Greater trochanter, right
☐ Symphysis pubis	☐ Ala, right ilium
☐ Inferior ramus, right pubic bone	☐ Superior ramus, left pubic bone

Hip

☐ AP: acetabulum	☐ Lateral: acetabulum *
☐ AP: greater trochanter	☐ Lateral: femoral head *
☐ AP: femoral neck (surgical)	☐ Lateral: femoral neck (surgical) *

☐ AP: femoral head	☐ Lateral: area of lesser trochanter *
☐ AP: intertrochanteric crest	☐ Lateral: greater trochanter *

* Also to be used for trauma cross-table lateral

Sacrum / Coccyx

☐ AP: sacral foramina	☐ Lateral: Sacral promontory
☐ AP: Sacroiliac joints	☐ Lateral: coccyx (apex)

Abdomen & GI Tract

To be used for routine, trauma & pediatric examinations

Abdomen Supine (KUB)

☐ Iliac crests	☐ Liver
☐ Sacroiliac joints	☐ Symphysis pubis
☐ 12 th rib	☐ Psoas muscles
☐ Right kidney	☐ Any abnormalities seen
☐ Spleen	☐ Large bowel gas

Abdomen Erect

☐ Anatomy listed above for abdomen supine	☐ 11 th rib
☐ Left hemi-diaphragm	☐ Right hemi-diaphragm

Abdomen Left Lateral Decubitus

☐ Intestinal gas	☐ Right hemi-diaphragm
☐ Free air (if any is demonstrated)	☐ Iliac crests

Esophagus Study *(may be done as part of an upper GI series)*

☐ Esophagus, proximal portion	☐ aortic arch
☐ Cardiac sphincter	☐ trachea
☐ Esophagus, distal portion	

Upper GI Series *(to be used for single or double contrast)*

☐ Air in the fundus	☐ Pyloric antrum
☐ Barium in the fundus	☐ Cardiac sphincter
☐ Gastric antrum	☐ Distal esophagus (if demonstrated)
☐ Duodenal bulb	☐ the position demonstrated on each radiograph
☐ Jejunum	☐ Area of the ligament of Treitz
☐ Rugae	☐ C-loop of the duodenum

Small Bowel Series

☐ Duodenum	☐ Cecum
☐ Jejunum	☐ Ileocecal valve
☐ Ileum	

Contrast Enema *(to be used for single or double contrast)*

☐ Right colic flexure	☐ Sigmoid
☐ Splenic flexure	☐ Rectum
☐ Transverse colon	☐ Appendix (if demonstrated)
☐ Ascending colon	☐ Haustra
☐ Cecum	☐ Diverticulum (if any demonstrated)
☐ Descending colon	☐ Name the position demonstrated on each radiograph

Urological*To be used for adult and pediatric examinations***Intravenous Urogram**

☐ Right renal pelvis	☐ Area of possible stone (if demonstrated)
☐ Left proximal ureter	☐ Left distal ureter
☐ Left kidney, upper pole	☐ Minor calyces
☐ Right kidney, lower pole	☐ Right ureteropelvic junction
☐ Major calyces	☐ Right renal parenchyma
☐ Urinary bladder	

Retrograde Urography

☐ Right renal pelvis	☐ Area of possible stone (if demonstrated)
☐ Left proximal ureter	☐ Left distal ureter
☐ Urinary bladder	☐ Right ureteropelvic junction

Mobile Procedures*To be used for adult and pediatric examinations***Portable Chest**

☐ Apices	☐ Aortic knob
☐ Hilar region	☐ Trachea
☐ Right hemi-diaphragm	☐ Right main stem bronchus
☐ Left hemi-diaphragm	☐ Right scapula
☐ Cardiac shadow	☐ Costophrenic angles

Portable Abdomen

Use the structures listed above for KUB or Left Lateral Decubitus, depending on the projection(s) performed.

Portable Orthopedics

Use the structures listed above for the specific mobile examination performed.

Repeat Radiographic Exposures

In order to ensure that appropriate radiation protection practices are observed, in the event a radiograph needs to be repeated for any reason, it must be done only under the **direct supervision** of a general radiographer, regardless of a completed competency evaluation on the specific procedure. This guideline must be adhered to at all times in order to maintain patient and student radiation doses to an absolute minimal level. This guideline will be enforced all areas of clinical rotation.

Procedure:

In the event a radiographic image must be repeated for any reason:

1. The student radiographer must review the radiograph with the supervising technologist.
2. The supervising technologist must accompany the student radiographer into the radiographic room to directly supervise the student during the repeat exposure (*see Direct Supervision under the Student Supervision Guideline*).
3. Disciplinary action will result if this guideline is not observed which will include the student receiving a grade of "F" and they will be subject to the grade appeal process.

Clinical Rotation Evaluation

It is the guideline of the Radiography Program that all student radiographers be evaluated with regard to clinical performance at the conclusion of each assigned rotation. At the end of the clinical rotation assignment, a "Clinical Evaluation" form will be given to the designated clinical instructor for each student. The clinical instructor will either complete the evaluation or designate a staff technologist working with the student most often to complete the form.

Procedure:

At the completion of each rotation assignment:

1. The student will forward a Clinical Rotation Evaluation form to the designated site clinical instructor **during the final week** of each clinical rotation period.
2. The clinical instructor will complete the evaluation or forward it to the staff technologist(s) working with the individual student during a majority of the rotation.
3. Upon completion, the evaluation will be submitted to the clinical coordinator via fax, email, or sealed envelope for review and scoring within one week of rotation completion.
4. An additional Professional Ethics and Attitude Evaluation will be completed by the designated site clinical instructor for each student at the completion of each clinical rotation.
5. The clinical coordinator will meet with each student to review the evaluation and the student will sign acknowledging they have had an opportunity to discuss the contents.
6. Clinical evaluations will be maintained in each student's clinical file in the school office. A student may request an additional conference (in writing) to review clinical evaluations with the clinical coordinator.

***Students are not to sign rotation evaluations before they are filled out. Doing so indicates that they agree with the score and the comments from the evaluating technologist.**

Clinical evaluation scores will be used to calculate the clinical course grade for each semester. Additional evaluations will be required at the determination of the clinical coordinator if areas for significant improvement are identified by the clinical staff.

Terminal Competency Evaluations

Rationale:

To assess competency over time, above and beyond initial competency.

Description:

Terminal Competency Evaluations will be performed and successfully completed by all senior students during the fourth semester of RADT enrollment. The terminal competency system will be comprised of two portions: a written examination and a practical (exam simulation performance-testing) portion.

At the end of the fourth semester, a formal examination consisting of 200 multiple choice, registry-caliber questions will be administered. The questions will encompass all aspects of the program and radiographic anatomy for any procedures found on the ARRT competency list. The formal examination will be administered to all senior students simultaneously during a scheduled, three-hour block of time. The minimum passing score for the written portion is **75%**. Students must pass the exam in order to graduate from the program.

The performance-testing (practical) portion will be simulated. Each student will randomly select **3** of the examinations selected by the program faculty from the published ARRT Clinical Competency requirements list, and will be required to complete a simulation for each exam selected. The minimum passing score for the practical portion of each competency evaluation will be **80%**. The final component of performance testing will consist of identification of radiographic anatomy. All three simulations will be performed during the fourth semester. Students will be scheduled in advance. If any student scores less than the required 80% they will be required to repeat the exam during the fourth semester. Students will perform the exam until they receive a passing score.

Both the Program Director and Clinical Coordinator will perform the evaluation of the performance-testing (practical) portion of each examination simultaneously (excluding extenuating circumstances in which case another member of the radiography program, part time faculty, will fill in for the program director or clinical coordinator). The scores assigned by each will then be averaged together to determine the final score for each practical performed.

Each student must complete all 3 terminal competencies **with a final score of 80% or higher** by the end of the fourth semester. Failure to do so will result in ineligibility for the ARRT examination, as the Program Director will be unable to certify program completion. Each student will also be required to take the formal examination portion with a final score of 75% or higher by the end of the fourth semester in order to complete the program.

Assessment Instrument:

For the performance-testing portion of terminal competencies, the program competency form will be utilized (Technical Skills and Affective Involvement sections only).

Additional Considerations:

- ❑ Once the practical portion of a terminal competency examination is completed, the student will be notified individually of the score within two weeks.

Radiation Safety

It is the guideline of the Radiography Program to comply with all institution, state and federal radiation safety guidelines and policies. Student radiographers will be operating radiation-producing equipment only as part of their training under the supervision of a qualified general radiographer during regularly scheduled clinical rotation hours.

No patient shall be exposed to ionizing radiation except for those procedures authorized by a physician. Exposure of any individual to ionizing radiation solely for educational purposes will not be permitted, and will result in a grade of “F” for unsafe radiation practices.

Only equipment in good mechanical and electrical condition will be utilized. All radiation-producing equipment is inspected regularly and certified safe for utilization. The program's radiation protection policies and practices reflect adherence to the ALARA Principle, which is to limit radiation exposure to a level that is “As Low As Reasonably Achievable”. This principle applies to patients, the public, hospital staff, and the student operating radiation-producing equipment. Each of these categories will be addressed relative to program guideline.

Patient Protection

Only x-ray systems with clearly indicated technique charts and reproducible exposures will be used on patients. The radiation exposure to the patient shall be the minimum required to produce images of appropriate diagnostic quality. The speed class of the image receptors shall be the fastest speed consistent with departmental requirements and radiologist preference.

The size of the primary beam shall never be larger than the image receptor employed during a radiographic exposure. Proper collimation must be employed at all times to restrict the primary beam only to the specific area of interest.

Gonadal shields of not less than 0.25 mm lead shall be regularly employed for all patients of reproductive age (approximately age 12 to 50 for female patients) during radiographic procedures in which the gonads are in or near the primary beam and not of clinical interest, except for cases in which this would interfere with the radiographic images.

All female patients of childbearing age shall be asked, **prior to exposure** to x-rays, if they are pregnant or suspect they may be. If suspected or confirmed, a supervisor must be notified prior to the commencement of any radiographic procedures. In cases where known pregnant patients must be radiographed, every effort should be taken to maintain the lowest radiation dose possible to the fetus. This will include precise positioning, collimation and lead shielding whenever possible.

Immobilization devices shall be employed when necessary to prevent the need for repeat exposures due to patient motion. The patient's family, with the exception of pregnant females, will be allowed in the radiographic room only under special circumstances. These individuals must be provided with protective apparel and instructed on radiation protection practices prior to any radiographic exposure.

Effective communication will be utilized to ensure patient cooperation with positioning and procedural needs, thus reducing the possibility of repeat radiographic exposures.

Radiographs will only be repeated in the presence of a qualified, general radiographer in accordance with program supervision policies *(see repeat radiograph guideline).*

Student Radiation Protection

Whenever possible, students assisting in radiographic procedures must remain behind protective barriers. Students who may be exposed to scattered radiation during fluoroscopic studies will be provided with lead-impregnated protective apparel of not less than 0.25 mm Pb equivalence. In addition to a lead apron, a thyroid shield may also be provided (if available). During radiographic procedures, all students shall be positioned such that the primary beam will not strike any part of their body.

Whenever a patient or image receptor must be held in place during an exposure, mechanical devices must be employed. Student radiographers shall never be used for the purpose of holding patients or image receptors during exposures.

Portable radiographic equipment shall be provided with an exposure switch cable that will permit the student to make an exposure at a distance of at least 6 feet from the tube head and from the patient. Regardless of the distance from the tube and patient during portable examinations, a lead apron must be worn. No exceptions to this guideline will be made.

Pregnant students are encouraged to notify the program director in writing if a pregnancy is suspected or confirmed. *(Please refer to the declared pregnant student radiographer guideline for additional information.)*

All student radiographers will be issued one dosimeter in the form of a Dosimeter.

- a. The Dosimeter will be worn at the collar level
- b. When a lead apron is worn, the Dosimeter must be located on the outside of the apron during exposures.
- c. Dosimeter reports will be made available to students for inspection indicating that they have had an opportunity to inspect the readings. New reports will be presented to students within 3- days of the receipt.
- d. No personal information will be posted on the readout other than the student's name.
- e. Students receiving radiation exposures greater than 20 mrem will be counseled by either the program director or clinical coordinator as to the source of exposure and a review of basic radiation protection principles relative to their areas of assignment.
- f. The Radiation Safety Officer (RSO) or designee will also review radiation exposure reports on a monthly basis.
- g. Student exposure records are maintained indefinitely by the program director.
- h. In the event a Dosimeter is lost or damaged, the clinical coordinator must be notified immediately. Students will be responsible for the cost of replacement, if applicable.

Other Hospital Staff

During portable examinations on patient floors, intensive care units and other areas of the hospital, the student radiographer must be aware of other hospital staff at all times. The student radiographer must announce that an x-ray exposure is about to be made in an effort to allow hospital staff and nurses an opportunity to increase their distance from the immediate area.

Those staff members not permitted to leave the immediate area (less than 6.5 feet from the patient being radiographed) must be provided protective apparel or a portable shield for protection during the exposure. Noncompliance with this guideline constitutes a failure to meet required radiation safety standards and will result in a final course grade of "F." Students may elect to follow the formal grade appeal procedure as outlined by the institution.

FDA Guidelines on Radiation Safety

TITLE 21--FOOD AND DRUGS
CHAPTER I--FOOD AND DRUG ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES
SUBCHAPTER J--RADIOLOGICAL HEALTH

PART 1000 -- GENERAL

<http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=1000.50>

Subpart C--Radiation Protection Recommendations

Sec. 1000.50 Recommendation for the use of specific area gonad shielding on patients during medical diagnostic x-ray procedures.

Specific area gonad shielding covers an area slightly larger than the region of the gonads. It may therefore be used without interfering with the objectives of the examination to protect the germinal tissue of patients from radiation exposure that may cause genetic mutations during many medical x-ray procedures in which the gonads lie within or are in close proximity to the x-ray field. Such shielding should be provided when the following conditions exist:

(a) The gonads will lie within the primary x-ray field, or within close proximity (about 5 centimeters), despite proper beam limitation. Except as provided in paragraph (b) or (c) of this section:

(1) Specific area testicular shielding should always be used during those examinations in which the testes usually are in the primary x-ray field, such as examinations of the pelvis, hip, and upper femur;

(2) Specific area testicular shielding may also be warranted during other examinations of the abdominal region in which the testes may lie within or in close proximity to the primary x-ray field, depending upon the size of the patient and the examination techniques and equipment employed. Some examples of these are: Abdominal, lumbar spine and lumbosacral spine examinations, intravenous pyelograms, and abdominal scout radiograph for barium enemas and upper GI series. Each x-ray facility should evaluate its procedures,

techniques, and equipment and compile a list of such examinations for which specific area testicular shielding should be routinely considered for use. As a basis for judgment, specific area testicular shielding should be considered for all examinations of male patients in which the pubic symphysis will be visualized on the radiograph;

(3) Specific area gonad shielding should never be used as a substitute for careful patient positioning, the use of correct technique factors and radiograph processing, or proper beam limitation (confinement of the x-ray field to the area of diagnostic interest), because this could result in unnecessary doses to other sensitive tissues and could adversely affect the quality of the radiograph; and

(4) Specific area gonad shielding should provide attenuation of x-rays at least equivalent to that afforded by 0.25 millimeter of lead.

(b) The clinical objectives of the examination will not be compromised.

(1) Specific area testicular shielding usually does not obscure needed information except in a few cases such as oblique views of the hip, retrograde urethrograms and voiding cystourethrograms, visualization of the rectum and, occasionally, the pubic symphysis. Consequently, specific area testicular shielding should be considered for use in the majority of x-ray examinations of male patients in which the testes will lie within the primary beam or within 5 centimeters of its edge. It is not always possible to position shields on male patients so that no bone is obscured. Therefore, if all bone structure of the pelvic area must be visualized for a particular patient, the use of shielding should be carefully evaluated. The decision concerning the applicability of shielding for an individual patient is dependent upon consideration of the patient's unique anthropometric characteristics and the diagnostic information needs of the examination.

(2) The use of specific area ovarian shielding is frequently impractical at present because the exact location of the ovaries is difficult to estimate, and the shield may obscure visualization of portions of adjacent structures such as the spine, ureters, and small and large bowels. However, it may be possible for practitioners to use specific area ovarian shielding during selected views in some examinations.

(c) The patient has a reasonable reproductive potential.

(1) Specific area shielding need not be used on patients who cannot or are not likely to have children in the future.

(2) The following table of statistical data regarding the average number of children expected by potential parents in various age categories during their remaining lifetimes is provided for x-ray facilities that wish to use it as a basis for judging reproductive potential:

Expected Number of Future Children Versus Age of Potential Parent ¹

Age	Male parent	Female parent
Fetus	2.6	2.6
0 to 4	2.6	2.5
5 to 9	2.7	2.5
10 to 14	2.7	2.6
15 to 19	2.7	2.6

20 to 24	2.6	2.2
25 to 29	2.0	1.4
30 to 34	1.1	.6
35 to 39	.5	.2
40 to 44	.2	.04
45 to 49	.07	0
50 to 54	.03	0
55 to 64	.01	0
Over 65	0	0

Pregnancy and Voluntary Disclosure

Purpose:

To provide the pregnant radiologic technology student with necessary protection in accordance with all standards and regulations while assuring the performing assigned clinical tasks throughout the pregnancy.

Guideline:

It is the guideline of the Radiography Program to comply with all federal and state regulations regarding disclosure of pregnancy by student radiographers and to protect the unborn child from radiation exposure.

If a female student becomes pregnant (or suspects she may be pregnant), it is recommended that she notify the program director immediately in writing. Disclosure of pregnancy status is voluntary. Every effort will be made to protect the health of the student and developing fetus. Furthermore, all students will be made aware of this guideline during program information and new student orientation sessions.

In addition, other student schedules will neither be modified to accommodate the declared pregnant student nor to fill any voids in the assignment schedule should modification be necessary.

Following voluntary disclosure of pregnancy, the program officials will meet with the student and develop a plan of action for completing all missed clinical assignments (if any modifications are deemed necessary) in order to ensure equitable learning opportunities and the ability to complete all necessary competency requirements.

Procedure:

1. If the student chooses to disclose, the notification must be in writing and will include the estimated date of conception and projected due date (a form is attached for convenience purposes).
2. The program director will immediately notify the RSO to coordinate a safe environment for the developing fetus relative to the student's clinical activities. At no time will a pregnant student be permitted to perform clinical activities deemed unsuitable by her physician. The determination of her ability to engage in didactic and clinical education will ultimately be determined by her physician. Input from the program director, clinical coordinator, and RSO should also be considered.

3. If a pregnant student radiographer is able to continue on with the clinical portion of the program, she will be provided a second fetal dosimeter to be worn at waist level. The student is responsible for the cost of the additional monitoring badge and service.
4. Following written documentation from her physician that she is permitted to continue clinical activities, the student will meet with the program director and clinical coordinator to discuss educational options. Options include, but are not limited to, the following:
 - a. Continue on with the didactic portion of the program and take a leave-of-absence for delivery, with continuation of the clinical portion of the program following delivery and medical clearance.
 - b. Continue on with the didactic and clinical education portions of the program, but with an altered rotation schedule so as to ensure the lowest possible radiation dose to the developing fetus, as scheduled by the clinical coordinator.
 - c. Continuation in both the didactic and clinical portions of the program without altering clinical rotation schedules.
 - d. Program officials will closely monitor both student and fetal exposures. Any radiation exposure shown on monitoring reports will result in a conference between the student, program director, and clinical coordinator to re-evaluate continuation with clinical activities relative to the risk of radiation exposure.
 - e. Following delivery, the student will be assigned to missed clinical areas in order to ensure completion of all necessary competency evaluations and equitable learning opportunities

Additional Guidelines will be followed:

- The fetal badge must be worn at all times while in the clinical rotation areas.
- Pregnant students will not lift heavy objects, patients, or move heavy equipment.
- During all x-ray exposures, the pregnant student must remain behind fixed protective barriers.
- At no time will the student hold a patient during exposure.
- No declared pregnant student radiographer will be terminated from the program or forced to take a leave of absence (unless specifically ordered to do so by her physician).
- The ultimate decision on what educational option to be taken will be made by the student and will depend primarily on physician recommendation, remaining length of the pregnancy, remaining program length, and input from the program director, clinical coordinator, and RSO.
- **The Obstetrician's recommendations will be followed in all cases.**

- Time missed from the program must be made up in terms of clinical hours before certification of graduation will be awarded. Make-up hours will be completed in the specific rotation area(s) missed (*see clinical make-up guideline*).
5. Upon completion of a leave of absence, the student will be allowed to resume her studies without prejudice. Regardless of the educational option the student radiographer chooses, all academic and clinical standards must be met; including attendance requirements (*see also attendance guideline*).
 6. In accordance with the Nuclear Regulatory Commission (NRC) guidelines, any declared pregnant student may “undeclared” her pregnancy at any time. In order to “undeclare” pregnancy, the student must submit a written statement to the program director (*a form is attached for convenience*).

Program Responsibilities:

1. The program shall coordinate a safe working environment for the pregnant worker.
2. The RSO shall be advised of any declared pregnant students and shall pay special attention to the student’s monthly radiation reports.
3. The program director and / or clinical coordinator shall review with the student:
 - ❑ The nature of potential radiation injury associated with *in utero* exposure
 - ❑ The regulatory limits established by the NCRP
 - ❑ The State of Georgia Rules and Regulations, Prenatal Guide
 - ❑ The NRC regulatory guide 8.13
 - ❑ The required measures to be taken throughout the term of the pregnancy

Student Responsibilities:

1. Strictly adhere to all safety precautions for protection purposes. Any breach of these policies will be met with corrective action.
2. Continue in designated enrollment status (pending physician approval) performing normal duties. By the use of established protective measures, the student should be able to perform normal duties throughout the pregnancy without fear of excessive radiation exposure to the unborn child.
3. Wear two radiation monitoring devices, one placed on the collar and one at waist level (designated as fetal) which is centered over the abdomen for fetal monitoring. Readings will be closely monitored by program officials.
4. Immediately report to the program director and / or clinical coordinator when the pregnant student feels that she is working in an unsafe area or under conditions that may be detrimental to herself or the unborn child.
5. If breastfeeding is required during scheduled class/clinic hours, the student must work out an acceptable schedule with both the didactic and clinical instructors.

Definitions:

- ❑ *NCRP*: National Council on Radiation Protection
- ❑ *Patient*: all inpatients, outpatients, and clients



Radiography Program
Student Voluntary Pregnancy Declaration Form

Student Name: _____ Date of Declaration: _____

In accordance with current State regulations, I _____ wish to voluntarily declare that I am pregnant.

- ☐ My estimated date of conception is: _____
- ☐ My estimated expected due date is: _____

In making this declaration, I wish to be afforded the protection that is specified under this regulation, specifically that the unborn child shall not receive in excess of 500 millirem (0.5 rem or 5mSv) during the term of the pregnancy. I am also aware of the Radiography Program's guideline on pregnancy and will abide by all rules and regulations presented in this guideline.

Student Signature: _____

Social Security Number: _____

Acknowledgement of Receipt of Declaration:

_____ Program Director Signature	_____ date of receipt
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_____ Clinical Coordinator Signature	_____ date of receipt
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Note: the student will receive a copy of this declaration once all signatures are obtained. The original will be maintained in the student's administrative file.



Radiography Program
Withdrawal of Declaration of Pregnancy

I, _____, wish to withdraw my declaration of pregnancy. I understand that the lower dose limit for the embryo / fetus will no longer be applicable and that the additional embryo / fetus monitoring device will no longer be provided.

If pregnant, but formally withdrawing declaration of pregnancy, I hereby release the Radiography Program and clinical rotation facility of any responsibility for embryo / fetal exposure.

_____	_____
Student Signature	date of receipt

Acknowledgement of Receipt of Withdrawal of Pregnancy Declaration:

_____	_____
Program Director Signature	date of receipt

_____	_____
Clinical Coordinator Signature	date of receipt

Note: the student will receive a copy of this declaration once all signatures are obtained. The original will be maintained in the student's administrative file

MRI Screening and Safety

To promote a safe clinical environment by ensuring students are educated and screened for MRI safety risks prior to clinical participation.

All students must complete MRI safety education and screening before being permitted to begin clinical education or attend clinical rotations. Students are required to follow all MRI safety expectations of the program and assigned clinical sites.

MRI systems use a strong magnetic field that is always active. Students must:

- Keep all metallic and electronic items out of MRI areas (e.g., phones, keys, watches, badges).
- Never bring equipment into MRI scan rooms unless verified as MRI-safe or MRI-conditional.
- Follow all MRI signage, zone restrictions, and staff instructions.

MRI safety instruction is completed prior to clinical placement.

- An MRI screening form must be completed during initial coursework and approved before clinical assignment.
- Screening includes implants, prior surgeries, potential metallic foreign bodies, hearing aids, and pregnancy status.
- Students who are pregnant or think they may be pregnant must notify program officials and follow established program guidelines regarding clinical participation.
- Documentation is maintained in the student file.

Students with known or suspected implants, devices, foreign bodies, or other potential contraindications (including pregnancy considerations) must be evaluated prior to clinical participation. The Program Director and/or Clinical Coordinator will review screening findings and determine the need for additional documentation or medical clearance. If safety cannot be verified, the student will be restricted from entering MRI areas. Restrictions will be communicated to appropriate clinical personnel.

Students must follow all facility-specific MRI safety procedures. Entry into MRI areas requires approval and supervision. Students must report any change in medical status (including pregnancy) that could affect MRI safety. Failure to adhere to MRI safety expectations may result in removal from the clinical setting and disciplinary action.

Hospital Equipment & Supplies

Hospital equipment and supplies are to be used only for the purpose intended. Students are not permitted to remove any hospital equipment or supplies from the hospital premises. Students in violation of this guideline are subject to disciplinary action up to and including the student receiving a grade of "F", pending grade appeal, and possible criminal prosecution.

Hospital equipment and supplies should be cleaned and returned to the proper location following completion of each radiographic procedure.

Telephone Calls

No personal calls will be made or received in the clinical areas by students. Any and all personal telephone calls must be made during the student's lunch break. The school office will relay telephone

messages of an emergency nature to students. Disciplinary action for guideline violation includes student receiving a grade of “F”, pending grade appeal, for repeat offenses.

Holding of Patients

Students **may not** hold patients during still radiographic exposures. However, students may assist the patient during fluoroscopic procedures as long as no body part of the student is in the primary beam, and appropriate radiation protection is used by the student. Violation of this guideline will result in appropriate disciplinary actions including, but not limited to, a reduction in the clinical grade (Including a grade of “F” for repeat offences for unsafe radiation protection practices. (*see also Student Radiation Protection and Safety Guideline*).

Mammography Education

It is the guideline of the radiography program to provide equitable learning opportunities to members of both genders. Mammography clinical education will be available per clinical site specifications upon request. The program recognizes its obligation to provide appropriate education relative to mammography to all students.

To accomplish this, an overview of the technical and positioning aspects of mammography will be included in the appropriate didactic course(s). All students will be tested relative to this instruction.

JRCERT Complaint Resolution

Guideline:

In accordance with Joint Review Committee on Education in Radiologic Technology (JRCERT) guideline, the Radiography Program must meet or exceed the Standards for an Accredited Educational Program in the Radiologic Sciences. A copy of these Standards will be distributed at new student orientation sessions, and posted in the classroom.

If a student wishes to review the Standards with the program director in more detail, a written request should be submitted and a meeting will be scheduled for review of the Standards.

It is the guideline of the program to maintain an educational program in full compliance with JRCERT Standards. The program has been created using the Standards as the model for all aspects of program design. In the event the program receives a complaint or allegation relative to non-compliance with the JRCERT Standards, the faculty and administration of the program recognize their responsibility to initiate corrective measures to remain in compliance as soon as possible following notification.

Procedure:

Following receipt of a JRCERT complaint of non-compliance, the following actions shall be taken:

1. If the area of concern can be addressed by the program director, appropriate corrective action will be initiated with necessary administrative assistance as required.
2. In the event corrective action requires administrative or institutional intervention, appropriate corrective action will be promptly initiated.

3. It is the guideline of this program to solicit input from advisory committee members whenever possible during the formulation of a corrective action plan. An emergency advisory committee meeting will be scheduled to discuss the allegation, available resources, and design of appropriate corrective action plans.

JRCERT Contact Information:

<http://www.jrcert.org/>
20 N. Wacker Drive, Suite 2850
Chicago, IL 60606-3182
Phone: (312) 704-5300

RADT 2360 (Clinical IV) & ARRT Requirements

It is the guideline and the responsibility of the Radiography Program to document that each student applying to take the ARRT Examination for Radiography has completed each and every one of the procedural and general patient care competencies required by the ARRT. The complete listing and additional information can be found at www.arrt.org

The program director must sign each ARRT application. Unless all clinical competency requirements are met, the director will not sign a student's application, as doing so would constitute fraud and would be cause for revocation of his or her own ARRT certification. A completed form for each procedural and patient care competency must be on file in the student's clinical file, located in the clinical coordinator's office. Students may review their clinical files at any time, provided they have scheduled an appointment in advance with the clinical coordinator.

It is the responsibility of each student to be assertive in order to obtain the necessary competency evaluations. **Although each semester a minimum number is specified on each clinical syllabus, just meeting the minimum will not be enough to complete all that are required by the ARRT.**

Students completing all procedural and general patient care competencies will submit an ARRT application to the clinical coordinator. The clinical coordinator will conduct a thorough audit of the student's file (this generally takes one week). Once all necessary paperwork is verified, notice of eligibility is sent to the program director. Next, notice of completion and application information is forwarded to the student.

Students owing hours:

- ❑ According to ARRT requirements, students must successfully complete their program of study. If a student fails to complete all required clinical hours, they have not completed their program of study and, therefore are not considered eligible to take the ARRT Examination. Final certification is completed by the program director before the ARRT will release scores.

Students not completing all competencies:

- ❑ For each student applying to take the ARRT Examination, all competencies specified by the ARRT must be complete and on file by the end of the program (fall semester).
- ❑ If a student has not completed all competency requirements, after making appropriate arrangements with the program director and clinical coordinator, they will be assigned a course grade of "I" for RADT 2360 (see incomplete grade guideline).

- ❑ The student will then be required to complete additional clinical hours until such time that all competency requirements are met. The clinical coordinator will schedule specific times, days, and areas of rotation.
- ❑ In the event that all clinical competency requirements are not met by the end of the 4th week of the following semester, a letter grade of “F” will be assigned for RADT 2360, as outlined in the Chattahoochee Technical College catalog, and student handbook. This would render a student ineligible for ARRT examination, as they would not have successfully completed their program of study.

Disruptive Clinical Behavior

It is the guideline of the radiography program to ensure the integrity of the learning environment and to take necessary action to make sure an appropriate environment conducive to learning is maintained at all times. Behavior that either directly or indirectly impacts the smooth operation within a clinical department will not be tolerated.

A grade of “F” will be assigned for a given clinical course and referral to the student conduct officer will result in the event:

1. A department requests that a student be removed for disruptive behavior. Or
2. A department requests that a student not return as a result of disruptive behavior. Or
3. A patient lodges a complaint for the way a student treated them. Or
4. Grossly negligent behavior that, in any way, jeopardizes the safety of a patient. Or
5. A clinical site submits a request to discontinue their affiliation with the college as a direct result of a student’s behavior. Or
6. Any other behaviors that adversely impact the day-to-day operation of a department or patient care; intimidates or harasses another student, technologist, or department staff member.

Any/All issues that occur at/during clinical will be considered an “academic irregularity” and will be resolved through the grade appeal procedure.

A student assigned a grade of “F” has the right to due process, as outlined in the Grade Appeal Process outlined in the School of Health Science Student Handbook, which will also include a full investigation and hearing. In the event the suspension is upheld, the student will be required to make up any clinical hours missed during the suspension in addition to all academic assignments. Depending on the severity of the offense, the student may not be allowed to continue in the program.

Furthermore, the Chattahoochee Technical College catalog outlines the appropriate “Student Code of Conduct”. The full catalog may be viewed online at www.chattahoocheetech.edu or a printed version may be obtained from the Admissions Office. The program also has a program specific “Code of Conduct” that the students are responsible to adhere to. Both can be found in this handbook.

Inappropriate behavior will not be tolerated and appropriate action will be taken to ensure patient safety, the integrity of the program, and the preservation of clinical affiliation agreements.

Clinical Paperwork Submission

In order to assure timely processing of all clinical paperwork, the following guideline guidelines have been adopted.

Rotation Evaluations

The first clinical rotation evaluation must be submitted no later than two weeks after a given rotation ends. If the rotation evaluation is not turned in within that 2-week period, the student will receive a zero. Students will also be required to turn in the final clinical rotation evaluation of a given semester on the day of clinical paperwork submission.

Clinical Competencies

Students are required to turn in to the clinical coordinator any and all clinical competencies within two weeks of completion. Students will no longer be allowed to “hold onto” the competencies for any length of time. If the competency is not turned in within the 2-week period, the student will not receive credit for it. This will allow sufficient time to obtain all necessary signatures and for the student to make a copy for their own records.

Unapproved “After Hours” Clinical Practice

Students are not allowed, under any circumstances, to go to any clinical facility, use the clinical facilities radiographic equipment and “practice” positioning. Students are also not allowed to go in early or “stay over” their scheduled clinical hours in order to practice. This poses a liability for the college as well as the clinical site, for instance, if a student were to become injured, or break the radiographic equipment.



**RADT 1320 (Clinic I),
Operating Room, and
Advanced Modality Rotation
Objectives**

General Room Rotation Objectives

By the completion of this rotation assignment, the student should be able to (on a particular piece of equipment):

1. Locate and accurately manipulate the kVp setting.
2. Locate and accurately manipulate the mAs setting.
3. Identify the Automatic Exposure Control (AEC) chambers.
4. Identify the rotor switch and discuss its proper use.
5. Describe the difference between rotor and exposure.
6. Manipulate table controls to move the tabletop laterally and superior-to - inferior.
7. Describe and demonstrate the controls for inclining the table and identify the method for ascertaining the degree of incline.
8. Demonstrate the proper method for removing and replacing the footrest, and checking the security of its attachment.
9. Locate and properly open and close the bucky tray, while locking an image receptor into position for exposure.
10. Identify the collimator controls and accurately manipulate them to produce fields of varying sizes.
11. Center the tube to the bucky (detent controls) for table and upright exposures.
12. Demonstrate the proper method for adjusting SID for table and upright bucky exposures.



Patient Transport Rotation Objectives

By the completion of this rotation assignment, the student should be able to:

1. Given a patient transport request, the student can locate the patient room on the floor.
2. Given a specific patient for transport, the student is able to locate and obtain the correct patient chart.
3. Properly sign the patient out from the nursing station (or notify the appropriate nurse if a formal log is not kept)
4. Safely assist the patient from bed to wheelchair.
5. Safely and efficiently assist the patient back into the bed.
6. Safely transfer the patient from bed to stretcher with assistance as necessary.
7. Safely and efficiently transfer a stretcher patient back into the bed with assistance as necessary.
8. Safely and efficiently transport patients (both stretcher and wheelchair) to the Radiology Department.
9. Upon completion of the necessary procedure, the student is able to safely and efficiently return the patient to their room.

Upon return to the floor, the student is able to sign the patient in (or notify the appropriate nurse while returning the patient chart to the appropriate location).

***Per program guideline, students are NOT allowed to transport patients without direct supervision.**



Magnetic Resonance Imaging Rotation Objectives

By the completion of this rotation assignment, the student should be able to:

1. List and discuss the patient contraindications for MRI procedures.
2. Describe the patient history information unique to MRI scanning.
3. Explain necessary patient preparations for MRI scans including the need to disrobe.
4. Identify the main components of an MRI scanner.
5. Discuss the role of MRI in the diagnostic process.
6. List the differences between CT and MRI scanning.
7. Identify the basic principles of MRI scanning.

Describe safety precautions unique to an MRI department.

MRI Safety Screening

Each individual must be checked for safety or pre-screened prior to entering the magnetic environment of the scan room. A standardized form is used for evaluating the safety of an individual **BEFORE** that individual is permitted within the magnetic environment. Chatt Tech will perform pre-screening (Student MRI History & Screening Form) at the school and watch an MRI safety video before a student is allowed to rotate through MRI. If there are any contraindications found, such as pacemaker, aneurysm clip, or any surgical implanted devices, the student will **NOT** be allowed to rotate through the MRI department for clinical experience. (The questionnaire is available for all students to fill out and sign at the beginning of the program when the MRI Safety Review is conducted)

Operating Room Rotation Objectives

By the completion of this rotation assignment, the student should be able to:

General Orientation

1. Identify the location of the master board of OR cases.
2. Explain how cases are tracked on the master board, and when x-ray cases are scheduled to begin.
3. Locate the appropriate location for image receptors, grids, and the image receptor stand.

Equipment

1. Identify the proper location for portable radiographic machine storage when not in use.
2. State the proper location for C-Arm storage when not in use.
3. Move the C-Arm from room to room without damaging other equipment or contaminating a sterile field.
4. Accurately manipulate the C-Arm from superior to inferior.
5. Accurately manipulate the C-Arm laterally.
6. Correctly demonstrate the method for entering new patient information into the C-Arm prior to starting a procedure.

Radiation Protection

1. Locate the proper location for storage of lead aprons, mobile shields, and thyroid shields when not in use.
2. Follow the proper procedure for ensuring others in an OR room are shielded before exposing.
3. Demonstrate proper lead apron storage and care to prevent damage to the lead.
4. Describe and demonstrate proper techniques for avoiding sterile field contamination.

Procedures

1. Observe and gradually participate in surgical procedures requiring x-ray.
2. Assist the surgical technician in placing a sterile C-Arm cover over the machine without contamination.
3. Describe the protocol for obtaining a "STAT" OR radiograph, and is able to follow that protocol if necessary.

Cystography Room

1. Describe the method for turning the unit on and off.
2. Given technical factors, accurately manipulate the kVp and mAs.
3. Demonstrate the method for activating fluoro and changing to overhead projections, as needed.



Cardio-Vascular Procedures Rotation Objectives

By the completion of this rotation assignment, the student should be able to:

1. Assist in setting up and maintaining a sterile field.
2. Add instruments, needles, and other supplies to the sterile field without contamination.
3. Describe patient exam preparations for commonly performed procedures.
4. Describe the proper method for selecting and preparing contrast media for angiographic procedures.
5. Demonstrate the proper method for drawing contrast media into the auto injector and arm the injector.
6. Explain the difference between a guide wire and a catheter.
7. List the contraindications for invasive procedures.
8. Discuss patient positioning considerations for commonly performed procedures.
9. Identify and describe the role of each individual present during a procedure.
10. Manipulate the tube position for various projections.



Ultrasound Rotation Objectives

By the completion of this rotation assignment, the student should be able to:

1. Discuss the role of ultrasound in diagnostic imaging
2. Describe the basic principles of ultrasound imaging
3. Identify the limitations and advantages of ultrasound imaging
4. Define the terms transducer, echo, and Doppler
5. List and discuss common patient preps for ultrasound imaging
6. State the proper sequence of exams regarding ultrasound imaging and other imaging modalities



Nuclear Medicine Rotation Objectives

By the completion of this rotation assignment, the student should be able to:

1. Discuss the role of nuclear medicine in the diagnostic process.
2. Describe common patient preparations for nuclear medicine studies.
3. Identify any contraindications to performing nuclear studies.
4. List common timeframes for commonly performed nuclear studies.
5. Explain patient history information necessary when performing nuclear medicine studies.
6. Discuss safety measures to be taken while working in the "hot lab".
7. Identify contrast media, pharmaceuticals and other substances that may adversely affect nuclear studies.

Computed Tomography Rotation Objectives

By the completion of this rotation assignment, the student should be able to:

1. Define the terms scout, slice, image acquisition, image reformat, and image reconstruction.
2. Discuss the effects of manipulation the window and level settings on a displayed image.
3. Identify the various scanner components and state the function of each.
4. Explain the differences between conventional and spiral CT scanners.
5. List the advantages and limitations of spiral CT scanners.
6. Identify common patient preps for CT examinations.
7. List the contraindications for CT scanning and the use of IV contrast.
8. Describe the differences between the barium used in general x-ray and the barium used in CT.
9. Discuss the proper sequence of examinations relative to CT and other imaging modalities.

Mammography Rotation Objectives

By the completion of this rotation assignment, the student should be able to:

1. Describe the primary purpose of screening mammography and its role in early detection of breast cancer.
2. Identify common target/filter combinations used in mammography and explain their impact on image quality and radiation dose.
3. Explain the purpose of using a small focal spot in magnification mammography and its effect on spatial resolution.
4. State current general screening guidelines for mammography based on established recommendations (e.g., American Cancer Society).
5. Define the Breast Imaging Reporting and Data System (BI-RADS) and discuss its role in standardizing reporting and patient management.
6. Explain the purpose and significance of the Mammography Quality Standards Act (MQSA) in ensuring quality assurance, safety, and regulatory compliance.
7. Discuss the significance of BRCA1 and BRCA2 genetic mutations and their impact on breast cancer risk and screening considerations.