



RADIOLOGIC TECHNOLOGY PROGRAM

STUDENT HANDBOOK

2024-2025

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Meridian Community College's Radiologic Technology program is accredited by the Joint Review Committee on Education in Radiologic Technology. T20 N. Wacker Drive, Suite 2850, Chicago, IL 60606-3182, Phone: (312) 704-5300, Fax: (312) 704-5304 <http://www.jrcert.org/contact/> The Joint Review Committee on Education in Radiologic Technology (JRCERT) promotes excellence in education and elevates the quality and safety of patient care through the accreditation of educational programs in radiography, radiation therapy, magnetic resonance, and medical dosimetry. The JRCERT is the only agency recognized by the United States Department of Education (USDE) and the Council for Higher Education Accreditation (CHEA), for the accreditation of traditional and distance delivery educational programs in radiography, radiation therapy, magnetic resonance, and medical dosimetry. The Joint Review Committee on Education in Radiologic Technology (JRCERT)

Meridian Community College is accredited by SACSCOC (Southern Association of Colleges and Schools Commission on Colleges) to award the Associate in Arts and the Associate of Applied Science Degrees. Contact SACSCOC at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call 404-679-4500 for questions about the accreditation of Meridian Community College.

Meridian Community College is a public institution of higher learning dedicated to improving the quality of life in Lauderdale County, Mississippi, and surrounding areas. Through campus-based and distance education programming, MCC serves a diverse student population and accomplishes its mission by providing equal access to:

- Courses leading to the Associate in Arts Degree and/or transfer to senior colleges and universities;
- Associate of Applied Science Degree and occupational certificate programs, and customized workforce training, leading to entry-level and/or enhanced employment opportunities;
- Continuing education courses designed for personal and/or professional enrichment, student support services, cultural enrichment events, and adult basic and developmental education programs designed to equip students for expanded opportunities.

Welcome from the Director and Coordinator:

Welcome Radiology Students,

We would like to thank you for choosing our Profession, College, and Program as a career path. As your instructors, we are dedicated to being an advocate for you and we understand that this field of study is new to you. We want you to know that we will work with you to understand all the concepts necessary to help you become a knowledgeable and proficient Radiologic Technologist. We as program faculty along with your clinical preceptors will be by your side to assist in your growth in this profession but will also hold you accountable for your professional qualities. These qualities are attributes that include but are not limited to: integrity, dependability, cooperation, respect for others, and good communication skill. We would like to request that you abide by The Golden Rule. "Treat others in the way you would like to be treated"; You must treat classmates, site staff, instructors, and patients with the utmost respect.

It is essential that all Radiography students have a thorough understanding of the curriculum, policies, and procedures for successful completion of the required competencies. This program will be demanding, and there will be times that you wonder what you have gotten yourself into. This handbook has been prepared to assist you become familiar with the policies and procedures of our program. During the next two years, you will be taught many different concepts. It is important for you to understand information that we feel is necessary to be successful in our profession. You will learn and apply many radiology concepts in the laboratory and clinical settings. Over the course of the program, you will find that you will develop critical thinking skills, compassion, and knowledge relating to the field of Radiologic Technology.

Webster describes profession as a “chosen, paid occupation requiring prolonged training and formal qualification.” Professionals, therefore, can be defined as individuals expected to display competent and skillful behaviors in alignment with their profession. Being professional then is the act of behaving in a manner defined and expected by the chosen profession. My message to you all is that we are one of the most trusted professions in the world and have so much to give. Show the world how wonderful we are by always putting your best foot forward not only for yourself, but for all of us in this wonderful profession!

Your clinical education and hands-on training will be more valuable to you than you can imagine. Department managers and clinical staff are watching each student’s clinical performance, tardiness, absences, ability to work as part of a team while completing clinical rotations. These members of the clinical education team also contact program faculty regarding your clinical performance/abilities and work ethics. We would like to encourage you to think of your clinical education as an interview for future employment in this profession.

Again, thank you for this opportunity to train you in this gratifying profession. We are dedicated to you, our students, and your learning. If we can be of assistance, please feel free to contact us.

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Program Description

Radiographers perform imaging examinations and accompanying responsibilities at the request of physicians and/or qualified practitioners qualified to prescribe and/or perform radiologic procedures. They utilize equipment emitting ionizing radiation to produce radiographic images of the internal structures of human anatomy. These radiographic images are utilized by the physician for diagnostic and therapeutic purposes. The radiographer is responsible for all functions in the Radiology Department to insure consistent radiographic images and provide for personal and patient safety from ionizing radiation. In addition to producing diagnostic images and primary patient care, other responsibilities may include administrative and educational functions.

Graduates of this 2-year program will be awarded an Associate of Applied Science Degree in Radiologic Technology and are eligible to make application to the American Registry of Radiologic Technology in order to become a Registered Technologist Radiographer.

Industry standards are based on the ARRT Content Specifications for the Examination in Radiography. More information for ARRT can be found at <https://www.arrt.org/content-specifications>

Summary of Radiology Curriculum

The writing team members for the Radiologic Technology curriculum adopted the ASRT objectives for student learning outcomes. The ASRT objectives are listed by course. No other changes were conducted to the existing curriculum.

<https://www.asrt.org/educators/asrt-curricula/radiography/radiography-curriculum>

College Accreditation:

Meridian Community College is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award associate degrees. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097, telephone 404-679-4500, or at <http://www.sacscoc.org> for questions about the accreditation of Meridian Community College. The Commission is only to be contacted to learn about the accreditation status of the College, to file a third-party comment at the time of the College’s decennial review, or to file a complaint against the College with evidence that

appears to support non-compliance with a standard or requirement. All normal inquiries about the institution, such as admission requirements, financial aid, educational programs, etc., should be addressed directly to Meridian Community College and not to the Commission's office.

Program Accreditation:

The Radiologic Technology Program at Meridian Community College holds accreditation by the Joint Review Committee on Education in Radiologic Technology. JRCERT 20 N. Wacker Drive, Suite 2850 Chicago, IL 60606-3182 (312) 704-5300 www.jrcert.org Email: mail@jrcert.org

American Registry of Radiologic Technologists: Code of Ethics

1. The radiologic technologist conducts him/herself in a professional manner, responds to patient needs and supports colleagues and associates in providing quality patient care.
2. The radiologic technologist acts to advance the principal objective of the profession to provide services to humanity with full respect for the dignity of mankind.
3. The radiologic technologist delivers patient care and service unrestricted by concerns of personal attributes or the nature of the disease or illness, and without discrimination based on sex, race, creed, religion or socio-economic status.
4. The radiologic technologist practices technology founded upon theoretical knowledge and concepts, uses equipment and accessories consistent with the purpose for which they were designed, and employs procedures and techniques appropriately.
5. The radiologic technologist assesses situations; exercises care, discretion and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.
6. The radiologic technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.
7. The radiologic technologist uses equipment and accessories, employs techniques and procedures, and performs services in accordance with an accepted standard of practice and demonstrates expertise in minimizing radiation exposure to the patient, self and other members of the health care team.
8. The radiologic technologist practices ethical conduct appropriate to the profession and protects the patient's right to quality radiologic technology care.
9. The radiologic technologist respects confidences entrusted in the course of professional practice. Respects the patient's right to privacy and reveals confidential information only as required by law or to protect the welfare of the individual or the community.
10. The radiologic technologist continually strives to improve knowledge and skills by participating in continuing education and professional activities, sharing knowledge with colleagues, and investigating new aspects of professional practice.

Any student acting individually or in concert with others, who violates any part of code of ethics, shall be subject to disciplinary procedures with possible termination from the program.

**RADIOLOGIC TECHNOLOGY PROGRAM
MISSION, GOALS AND
ASSESSMENT PLAN 2023 RESULTS**

GOAL ONE: Produce clinically competent students/graduates.	
Outcome Objectives:	Methods of Assessment:
I. Students/Graduates will apply proper positioning skills	A. Scenario testing
Sophomore cohort 100% met (10 of 10) Freshman cohort 93% met (13 of 14)	1. Students will score 75% or greater on "patient positioning" category/s of Radiographic Positioning Evaluation form used for end of fall semester scenario testing performed by faculty. (formative)
Status: Goal NOT met	
23 of 24 students (95.8%) scored 75% or greater on patient positioning category during scenario testing.	
	B. Clinical Instructor Evaluation
Sophomore cohort 100% met (10 of 10) freshman cohort 100% met (14 of 14)	1. Students will score 75% or greater on category 4 of the end of fall semester Clinical evaluation, performed by clinical preceptor. (formative)
Status: Goal MET	
24 of 24 students (100%) scored 75% or greater on the efficiency category of clinical evaluation - the extent to which the student evaluates the criteria necessary for each technical procedure; demonstrates speed and accuracy in performance and related clinical duties.	
	C. Employer Questionnaire
100% met	1. Graduates will score 80% or greater on category B1 of the Employer Questionnaire performed by the employer after program completion. (summative)
Status: Goal MET	
4 of 4 surveys (100%) returned scored graduates 80% or greater on patient positioning skills.	
II. Students/Graduates will demonstrate an understanding of technical concepts.	A. Scenario testing
Sophomore cohort 67% met (6 of 9) freshman cohort 33% met (4 of 12)	1. Students will score 75% or greater on "technique selection/exposure value" categories of Radiographic Positioning Evaluation form used for end of spring semester scenario testing performed by faculty. (formative)
Status: Goal NOT met	
10 of 21 students (47.6%) scored 75% or greater on "technique selection/exposure value" category during scenario testing.	
	B. Clinical Evaluation
Sophomore cohort 100% met (9 of 9) Freshman cohort 83% met (10 of 12)	1. Students will score 75% or greater on category 6 of the end of spring semester Clinical evaluation, performed by clinical preceptor. (formative)
Status: Goal NOT met	
19 of 21 students (90.5%) scored 75% or greater on technical ability category of clinical evaluation.	
	C. Employer Questionnaire
100% met	1. Graduates will score 80% or greater on category B3 of the Employer Questionnaire performed by the employer after program completion. (summative)
Status: Goal MET	
4 of 4 surveys (100%) returned scored graduates 80% or greater on graduates ability to obtain diagnostic radiographs with minimum radiation exposure.	
III. Students/Graduates will apply ALARA radiation safety principles on patients, self and others.	A. Scenario testing
Sophomore cohort 100% met (10 of 10) Freshman cohort 100% met (14 of 14)	1. Students will score 75% or greater on categories 3, 8 and 9 of Radiographic Positioning Evaluation form used

	for end of fall semester scenario testing performed by faculty (formative)
Status: Goal MET	
24 of 24 students (100%) scored 75% or greater on protection in scenario testing	
	B. Clinical Evaluation
Sophomore cohort 100% met (10 of 10) Freshman cohort 100% met (14 of 14)	1. Students will score 75% or greater on the appropriate category of the end of fall semester Clinical evaluation performed by clinical preceptor (formative)
Status: Goal MET	
24 of 24 students (100%) scored 75% or greater on protection in the clinical setting	
	C. Employer Questionnaire
100% met	1. Graduates will score 80% or greater on category B5 of the Employer Questionnaire performed by the employer after program completion. (summative)
Status: Goal MET	
4 of 4 surveys (100%) returned scored graduates 80% or greater on practicing radiation safety for patients, others and self	
GOAL TWO: Produce students/graduates who demonstrate proper communication skills	
Outcome Objectives:	Methods of Assessment:
I Students/Graduates will demonstrate effective communication with patients	A. Scenario testing
Sophomore cohort 88.9% met (8 of 9) Freshman cohort 75% met (9 of 12)	1. Students will score 80% or greater on categories 1, 4 and 15 of competency evaluation form used for end of semester spring scenario testing performed by faculty. (formative)
Status: Goal NOT met	
17 of 21 students (81%) scored 80% or greater on effective communication during scenario testing.	
	B. Clinical Evaluation
Sophomore cohort 100% met (9 of 9) Freshman cohort 100% met (12 of 12)	1. Students will score 80% or greater on category 7 of the end of spring semester Clinical evaluation, performed by clinical preceptor. (formative)
Status: Goal MET	
21 of 21 students (100%) scored 80% or greater on patient relations category of clinical evaluation.	
II. Students/Graduates will demonstrate effective professional communication.	A. Pathology Presentation (RGT2922)
8 of 9 students (88,9%) met	1. Students will score 90 or greater on sophomore pathology presentation
Status: Goal NOT met	
8 of 9 students (88.9%) scored 90% or greater on pathology presentation	
	B. Employer Questionnaire
100% met	1. Graduates will score 80% or greater on category C1 of the Employer Questionnaire performed by the employer after program completion. (summative)
Status: Goal MET	
4 of 4 surveys (100%) returned scored graduates 80% or greater on effective communication skills in the healthcare setting.	
GOAL THREE: Produce students/graduates who apply critical thinking skills.	
Outcome Objective:	Methods of Assessment:
I. Students will adapt standard procedures for non-routine patients	A. Trauma/scenario testing
Sophomore cohort 100% met (9 of 9) Freshman cohort 83.3% met (10 of 12)	1. Students will score 80% or greater on a trauma scenario lab practical at the end of spring semester performed by program faculty. (formative)
Status: Goal NOT met	

19 of 21 students (90.5%) scored 80% or greater on trauma/scenario testing at end of spring semester.	
	B. Trauma scenario testing
Sophomore cohort 90% met (9 of 10) Freshman cohort (92.8% met (13 of 14)	1. Students will score 80% or greater on a trauma/scenario lab practical at the end of fall semester performed by program faculty. (formative)
Status: Goal NOT met	
22 of 24 students (91.7%) scored 80% or greater on trauma/scenario testing at the end of fall semester.	
	C. Employer Questionnaire
100% met	1. Graduates will score 80% or greater on category B2 of the Employer Questionnaire performed by employer after program completion.
Status: Goal MET	
4 of 4 surveys (100%) returned scored graduates 80% or greater on modification of standard procedures to accommodate patient conditions and other variables.	
II. Students/graduates will critique images to determine diagnostic quality	A. Image Analysis
Sophomore cohort 88.9% met (8 of 9) Freshman cohort 41.6% met (5 of 12)	1. Students will score 75% or greater on image analysis exam performed at the end of Spring semester performed by program faculty (formative)
Status: Goal NOT met	
13 of 21 students (61.9%) scored 75% or greater on spring semester image analysis.	
	B. Image Analysis
Sophomore cohort 100% met (10 of 10)	1. Students will score 75% or greater on image analysis exam performed at the end of sophomore fall semester performed by program faculty (summative)
Status: Goal MET	
10 of 10 sophomores (100%) scored 75% or greater on fall semester image analysis.	
	C. Employer Survey
100% met	1. Graduates will score 80% or greater on category B7 of the Employer Questionnaire performed by the employer after program completion. (summative)
Status: Goal MET	
4 of 4 surveys (100%) returned scored graduates 80% or greater on ability to evaluate radiographic images for appropriate positions and image quality.	

2024 Assessment Plan

GOAL ONE: Produce clinically competent students/graduates.

Outcome Objectives:	Methods of Assessment:
I. Students/Graduates will apply proper positioning skills	A. Scenario testing
	1. Students will score 80% or greater on "patient positioning" category/s of the lab practical evaluation form used for SOPHOMORE fall semester scenario testing performed by faculty. (formative)
	B. Clinical Instructor Evaluation
	1. Students will score 75% or greater on category 4 of the end of SOPHOMORE fall semester Clinical evaluation, performed by clinical preceptor. (formative)
	C. Employer Questionnaire
	1. Graduates will score 80% or greater on category B1 of the Employer Questionnaire performed by the employer after program completion. (summative)
II. Students/Graduates will demonstrate an understanding of technical concepts.	A. Scenario testing
	1. Students will score 50% or greater on "technique selection/exposure value/DI" categories of the lab practical evaluation form used for SOPHOMORE spring semester scenario testing performed by faculty. (summative)
	B. Clinical Evaluation
	1. Students will score 75% or greater on category 6 of the end of SOPHOMORE fall semester Clinical evaluation, performed by clinical preceptor. (formative)
	C. Employer Questionnaire
	1. Graduates will score 80% or greater on category B3 of the Employer Questionnaire performed by the employer after program completion. (summative)
III. Students/Graduates will apply ALARA radiation safety principles on patients, self and others.	A. Scenario testing
	1. Students will score 75% or greater on categories 3, 4, 8 and 9 of the lab practical evaluation form used for SOPHOMORE fall semester scenario testing performed by faculty (formative)
	B. Clinical Evaluation
	1. Students will score 75% or greater on category 10 of the end of SOPHOMORE fall semester Clinical evaluation performed by clinical preceptor (formative)
	C. Employer Questionnaire
	1. Graduates will score 80% or greater on category B5 of the Employer Questionnaire performed by the employer after program completion. (summative)
GOAL TWO: Produce students/graduates who demonstrate proper communication skills	
Outcome Objectives:	Methods of Assessment: .
I Students/Graduates will demonstrate effective communication with patients	A. Scenario testing
	1. Students will score 75% or greater on categories 12, 14, and 15 of the lab

	practical evaluation form used for end of SOPHOMORE semester spring scenario testing performed by faculty. (summative)
	B. Clinical Evaluation
	1. Students will score 75% or greater on category 7 of the end of SOPHOMORE spring semester Clinical evaluation, performed by clinical preceptor. (summative)
II. Students/Graduates will demonstrate effective professional communication.	A. Pathology Presentation (RGT2922)
	1. Students will score 90 or greater on sophomore pathology presentation
	B. Employer Questionnaire
	1. Graduates will score 80% or greater on category C1 of the Employer Questionnaire performed by the employer after program completion. (summative)
GOAL THREE: Produce students/graduates who apply critical thinking skills.	
Outcome Objective:	Methods of Assessment:
I. Students will adapt standard procedures for non-routine patients	A. Trauma/scenario testing
	1. Students will score 80% or greater on a trauma scenario lab practical at SOPHOMORE spring semester performed by program faculty. (summative)
	B. Trauma scenario testing
	1. Students will score 80% or greater on a trauma/scenario lab practical at the end of SOPHOMORE fall semester performed by program faculty. (formative)
	C. Employer Questionnaire
	1. Graduates will score 80% or greater on category B2 of the Employer Questionnaire performed by employer after program completion.
II. Students/graduates will critique images to determine diagnostic quality	A. Image Analysis
	1. Students will score 75% or greater on image analysis exam performed at the end of SOPHOMORE Spring semester performed by program faculty (summative)
	B. Image Analysis
	1. Students will score 75% or greater on image analysis exam performed at the end of sophomore fall semester performed by program faculty (formative)
	C. Employer Survey
	1. Graduates will score 80% or greater on category B7 of the Employer Questionnaire performed by the employer after program completion. (summative)

MCC enters into a **partnership for success** with each student and willingly assumes the responsibility of offering the quality of instruction, facilities, and services necessary to provide its partners with opportunities to achieve their individual academic goals. The following policies are designed to facilitate this process.

ATTENDANCE - PROGRAM POLICY

MCC students are expected to attend class regularly. Instructors are required to keep accurate attendance records. Specific attendance requirements are determined and enforced by the instructor and presented in writing to the class at its first meeting.

****It is the responsibility of the student to consult with the instructor, in advance when possible, if an absence is inevitable. The instructor also considers if and/or how class work is to be made up and if/how credit for such work is assigned****

It is recommended that every student strive to attend all classes. This policy allows for those unforeseen occurrences requiring non-attendance that cannot be controlled by the student. Regular attendance in the classroom and clinical rotations is necessary for a student to obtain the necessary knowledge and experience to become a successful radiologic technologist. In addition, good attendance habits will assist students in meeting future employer expectations. Students must realize that most classes occur in blocks so missing one day of class is equivalent to missing two classes. Students should arrive at least 10 minutes in advance of class and plan for possible traffic delays etc. that may impact student arrival for class. Absence is defined as each day of class the student is absent or leaves a class early without approval from the instructor. Tardy is defined as arriving after the scheduled start time of class.

As a block schedule, meeting once a week, is followed, if the student fails to attend two of the same RGT classes (two weeks of information) without making prior arrangements with the instructor, then he/she may be dropped from the roll with a "W" being recorded on the student's transcript. The student then has 10 days to petition for reinstatement or a grade change. The instructor is authorized to reinstate a student if he/she can justify reinstatement. If no reinstatement is sought, the grade of "W" will become permanent." MCC CATALOG

FULL TIME ATTENDANCE IS REQUIRED. NO "UNEXCUSED ABSENCES" OR "CUTS" ARE ALLOWED IN EITHER THE CLASSROOM OR PRACTICUM SETTING. Students may accrue two classroom absences over the duration of a semester; all clinical absences must be made up in the semester the absence occurs. State and national curriculum mandate the clinical and academic hours necessary for degree completion. Excessive absenteeism (more than 2 per semester) may result in dismissal from the program. ALL CLINICAL ABSENCES MUST BE MADE UP (see clinical section)

The student is responsible for content covered during any absence from class for any reason. **It is the responsibility of the student to inform MCC faculty [and site *clinical preceptor* if absence occurs on clinical day] of all absences prior to or the day of all absences according to policies of this handbook**

FULL ATTENDANCE IS ESSENTIAL TO MAXIMUM LEARNING.

PUNCTUALITY-

Students are expected to attend lectures, laboratory and clinical sessions at the scheduled time for the prescribed amount of time. **A student's late admittance to class is at the sole discretion of the instructor.** If a student is not present for roll call, it is the student's responsibility to see the instructor **after** the lecture to change the "absence" to a "tardy". A student who does not return to class, lab or clinic after a break or leaves class, lab or clinic before the end of the assigned time, is marked tardy provided not more than 30 minutes of the schedule is missed. Students who miss half of an assigned class, lab or clinical rotation are marked absent. **Any scheduled or unscheduled daily examination that may be given during the tardy time/absence is given a grade of "zero" and may not be made up.** A student who is absent due to an official religious observance or an MCC sponsored or approved activity, and who has appropriately informed the instructor prior to the event, is entitled to make up missed course work. In other cases, the instructor determines whether a student is allowed to complete makeup work and the time and nature of the makeup work. Students are responsible for arranging to make up any course work missed due to absences for any reason.

RGT Honor Code Statement:

MCC Radiology students achieve all academic coursework with integrity. They conduct themselves in a professional, respectful and honorable manner, and are sincere in all areas of their professional education in

order to encourage and create an atmosphere of pride and faith. The foundation of the honor code is self-control and gratification, which requires collaboration and provision from each person in working as a professional team.

Honor Code: Violations

Violations of the Honor Code such as cheating, falsifying, plagiarism will not be tolerated, and the student will receive a zero grade and may be dismissed from the program at the discretion of the instructor. Possible violations include but are not limited to the following:

1. Giving and/or receiving unauthorized aid on an assignment, report, paper, exercise, problem, test or examination, tape, film, or computer program submitted by a student to meet course requirements. Such aid includes the use of unauthorized aids which may include crib sheets, answer keys, discarded computer programs, the aid of another person on a take-home exam, opening or visiting additional websites while testing, etc.; copying from another student's work; unauthorized use of books, notes, or other outside materials during "closed book" exams; soliciting, giving, and/or receiving unauthorized aid orally or in writing; or any other similar action that is contrary to the principles of academic honesty.
2. Plagiarism on an assigned paper, theme, report, or other material submitted to meet course requirements. Plagiarism is defined as incorporating into one's own work the work or ideas of another without properly indicating that source.
3. Failure to report a known or suspected violation of the Code.
4. Any action designed to deceive a member of the faculty, a staff member, or a fellow student regarding principles contained in the Honor Code, such as securing an answer to a problem for one course from a faculty member in another course when such assistance has not been authorized.
5. Any falsification of class records or other materials submitted to demonstrate compliance with course requirements or to obtain class credit, including falsifying records of class attendance, attendance at required events or events for which credit is given, or attendance or hours spent at internships or other work service.
6. Submission of work prepared for another course without specific prior authorization of the instructors in both courses.
7. Use of texts, papers, computer programs, or other class work prepared by commercial or noncommercial agents and submitted as a student's own work.
8. Falsification of results of study and research.
9. Altering a previously graded examination or test for a regrade.

Note: Examinations and the questions therein, as well as lectures, teaching notes, scholarly writings, course handouts, assignments, and other course materials are the property of the individual faculty member. Copying or distributing any such materials without the permission of the copyright owner may constitute an infringement violation and may result in a referral to the Dean of Academic Affairs for corrective action.

COURSE REQUIREMENTS:

Instructors are responsible for providing and explaining written information regarding course requirements to all students enrolled in a course. **Students** are responsible for understanding the stated requirements of a course in which they are enrolled. Both students and instructors are responsible for complying with the written requirements of a course. Program listed textbooks and resources are required to be purchased for the duration of the program and are bundled for best price and convenience - available in the bookstore freshman fall semester. ALL LISTED TEXTBOOKS/RESOURCES ARE REQUIRED.

WITHDRAWING FROM COURSES:

The Meridian Community College Program in Radiologic Technology faculty reserves the right to request, at any time, the voluntary withdrawal of a student, or initiate dismissal of any student whose health, conduct, personal qualities, clinical performance, patient care skills and scholastic records indicate that it would be inadvisable for the student to continue in the Program.

Any student considering withdrawing from the program is strongly encouraged to speak with program faculty and/or the program advisor. Those students who withdraw of their own accord and have achieved satisfactorily to that point in the program receive a "withdrawal". If the student wishes to re-apply later, the records are re-evaluated by the Admissions Committee. Voluntary withdrawal requires a letter to be written by

the student that explains the circumstance. This letter must be submitted to the Program Coordinator at the time of withdrawal. Failure to submit a withdrawal letter may negatively impact the student's future evaluation for re-admission.

The student receives a grade of "W" for a course if a withdrawal form is submitted to program faculty following requirements posted in the Meridian Community College Catalog. Students should consult the advisor's office for withdrawal dates during special sessions. Students receive a failing grade (F) if they have not met minimum course requirements for a passing grade and have not submitted a withdrawal form or been withdrawn from a course by the above deadlines.

A grade of "I" (incomplete) can be assigned as necessary for incomplete work. Students must complete missing course work prior to the start of the next semester or the "I" will convert to a grade of "F". Extenuating circumstances may be considered on an individual basis.

It is the student's responsibility to officially withdraw from any and all courses. **Refunds of fees are computed according to the instructor's recorded last date of class attendance.** Attendance in an online course is measured by active participation in the course (i.e., submission of weekly assignment). Any claims disputing actual class attendance and requests for exceptions because of extenuating circumstances must be submitted in writing to the business office within 90 days after the end of the semester of withdrawal. Any exception to this policy must be approved by an administrative committee. The college will not refund fees originally paid by check until the check has successfully cleared the student's bank. Students receiving any type of financial aid, including grants, loans, scholarships or veteran's benefits, must consult with a financial aid office staff member before dropping any course.

WITHDRAWAL PROCEDURE

It is the student's responsibility to officially withdraw from any and all courses. The student should contact the instructor (in person, by phone or via email) to discuss the decision to withdraw. A student can request to be withdrawn from courses by completing the following steps:

1. Log on to Eaglenet and click on the "Student Registration" tab.
2. On the "Student Registration" page, click on the link "Registration Main Menu", located on the far right of the page.
3. This will open a new window that shows the main Registration menu. Click the third link in the menu: "Request to be Dropped from a Class".
4. On the next screen, scroll to the bottom and click the drop-list to the right of the words "Requested Drop for Class". Your courses should be listed. Click on the course you want to drop.
5. Click the button "Update Drop Request".
6. An email will be sent to your instructor and assigned advisor informing him/her of your request. Your advisor will contact you to discuss options about the class, make recommendations, etc. You can contact your instructor to see if your request has been received. Once the request has been processed by your instructor, you will be dropped from the course.
7. If you need to drop more than one course, you can repeat the above procedure for however many classes you need to drop.
8. Contact your instructor if a week has passed and you still see the course in Canvas.
The request must be submitted by the withdrawal deadline which is published in the MCC catalog as part of the Academic Calendar for withdrawal deadlines. The student should review the attendance policy for each course; each class attendance policy still applies. www.meridiancc.edu

The calculation any refund of tuition and fees will be based on the last date of class attendance as determined by the instructor.

Meridian Community College
Tuition/Fee Refund Policy

Prior to the first-class day, a 100% refund will be given.

CLASS LENGTH IN WEEKS	REFUND At the end of 1st Week	REFUND At the end of 2nd Week	REFUND At the end of 3rd Week
4 weeks or less	No refund	No refund	No refund
5 to 10 weeks	100%	50%	No refund
11 to 17 weeks	100%	75%	50%

READMISSION POLICY

Policy for First-Year Student (1st, 2nd and 3rd semesters): In the event that a 1st-year student exits the program during the 1st, 2nd or 3rd semester of enrollment by withdrawal or failure of a Rad Tech curriculum course, he/she must reapply for the next cohort.

Policy for Second-Year Students: In the event that a 2nd-year student (4th or 5th semesters) exits the program by withdrawal from the Rad Tech Program or failure of a Rad Tech curriculum course, he/she may be considered for reinstatement in the program.

In order for a second-year student to be considered for a return to the program, the following criteria must be met:

1. The student has not previously requested to return.
2. All current program admission requirements are met prior to returning. Requirements include but are not limited to: current 2-year CPR certification, health insurance, criminal background check, and a cumulative GPA of 2.0.
3. Submit a justification of readmission letter detailing past performance and action plan for success if re-admitted to the Program Director one semester prior to returning.

After the student has requested to return to the program, the following process will occur:

1. The Rad Tech faculty will convene a meeting to consider the student's written request.
2. The Rad Tech faculty will consider issues such as patient safety, student integrity, student knowledge, clinical competence, and communication skills when making recommendations.
3. Prior clinical evaluations and the student academic record will be reviewed.
4. The student must earn a passing grade (80 or above) a faculty created written exam of program content
5. The student must perform all covered procedures in the MCC energized lab as well as image analysis at 80%
6. The student will be notified by the Program Director regarding their status to return.
7. The faculty reserve the right to require a student to reapply to the Program following the normal admission process and complete the entire curriculum course sequence.

Returning to the program is dependent on student space availability. Meeting the criteria does not guarantee a return. Returning is a privilege, not a right.

TRANSFER STUDENT POLICY:

MCC does not accept transfer students from other radiologic technology programs

ADVANCED PLACEMENT POLICY

MCC does not offer advanced placement.

ROOM AND BOARD

Each student must provide his/her own lodging and meals.

TRANSPORTATION

Students are responsible for their own transportation and are expected to be in class and the assigned clinical (practicum) areas at the times scheduled. Students may be assigned to a distant clinical site for one or more semesters and **ARE REQUIRED TO TRAVEL** to the assigned site.

STUDENT HEALTH SERVICES

Each student is responsible for his/her own medical care. If the student needs to make an appointment with a private physician or dentist, **any appointment must be scheduled so that it does not conflict with a scheduled class or clinical assignment if possible.** Students are not allowed to discuss their personal medical problems with physicians while in the clinical area. If a student does not have health insurance with his family, it is strongly recommended that the student make arrangements for his own health insurance.

Supplemental accident insurance is automatically added to school charges when the student registers for clinical education classes. (Primary coverage remains the responsibility of the student). **This insurance covers minor incidents occurring during Meridian Community College class/lab/clinic schedule. Major medical bills are the responsibility of the student. The college, nor the hospital, covers the student under workman's compensation for classroom, laboratory or clinical activities.**

GRADING

Radiography is a profession in which less than adequate performance may cause patients to suffer harm; therefore, high Program standards must be maintained to insure the effectiveness and competency of graduates. The components of the grade for each radiology class and clinical educational experience will be specified in respective course syllabi utilizing the program grade scale below.

A minimum grade of 80% must be maintained on all required RGT (RADIOLOGIC TECHNOLOGY) courses. **THE PASSING MINIMUM GRADE IS 80%.** The grading scale below is used for all RGT courses.

- A (93 - 100)
- B (85 - 92)
- C (80 - 84)
- D (74 - 79) Does not progress
- F (73 and below) Does not progress

Failure to progress in any RGT course while in the program eliminates student's ability to enroll in the following semester. All courses in the curriculum must be passed with a grade of "C" {minimum 80} or better using the Meridian Community College *Radiologic Technology Program grading policy*. Any non-RGT courses may be repeated while the student is in the program. No student can graduate from the program until all academic and clinical requirements have been met.

GRADUATION REQUIREMENTS

Students may graduate by fulfilling College and Program requirements. To become a candidate for a degree, the student must meet with his/her academic advisor to complete an application for graduation by the application deadline of the final semester of study. For those students who wish to participate in the graduation ceremony, there is a commencement fee that must be paid to the Business Office at the time of application. Cap and gown arrangements will be made at this time.

Students must have also fulfilled all requirements specific to the Radiologic Technology Program. This includes having maintained a grade point average of at least 2.0, completed all radiology courses with a grade of "C" or higher, completed all required hours in clinical and be proven competent of the expectations set forth by the American Registry of Radiologic Technology.

A student is eligible for graduation from a radiologic technology program if they are able to:

- ♣ Use oral and written communication;
- ♣ Demonstrate knowledge of human structure, function and pathology;
- ♣ Anticipate and provide basic patient care and comfort measures;
- ♣ Apply principles of body mechanics;
- ♣ Perform basic mathematic functions;
- ♣ Operate radiographic imaging equipment and accessory devices;

- ♣ Position the patient and imaging system to perform radiographic examinations and procedures;
- ♣ Modify standard procedures to accommodate patient's condition and other variables;
- ♣ Process images;
- ♣ Determine exposure factors to obtain diagnostic quality images following the principles of ALARA;
- ♣ Adapt exposure factors for various patient conditions, equipment, accessories, and contrast media to maintain appropriate radiographic quality;
- ♣ Practice radiation protection for the patient, self, and others;
- ♣ Recognize emergency patient conditions and initiate applicable treatment including basic life-support procedures;
- ♣ Evaluate radiographic images for appropriate positioning and image quality;
- ♣ Evaluate the performance of radiographic systems, know the safe limits of equipment operation, and report malfunctions to the proper authorities;
- ♣ Demonstrate knowledge and skills relating to quality assurance;
- ♣ Exercise independent judgment and discretion in the technical performance of medical imaging procedures.

COURSE EVALUATIONS

Once a semester, all students are requested to complete course evaluations for each class in which they are enrolled. Students are invited to use constructive criticism in completing the evaluations so faculty can identify strengths and weaknesses in the course. Faculty does not review the actual evaluations by the students, but receive a summary or an average of the course ratings.

ADVISORY COMMITTEE

The Advisory Committee will function in an advisory capacity to program administrators. The committee will make recommendations related to any of the following departmental goals:

- ♣ Ensuring an educational atmosphere that will produce radiologic technologists proficient in all aspects of radiologic technology.
- ♣ Developing a working and supportive relationship with local and state radiologic technology societies and hospital affiliates.
- ♣ Identifying strengths and weaknesses of the existing program, and planning and developing methods through which weaknesses can be alleviated.
- ♣ Acting as an initiator rather than a reactor in relation to change.
- ♣ Being sensitive and responsive to national and state trends.

The membership composition includes: the medical director, chief technologist and/or clinical faculty from each hospital affiliate, Associate Vice President of Nursing and Healthcare of Meridian Community College, the chairperson of the Health Professions Department, Program Director of the Radiologic Technology Program, and the Clinical Coordinator.

At least one regular meeting will be scheduled during each academic year. Other meetings may be scheduled when a need is indicated. In the event of any membership vacancies, replacements will be appointed to serve the remainder of the term.

CLASSROOM/LABORATORY ETIQUETTE

Meridian Community College is committed to promoting a level of classroom etiquette conducive to maximum teaching and learning. Within this context and due to the distraction of devices, all cell phones/electronic devices are to be placed in a provided container for the duration of class/lab and the following is expected:

1. Attend class each time the class meets;
2. Be on time for class and remain for the entire period. (including labs); missing more than 30 minutes is counted as an absence for class, lab and clinic.
3. Refrain from talking while the teacher is lecturing; if you have a question, ask.
4. Without prior approval from your instructor, do not use cell phones, headphones/earbuds or any electronic device in class/lab; (violators devices will be removed)

5. Be attentive and participate in class and lab;
6. Refrain from bringing non-students to class/lab. This includes children, spouses, boyfriend/girlfriend and friends. Guests are NOT allowed.
7. MCC ID, program dosimeter, and personal markers for laboratory use.
8. Proper attire for the classroom and lab includes undergarments that are not seen above or through clothing. (no mid-drift/backless shirts - no "booty" shorts)
9. Clothing must adequately cover the torso and lower extremity without limiting mobility/flexibility when working with pixy in the labs (not too tight/form fitting)

Students in violation of these expectations will be asked to leave the classroom/laboratory and receive an absence. Any make up work/lab time is at the sole discretion of the faculty member.

LABORATORY PERFORMANCE

Lab performance is directly supervised by program faculty possessing American Registry of Radiologic Technologists certification and evaluated using the final competency expectations required in clinic including patient care, proper positioning, proper technique and image analysis. Scheduled labs must be passed prior to earning the associated competency. Lab practicals occur at least twice - specific labs will be scheduled for each course and outlined in the first-day handout. Successful lab completion allows final competencies to be earned in the clinical setting as mandated by ARRT for program completion. A lab that is not passed on the first attempt must be repeated within seven days and at the instructor's discretion. Students may NOT earn competencies on that covered content until lab is passed. In the event of a laboratory practical failure with failure on the second attempt within the seven-day window, the student is placed on probation. **Any** subsequent lab failure will result in dismissal from the program. BE PREPARED. Competencies may not be earned for procedures until covered in lab/classroom testing.

COMMUNICATION AND RESPONSE POLICY

Students should check their campus e-mail twice each week for communication from instructors. Students may contact the RAD TECH instructors via e-mail (preferred method) through Teams, or by phone. Contact information for instructors is located on the syllabus for each course in Canvas under the syllabus tab. Instructors will respond to messages within 24 hours or by the next business day. Instructors will not be available to respond to messages after 4 p.m. on weekdays or after 12 noon on Fridays. If a message is received after 12 noon on Friday, it will not receive a response until the next business day. If the college is closed for the weekend or for holidays, then this is not considered a business day and a response will not be made until the college is open for business (i.e. Spring Break, etc.) This policy is to ensure that instructors are responding to messages during business hours when they have access to the information they need to make the best response possible.

STUDENT COMPLAINT PROCEDURE

Meridian Community College provides procedures for students to resolve complaints or grievances with the College. For purposes of this policy, a complaint or a grievance are synonymous terms and are herein referred to as a "complaint." A student should communicate his/her complaint as soon as possible to ensure the timely resolution of the complaint.

Non-Academic Matters:

Student complaints usually start, informally, at the department level where the student is encouraged to talk directly with the faculty or staff member to resolve the issue. If the student prefers to talk to someone other than the faculty or staff member involved, the student must present the complaint to the immediate supervisor of the person involved. The supervisor, faculty or staff member will provide the student with a decision within three business days.

1. Should further arbitration prove necessary, the student must submit a written statement to the appropriate Dean, Associate Dean, Vice President or Associate Vice President of the respective department which includes:
 - a. a written statement with contact information, including email address, that is signed and dated and clearly states the nature and basis of the alleged offense, the name(s) of the person(s) committing the alleged offense, the specifics of the incident(s) in question and the names of any known witnesses; and
 - b. the remedy sought by the student.

2. Within five business days of receipt of the complaint, the appropriate administrator will acknowledge through personal communication or via email, receipt of the complaint.
3. Within ten business days of receipt of the complaint, the administrator will meet with the student and initiate an investigation regarding the complaint.
4. Within 30 business days of receipt of the complaint, the administrator will provide a written response to the student outlining the decision or resolution regarding the complaint.
5. If the student is not satisfied with the decision and a mutually acceptable solution cannot be reached, the student will have 48 hours to submit a written appeal request to the Meridian Community College Student Appeals Council via the office of the Vice President of Operations (see "Student Appeals Procedure" in the *MCC Catalog*).
6. The Council's decision will be the final level of institutional appeal.

Academic Matters:

1. A student who has a complaint about a grade received in a course should see the "Grade Review Policy" in section three of the *MCC Catalog* for the grade review procedure. For "non-grade matters," student complaints usually start, informally, at the department level where the student is encouraged to talk directly with the faculty member to resolve the issue. If the student prefers to talk to someone other than the faculty member involved, the student is encouraged to present the complaint to the immediate supervisor of the person involved. The supervisor or faculty member will provide the student with a decision within three business days.
2. Should further arbitration prove necessary, the student must submit a written statement to the appropriate instructional unit of the College which includes:
 - a. a written statement with contact information, including email address, that is signed and dated and clearly states the nature and basis of the alleged offense, the name(s) of the person(s) committing the alleged offense, the specifics of the incident(s) in question and the names of any known witnesses; and
 - b. the remedy sought by the student.
3. Within five business days of receipt of the complaint, the appropriate administrator will acknowledge through personal communication or via email, receipt of the complaint.
4. Within ten business days of receipt of the complaint, the administrator will meet with the student and initiate an investigation regarding the complaint.
5. Within 30 business days of receipt of the complaint, the administrator will provide a written response to the student outlining the decision or resolution regarding the complaint.
6. If the student is not satisfied with the decision and a mutually acceptable solution cannot be reached, the student will have 48 hours to submit a written appeal request to the Meridian Community College Student Appeals Council via the office of the Vice President of Operations (see "Student Appeals Procedure" in the *MCC Catalog*).
7. The Council's decision will be the final level of institutional appeal.

The College recognizes and accepts Mississippi Commission on College Accreditation (MCCA) oversight in resolving complaints from students taking distance education under the auspices of the State Authorization Reciprocity Agreement (SARA). In addition, The Mississippi Commission on College Accreditation has a published student complaint policy found at http://www.mississippi.edu/mcca/student_complaint_process.asp. To file a complaint, a student should complete the complaint form available on the website. MCCA is located at 3825 Ridgewood Road, Jackson, MS 39211 and can be reached by telephone 601.432.6647.

CHAIN OF COMMAND

Clinical Situation

Immediate technologist involved

Clinical Preceptor

Clinical Coordinator

Program Coordinator

Classroom Situation

Course Instructor

Program Coordinator

Laboratory Situation

Laboratory Instructor

Program Coordinator

All situations that are not resolved at the Program Coordinator level

Division Chair
Dean of Students
Student Grievance Due Process - See above

Most situations can best be resolved at the first level. If, after talking with the first level, no satisfaction or solution is found, the student is then free to go to the next level to resolve the issue.

JRCERT Non-Compliance Due Process

The program is accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT). The student has the right to assume that the program is run within the guidelines for, and in compliance with, the JRCERT STANDARDS available at <http://www.jrcert.org/programs-faculty/jrcert-standards/>

If the student believes that the program is not in compliance, **documentation** of the events that led to the complaints or allegations of non-compliance along with a written statement should be presented to the Program Coordinator. The Program Coordinator should respond to the student within five working days. If the student believes that resolution has not been accomplished, the student may contact the Dean of Students. If, after the dean has taken the event to the next level of administration, the student does not believe that there has been resolution, then the student has the right to contact the Joint Review Committee on Education in Radiologic Technology by mail at JRCERT, 20 N. Wacker Drive, Suite 2850, Chicago, IL 60606-3182, by telephone at 312-704-5300, by fax 312-704-5304, or by e-mail at mail@jrcert.org.

Additionally, the student may choose to make the JRCERT his/her initial contact. JRCERT will then contact the institution.

Good faith efforts by all parties must be made to resolve the conflict. If the program has allegations or complaints relating to its non-compliance with the JRCERT STANDARDS, and the JRCERT, after its due process, agrees that the complaint is valid, the program must make every effort to immediately correct the situation. JRCERT **Standards for an Accredited Educational Program in Radiologic Sciences** are found on the JRCERT website (www.jrcert.org)

CIVIL TREATMENT

All students should expect to be treated, and to treat others, fairly and without harassment or any form of intimidation or extortion while he/she is a Meridian Community College student. It is reasonable to expect instructors, classmates, co-workers and hospital personnel to stop offensive behavior when asked to do so without the fear of retaliation. The student's first line of defense is to ask the person to stop an offensive behavior (preferably and almost essentially in the presence of a witness), document the event and report it to the immediate supervisor, clinical preceptor, faculty member, department chair, etc. In all cases, the clinical coordinator and/or the Department Chair must be made aware of the situation. The faculty is always willing to listen to concerns, perceived or actual.

IMMUNIZATION POLICY

In compliance with the Mississippi State Department Health recommendation and affiliated clinical site requirements, program students are required to provide documentation of two doses of measles-containing vaccine (usually administered as MMR vaccine) and two doses of Chickenpox/varicella vaccine (or titer) as soon as possible after admission and prior to clinical placement. A student may sign a waiver for Hepatitis B acknowledging receipt of disease information and refusal to allow vaccination/injection, but **two documented doses of MMR and two doses of varicella immunization(or titer) are required**. Failure to provide documentation of two doses of measles containing vaccine AND/OR varicella or immunity through serological testing (titer) as instructed, results in student dismissal.

Because of the nature of patient care experiences, clinical affiliates now require the influenza vaccine. Therefore, Meridian Community College students and faculty who are engaged in any level of clinical participation must conform to the requirements of MCC's clinical affiliates. Refusal to obtain the vaccine each fall may result in student dismissal.

Students and faculty utilizing healthcare agencies for clinical experiences must meet all clinical agency requirements with compliance, including vaccinations. MCC cannot guarantee clinical placement for students who fail to comply with clinical agency requirements.

COMMUNICABLE DISEASE POLICY

All students receive instructional material on communicable diseases to include COVID, AIDS and Hepatitis Viruses. All students must have a TB skin test, or an appropriate test, upon entering the program, **and** again in the fall of the sophomore year at student expense.

WHEN A STUDENT IS IDENTIFIED AS BEING INFECTED WITH ANY OF THE FOLLOWING COMMUNICABLE DISEASES, THE FOLLOWING STEPS ARE TO BE TAKEN TO ENSURE THE HEALTH OF THE MERIDIAN COMMUNITY COLLEGE COMMUNITY AND OF THE PATIENTS WITH WHOM THE STUDENT WOULD BE IN CONTACT. THIS POLICY IS ALSO DESIGNATED TO PROTECT THE STUDENT WHO IS INFECTED. THE LIST BELOW IS NOT NECESSARILY ALL INCLUSIVE.

Covid-19, Hepatitis B, measles, mumps, rubella, meningitis, tuberculosis, typhoid, chicken pox, shingles, poliomyelitis, venereal disease.

1. The student notifies the Department Chair in writing of the disease contracted and his or her physician's name and phone number. The student does *not* attend classes or clinical (practicum);
2. The Department Chair or clinical coordinator contacts the Health Service Director of Meridian Community College;
3. The Health Service Director confers with appropriate public health officials or literature for guidance as to protocol concerning the disease report and report to the Department Chair;
4. The Department Chair contacts the student as to when the student may return to campus or clinical. The Department Chair adheres to public health guidelines dictated by the Health Service Director;
5. The student supplies the Department Chair documentation from a physician stating that he or she may return to campus and/or clinical;
6. Every effort is made to work with the student to keep that student current with his/her classes. A schedule of make-up time for clinical hours is arranged by the student and his or her clinical preceptor.

Students will not be allowed to attend clinical or didactic assignments when experiencing temperatures of 99°F or above. Attendance in the classroom and/or clinical area will not be permitted until the student has returned to normal health. Students may be administratively withdrawn from clinical courses based on their health status.

Depending on the severity of the illness, the student may be required to see a physician and provide a written consent from the physician before returning to the classroom or clinical area. Any student withholding information concerning their health status as it applies to communicable diseases may be dismissed for unethical behavior.

DRUG AND ALCOHOL ABUSE POLICY FOR NURSING AND HEALTH EDUCATION PROGRAMS

To ensure a drug free environment, the following procedures will be followed to screen students in nursing and health education for drug usage. All students in nursing and health education programs will be screened prior to entering the clinical setting. If enrolled in a two-year program, students will be screened **at least one additional** time during their educational experience.

The student is assessed a fee to cover the cost of this test.

If test results are positive, immediate confirmation testing will be done on the original specimen.

Any student who presents positive test results (other than for a legally obtained prescription drug) will be dismissed from the nursing or health education program. The student will be notified in writing and may apply for readmission into another class later. Readmission, however, will not be considered until the completed "Agreement of Readmission" with attached documentation of evaluation, treatment, and counseling has been received.

Students using any legally prescribed medication which may alter the student's ability to cognitively or physically care for patients or clients must disclose to the Program Coordinator medications(s) used.

Disclosure includes long-term and short-term use of medications, as well as any new prescription the student may acquire. The Program Coordinator will monitor the student's performance and if safety becomes an issue, a review of the medication or student's performance will be initiated to ensure safety and best interests of the patient or client. The student should be aware that providing clinical care will not be allowed even with use of a legally prescribed medication if, in the professional judgment of the instructor, a student is impaired and cannot safely deliver the required care.

REASONABLE SUSPICION TESTING

If a student exhibits behavior that, in the opinion of the instructor, is consistent with the use of drugs and/or alcohol, he/she will be required to submit to testing/screening. The following guidelines should be followed:

The instructor will remove the student to a private area and discuss with the student observed signs and symptoms. The student will be allowed to provide a verbal explanation of the suspicious behavior.

The instructor will request immediate urine, blood, breath for alcohol screen [breath analysis if applicable], and/or hair follicle analysis testing if deemed appropriate. Refusal by the student to submit to testing will be grounds for dismissal from the program. All testing for reasonable suspicion will be done at the college's expense.

The student will be dismissed from class or clinical lab and the Program Coordinator will arrange immediate transportation for the student to the testing laboratory following the *Student Transportation Protocol*.

Any Meridian Community College student who presents positive test results (other than for a prescription drug with current prescription) will not be allowed to continue in the nursing/health education program. The student will be notified in writing and may apply for readmission into another class later. Readmission, however, will not be considered until the completed "Agreement of Readmission" with attached documentation of evaluation, treatment, and counseling has been received.

The student should be aware that providing clinical care will not be allowed even with use of a legally prescribed medication if, in the professional judgment of the instructor, a student is impaired and cannot safely deliver the required care.

HANDLING OF TEST RESULTS

The Dean for Student Services maintains all student test results under lock and key with all test results being destroyed when the student graduates.

Any action taken as a result of the above policy may be appealed according to the policy stated in the current Meridian Community College Student Handbook.

A student who has been dismissed for a positive drug screen from any nursing or health education program at MCC or any other institution, must provide documentation of satisfying the Drug and Alcohol Readmission Process to the program director prior to enrollment. Failure to provide this documentation renders the student ineligible for admission and subject to immediate dismissal if enrolled.

MERIDIAN COMMUNITY COLLEGE HEALTH ED AND NURSING PROGRAMS

Student Background Check Policy

I. Applicability

This "Health Education, Nursing and Emergency Medical Science Technology (EMST) Programs Student Background Check Policy" applies to all students enrolled in Health Education, Nursing, and EMST educational programs at Meridian Community College (MCC) that includes, or may include at a future date, assignment to a clinical health care facility. Presently, MCC programs that require a criminal background check include: *

- a. Associate Degree Nursing
- b. Cosmetology
- c. Dental Assisting
- d. Dental Hygiene

- e. Emergency Medical Science Paramedic
- f. Emergency Medical Technology
- g. Health Care Assistant
- h. Health Information Technology
- i. I.V. Therapy
- j. Medical Assisting Technology
- k. Medical Laboratory Technology
- l. Medical Office Management Technology
- m. Phlebotomy
- n. Practical Nursing
- o. Physical Therapist Assistant
- p. Respiratory Care Practitioner
- q. Radiologic Technology
- r. Surgical Technology

*Early Childhood Education Technology–also requires a criminal background check not applicable to this policy since it does not include a clinical practicum.

II. Policy

All Health Education, Nursing, Cosmetology, I.V. Therapy, Phlebotomy and EMST students must submit to and satisfactorily complete a criminal background check. Admission may be rescinded and reversed based on review of the students' criminal background check.

A student who refuses to submit to a criminal background check or does not pass the criminal background check review will be dismissed from the program. A student who is dismissed from a Health Education, Nursing, or EMST program may seek admission into another educational program that does not have a clinical component requirement in its curriculum.

III. Rationale

A. Health care providers are entrusted with the health, safety and welfare of patients, have access to controlled substances and confidential information, and operate in settings that require good judgement and ethical behavior. Thus, an assessment of a student's suitability to function in such a setting is imperative to promote the highest level of integrity in health care services.

B. Clinical facilities are increasingly required by accreditation agencies, such as "The Joint Commission," or "DNV Healthcare, Inc.," to conduct background checks for security purposes on individuals who provide services within the facility and especially those who supervise care and render treatment. To facilitate this requirement, MCC will conduct criminal background checks for students [and faculty].

C. Clinical rotations are an essential element in certain curriculum programs. Students who cannot participate in clinical rotations due to criminal or other "disqualifying events as defined in state law" revealed in a background check are unable to fulfill program requirements. Additionally, most healthcare licensing agencies require individuals to pass a criminal background check as a condition of licensure or employment. Therefore, it is in everyone's interest to resolve these issues prior to a commitment of resources by the student or MCC.

D. MCC is obligated to meet contractual requirements contained in affiliation agreements between the college and various healthcare facilities.

E. MCC is obligated to meet Mississippi State Law as stated in § 43-11-13, Mississippi Code Annotated:

"If the fingerprinting or criminal history record checks disclose a felony conviction, guilty plea or plea of nolo contendere to a felony of possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, sex offense listed in Section 45-33-23(g), child abuse, arson, grand larceny, burglary, gratification of lust or aggravated assault, or felonious abuse and/or battery of a vulnerable adult that has not been reversed on appeal or for which a pardon has not been granted, the student shall not be eligible to be admitted to the health care professional/vocational technical academic program of study."

IV. Background Check Report

A. *Obtaining a Background Check Report.* MCC will conduct criminal background checks through the Mississippi Department of Health (MDH). Program students will first complete a “fingerprint information form” with other descriptive information (i.e., name, social security number, hair color, etc.). This information along with student’s fingerprints rolled on the “i3M FingerPro Live Scanner” are submitted electronically to the Mississippi Department of Health. MDH will report back to MCC’s Office for Workforce Education, “No disqualifying events” or “The student may have a disqualifying event.” If a student’s letter states that a “disqualifying event” is apparent, the student must submit a “rap sheet” report to the Associate Vice President for Workforce Education with full explanation of the conviction(s) or disposition of charge(s). Nursing and Health Education students who complete the criminal background check with no disqualifying event(s) or no exclusion(s) identified by MDH will receive a two-year, notarized letter from the Associate Vice President of Workforce Education.

Background check results from an agency other than the Mississippi Department of Health will not be accepted. All students will be required to have a criminal background check, including students currently employed in local and regional clinical affiliates. Students are responsible for payment of all fees charged for the background check service.

- B. *Scope of Criminal Background Check.* A comprehensive criminal history search will be conducted of all state and federal databases. Noted will be all convictions, deferred adjudications or judgments, expunged criminal records, and pending criminal charges. The student will be responsible to provide any necessary documentation showing disposition of charges.
- C. *Student Right of Review.* Students have the right to review information reported by the Mississippi Department of Health for accuracy and completeness. Prior to making a final determination that will adversely affect the student, the student will have the opportunity to provide any supporting documentation in disposition of the charge(s).

V. Procedure

If the criminal background check [the rap sheet] reveals a “Disqualifying Event” as outlined in State Code § 43-11-13, Mississippi Code Annotated, the student will be dismissed from the health education or nursing program of study. Also, local clinical affiliates have identified other exclusions (e.g., shoplifting, forgery, etc.) in addition to named “Disqualifying Events”. Any “exclusion(s)” or any questionable rap sheet reports other than those identified in state code will be reviewed by the “Review Standards Committee”.

- A. The criminal background check “Rap Sheet” report will be submitted to the “Review Standards Committee” appointed by the Associate Vice President for Workforce Education for evaluation. If the report does not contain any negative findings as determined by the committee, the student will be allowed to participate in clinical rotations. If the report contains negative findings, the “Review Standards Committee” will request that the student submit additional information relating to the negative finding(s), such as a written explanation, court documents and police reports. The “Review Standards Committee” will review all information available to it and determine whether the student should be permitted to participate in clinical rotations or be dismissed from the program.
- B. When appropriate and necessary, the student in question may be asked to meet with the “Review Standards Committee”.
- C. If the “Review Standards Committee” determines that a student will not be allowed to participate in the clinical setting, **the decision is final and is the final level of appeal.**
- D. In reviewing the background check report and any information submitted, the “Review Standards Committee” will consider the following factors in making its determinations: the nature and seriousness of the offense or event, the circumstances surrounding the offense or event, the relationship between the duties to be performed as part of the educational program and the offense committed, the age of the person when the offense or event occurred, whether the offense or event was an isolated or repeated incident, the length of time that has passed since the offense or event, past employment and history of academic or disciplinary misconduct, evidence of successful rehabilitation, and the accuracy of the information provided by the applicant or student in the application materials, disclosure forms or other materials. The committee will keep in mind both the safety interests of the patient and the workplace, as well as the educational interest of the student. In

reviewing background checks and supplementary information, advice may be obtained from MCC's college council or law enforcement agencies.

VI. Confidentiality and Recordkeeping

- A. Background check reports and other submitted information are confidential and may only be reviewed by college officials and affiliated clinical facilities in accordance with the Family Educational Records and Privacy Act (FERPA).
- B. *Students.* Background check reports and other submitted information of students will be maintained by compliance personnel in the Office Workforce Education.

VII. Other Provisions

- A. Compliance personnel in Workforce Education will inform the students who have negative findings in their background check report. The "Review Standards Committee" will consider and evaluate all criminal history findings using Mississippi State Law Code, § 43-11-13, Mississippi Code Annotated, as a guide. However, there are other "local exclusions" (e.g., shoplifting, forgery, etc.) that may negate a student from participating at local/regional clinical affiliates. Noteworthy is, even though the student may be allowed to progress in the chosen Health Education or Nursing program, local licensure agencies and state boards may not permit or accept an individual for registration, permit or licensure. Employability is **not** guaranteed in the chosen health education or nursing program.
- B. A background check will be honored for two years of enrollment if the student is continuously enrolled. A student who has a break in enrollment is required to complete a new background check. A break in enrollment is defined as non-enrollment of at least one semester in the approved curriculum of the certificate or degree program.
- C. *Dual Enrollment (Practical Nursing) Background Check.* High school students who participate in dual enrollment Practical Nursing (PN) program will submit to a criminal background check if of age 18 or older. Students less than 18 years of age will sign an official notarized affidavit. On the 18th birthday, these students must submit to a criminal background check.
- D. Falsification of information, including omission of relevant information, will result in dismissal from the Health Education, Nursing, Cosmetology, I.V. Therapy, Phlebotomy and EMST program. Falsification of information, including omission of relevant information, raises questions about the student's truthfulness and character (MCC College Catalog, student behavior code)
- E. Expunged or sealed offenses, arrests, tickets, or citations: It is the student's responsibility to ensure the offense, arrest, ticket or citation has, in fact, been expunged or sealed. The student will be required to submit a copy of the Court Order expunging or sealing the record in question to the Office for Workforce Education. Failure to reveal an offense, arrest, ticket or citation raises questions related to the student's truthfulness and character (MCC College Catalog, student behavior code).
- F. Criminal activity that occurs while a student attends MCC will result in disciplinary action, including program dismissal, and will be addressed through the college's academic or disciplinary policies.
- G. Any currently enrolled student convicted of a felony or a "drug related" infraction, or misdemeanor must report the offense to MCC's Associate Vice President for Workforce Education within 30 days of conviction. Conviction includes plea agreements, guilty pleas, etc.
- H. RGT PROGRAM SPECIFIC: The American Registry of Radiologic Technologists (ARRT) Ethics Review Pre-Application (available at www.rrt.org) provides an early ethics review of violation(s) that may delay registration or deny eligibility for the ARRT licensing examination upon completion of the program. Students whose background check reveals possible restricting events must complete the Ethics Review Pre-Application at a cost to the student of \$100 after admittance to the program, but prior to third semester enrollment (freshman spring semester).

CLINICAL DISQUALIFICATION AND NON-PROGRESSION POLICY

Meridian Community College (MCC) and clinical affiliates are mutual partners and associates in education of MCC's students. Therefore, Nursing, Health Education, and Emergency Medical Services-Paramedic (EMS-Paramedic) program students must adhere to college rules and regulations as well as clinical rules, regulations, and expectations. MCC's health programs operate in a true symbiotic relationship with clinical affiliates providing a platform of learning and healthcare experiences for students.

Clinical practicums and experiences are fundamental courses that must be completed in Nursing, Health Education, and EMS-Paramedic programs of study. These clinical classes, and their satisfactory completion, are of utmost importance to graduate a competent healthcare provider or practitioner.

If an applicant to Nursing, Health Education, or EMS-Paramedic programs is prohibited from participating in clinical experiences by a clinical affiliate of Meridian Community College (e.g., a disqualifying event as defined in a Criminal Background Check or other identified exclusions, etc.), then the applicant will be ineligible for admission. If a student currently enrolled in Nursing, Health Education, or EMS-Paramedic programs is prohibited from participating in clinical experiences by any clinical affiliate of Meridian Community College (e.g., positive drug screen, egregious behavior, violation of patient safety, non-compliance with the college's "Student Behavior Code", etc.), then the student will be dismissed from the program of study. The student is not eligible for program readmission unless the clinical restriction is removed.

Students enrolled in Nursing, Health Education, and EMS-Paramedic programs must complete the course of study, or program courses/modules, in an orderly sequence at a minimal competency level established by the program director/instructor based on program accreditation standards and good practice. Patient safety is always of paramount importance and is of the utmost concern. If a student does not satisfactorily complete the "defined sequence of progression through assigned tasks, program courses, or modules" then the student will not be able to progress and to interact and to care for clinical patients. Therefore, the student will not be able to earn a passing grade in this course of study and will be dismissed from the program of study.

STUDENT DOCUMENTS

Required documents submitted after acceptance into the program are uploaded by the student in to Castlebranch. CastleBranch Corporation is one of the top 10 compliance management and background screening companies in the country. CastleBranch Corporation provides solutions in the areas of background screening, drug testing, employment verification, record review, document management and other related compliance management services. **All documents required for clinical compliance must be submitted and verified by the published withdrawal date.**

* CPR, TBST, and Flu shots will be made available with students responsible for the cost.*

The Family Educational Rights and Privacy Act of 1974 (FERPA), also known as the Buckley Amendment, applies only to "education records" of students enrolled or formerly enrolled in MERIDIAN COMMUNITY COLLEGE. Education records include any record (in whatever format or medium) directly related to a student and maintained by the College. In accordance with FERPA provisions and MCC policy, no employee of the college shall release any information about a student without the prior written consent of the student, except that employees may release records when required to do so under federal, state, and/or local law or as otherwise authorized under these policies and procedures.

RESPONSIBILITY FOR INFORMATION RETENTION

The student is responsible for retaining all information, knowledge, theory and concepts presented in all RGT and BIO classes in the program.

Students will be given a comprehensive examination during the summer semester of their second year. It will include previously covered material in the course of study for the program during the first year. Students must pass the exam with a 70% or better. Students not passing this exam will be given an "in-progress" grade. They will be allowed to remediate with program instructors on the instructor's schedule and given a second test prior to the end of the summer semester. A student not passing the second attempt may move forward on probation. Students must meet with program faculty one day each week for two hours as assigned during fall semester as well as complete remediation assignments. A third cumulative exam will be administered mid semester of fall term where the student should earn 70% and if needed remediation will continue with a fourth cumulative exam at the end of fall semester. Failure to meet the required remediation may result in dismissal for violation of probation status.

During the Spring semester of the second year, students must also pass a comprehensive testing in RGT 2933 Certification Fundamentals. Passing in all RGT courses is 80%. Students will be assigned up to EIGHT total examinations with the expectation of scoring a 75 first write on one of the exams. If all are failed, the student will not be eligible to sit for the ARRT certifying exam.

LEARN and apply DO NOT simply memorize!

It is essential that this requirement be met for the student to pass the American Registry for Radiologic Technologists examination.

Self-imposed standards of earning only the minimum 80% in program courses is not advised. It is very difficult to be proficient two years later if the student did not study and thoroughly understand the information. Studying for and passing an examination does not end the student's responsibility for knowing that information.

SCHEDULING FOR THE ARRT CERTIFYING EXAM IS REQUIRED TO QUALIFY FOR GRADUATION.

Students must share their Candidate Status Report (CSR) -notification of exam eligibility - with program faculty.

CLINICAL EDUCATION FACILITIES/SITES

Several hospitals and clinics in the Meridian area as well as out of town sites serve as Clinical Affiliates for the radiography student. The placement of the student is the responsibility of the MCC Radiologic Technology Program faculty. Minor affiliates for special interest rotations are assigned as appropriate for meeting the goals of the program. **Students are rotated among clinical facilities as needed to allow equal educational opportunities for each student.**

The clinical affiliate reserves the right to have students removed from their department if those students are not desirable or unacceptable according to the protocols and professional standards of that facility. The student *may* have one conference prior to removal, **if the infraction is not so serious that a conference is not applicable.** MCC Radiologic Technology Program students must be in good standing with each clinical site. If one site requests that a student not return due to professional standards, that student is dismissed from the program.

In addition to the disqualifying events listed in Section 37-29-232 of the Mississippi Code of 1972 annotated, clinical affiliates, may at their discretion, refuse to provide clinical experiences to any student whom the clinical affiliate feels is not suitable for employment or for the clinical experience setting

PRACTICUM CENTERS - RADIOLOGIC TECHNOLOGY

Baptist Anderson Regional Medical Center 601-553-6185

2124 14th Street
Meridian, MS

Clinical Preceptor: Jamie Dean, R.T. (R) ARRT

Department Director: David Howell, RT (R) (CV) ARRT

Family Medical Clinic (Ochsner Health Center - Hwy 19) 601-483-5353

1500 Hwy 19 N
Meridian, MS 39307

Clinical Preceptor: Mark Suttles, R.T. (R) ARRT

Department Manager: Lamar Branning, RT (R) ARRT /Mike Edgerton, RT (R) ARRT

Laird Imaging (Ochsner Health Center - Philadelphia) 601-389-2198

1106 Central Drive
Philadelphia, MS 39350

Clinical Preceptor: Lindsey Edmondson, R.T (R) ARRT

Department Manager: Lindsey Edmondson, R.T. (R) ARRT

Neshoba General Hospital 601-781-2280

1101 Holland Ave
Philadelphia, MS 39350

Clinical Preceptor: Tayde Easley, R.T. (R) ARRT

Department Director: Jason Holland, R.T. (R)(CT) ARRT

Neshoba Medical Pavilion (Medical Associates) 601-663-1210

213 E Hospital Road E
Philadelphia, MS 39360

Clinical Preceptor: Sommer Warren, R.T. (R) (CT) ARRT

Department Director: Jason Holland, R.T. (R)(CT) ARRT

Noxubee General Hospital 662-726-4231

78 Hospital Road
Macon, MS 39341

Clinical Preceptor: Steven Lacy, BSRT, R.T. (R) (CT) ARRT

Department Director: Steven Lacy, BS R.T. (R) (CT) ARRT

Ochsner Rush Hospital 601-703-9520

1314 19th Avenue
Meridian, MS 39301

Clinical Preceptors: Kerry Clark, R.T. (R)(CT) ARRT and Ashley Dove, R.T. (R) ARRT

Manager of Hospital Radiology: Brian Smith, R.T. (R) ARRT

Ochsner Rush Emergency Department 601-703-4053

1314 19th Avenue
Meridian, MS 39301

Clinical Preceptor: Lacey White, R.T. (R) ARRT

Manager of Emergency Radiology: Brian Smith, R.T. (R) ARRT

Ochsner Rush Imaging Center 601-703-9544

1800 12th Street
Meridian, MS 39301

Clinical Preceptor: Sammi Jo Ross, R.T. (R) (BD) ARRT

Manager of Imaging Radiology: Rhonda Blanks, R.T. (R)(M) ARRT

FUND RAISING

Fund raisers may be conducted to support student attendance of professional development meetings/events and/or registry review/examination fees and purchase of the framed class portrait. If conducted, students must commit to the fundraising event and meet minimum requirements to share in monies collected from the fund-raisers. A student who participates, but later is unable to attend the event, forfeits his/her share of the money. If a student elects not to participate in the fund-raisers, that student may not share in the proceeds from the event.

IF fundraisers are held, all money is to be collected by Meridian Community College faculty to be placed in an on-campus account and may be distributed among students at the time of the event. Event registration and hotel fees may be paid directly by Meridian Community College faculty from the students account in lump sum payment. Funds are used conservatively, and **any money left in the account at graduation is forfeited to the next class.**

CONCLUSION

The provisions of this Handbook are subject to change by the faculty of the Meridian Community College Radiologic Technology Program upon agreement by the faculty and administrators of Meridian Community College. Any changes in policy are to be presented in writing to the student at the time of the change. The Meridian Community College Radiologic Technology Program **RESERVES THE RIGHT TO WITHDRAW AND CHANGE COURSES AT ANY TIME, CHANGE FEES, CALENDAR, CURRICULUM AND OTHER REQUIREMENTS AFFECTING STUDENTS.** These changes become effective whenever the proper authorities so determine and apply to both prospective students and those already enrolled.

SECTION II
PRACTICUM I - V
CLINICAL INFORMATION

CLINICAL INFORMATION

INTRODUCTION

These Practicum course policies have been developed to assist Radiologic Technology students in understanding the rules and regulations that apply during their *practicum* (clinical education) assignments. Students are required to adjust their personal and work schedules and attitudes in order to comply with program standards and schedules. Clinical hours are not adjusted for outside work schedules. ***This two-year period is very busy and demanding, but very rewarding. Success is expected.***

Students must make the program aware of family members employed in any position of influence at a Meridian Community College Radiologic Technology clinical site and understand that a student may or may not be assigned to the same clinical site. Family members shall not participate in the grading process.

Students are welcome guests at each of our clinical affiliates and should behave as such. Proper behavior includes following facility policies and procedures, being prepared to assist in any task and demonstrating teamwork. Any questions should be addressed to the clinical preceptor or clinical coordinator – students should not engage in naysaying and gossip as this is unprofessional behavior and penalties will be assessed (demerits) that will lower the clinical grade.

CLINICAL EDUCATION HOURS (PRACTICUM)

Students may not be scheduled for more than a total of ten (10) hours of clinical and didactic education combined per day. STUDENTS ARE REQUIRED to make themselves aware of the assigned hours and adjust personal and work schedules to coincide with their clinical schedule, as posted at the clinical site which changes each semester. Students are made aware of their assigned clinical site and are responsible for following the scheduled rotations and shifts. Furthermore, with MCC faculty notification, the clinical site has discretion to alter the provided schedule as needed to accommodate rotations as to arrival/departure times providing the minimum assigned daily requirement is met. It remains the student's responsibility to be aware of and follow the clinical site schedule.

Clinical education is 180 clock hours scheduled two days each week for freshmen and 315 clock hours scheduled three days each week for sophomores during fall and spring semesters as assigned by the clinical coordinator. The summer semester consists of 315 hours as assigned by the clinical coordinator. **No more than a total of forty hours of clinical and didactic education combined are scheduled per week.**

***It is recommended that students do not hold outside jobs during the first year enrolled in the Program.*

Students employed in health care agencies are to wear the appropriate uniform of that agency. **THE DOSIMETRY DEVICE AND MERIDIAN COMMUNITY COLLEGE STUDENT ID ARE NOT TO BE WORN DURING PRIVATE EMPLOYMENT. Dosimetry devices, name tags, uniforms, lab coats, etc., from outside employers are not allowed in clinicals. See dress code.**

RELEASE AFTER AN EXTENDED ILLNESS OR TRAUMA

Program continuance following an extended illness or trauma is considered on a case by case basis.

If a student is involved in an accident that requires medical attention, he/she must furnish the Program faculty a release from the physician before returning to the clinical site. If the student is absent from clinical class for one (1) clinical week or more, he/she must provide a statement from the physician concerning his or her capabilities to perform regular assignments. No light duty assignments are available. The student must provide a full release from his/her doctor. If this illness is a contagious disease, a release must be provided before attending clinic education. A student who is unable to provide a signed medical release from his/her physician, is required to withdraw from the program and may re-enter in the same semester in the following year.

ATTENDANCE

FULL TIME ATTENDANCE IS REQUIRED. Students may accrue two academic absences over the duration of a semester. Any clinical absence must be made up in the semester the absence occurs. State and national curriculum mandate clinical hours necessary for degree completion. Enforcing attendance requirements also teaches employability skills. Especially in a medical setting, dependability is a job requirement. Excessive

absenteeism (more than 2 per semester) may result in dismissal from the program. "Taking a day off" is not advised because accidents/illnesses do occur and if days have been "taken" before they are 'NEEDED', there is no option other than dismissal. We can work with extenuating circumstances with a reputable attendance record. ALL CLINICAL ABSENCES MUST BE MADE UP.

Absence and/or tardiness will have a detrimental effect on attainment of clinical and professional goals and will reflect in the student's performance. Tardiness is unprofessional and will be documented on clinical performance evaluation sheets. Upon receiving 3 tardies, the student will receive a verbal warning and be charged with 1 day absent that requires a make-up day. Tardies are assigned for missing any part of the assigned time (late arrival or early departure). Additional tardies will be counted and each 3 will count as one day absent, also requiring a make-up day. 7 tardies in any one semester will result in termination from the program.

Missing clinic means you will not be able to accomplish your clinical objectives. Make-up time must be done so as to not conflict with other student rotations. It is at the discretion of the Program Director or Clinical Coordinator to schedule the students. Make up time cannot be done in partial shift hours. The student must work the entire shift. Make-up time should be scheduled with the Clinical Coordinator and Preceptor. Students who fail to make up the time will not progress in the program.

"Late" is any time past the time assigned arrival time for clinical education. Students are to be ready for procedures at their assigned start time - not arriving/signing in at start time. There is no "employee window" extended to students. Students must be on site ready for patients at their assigned time and may not leave before their assigned shift is complete- Leaving early counts as a tardy. Missing more than two and one half hours of a clinical shift counts as an absence.

If the student **must** be absent, phone calls (made by the student himself or herself) to the clinical preceptor are MANDATORY. If the site clinical preceptor is not available at the time of call, the student must call back and speak with the CP. **Phone calls** must be made to the clinical site within 30 minutes of the assigned shift. Calls by anyone other than the affected student, calls to unauthorized personnel, or late calls are improper phone calls (see demerit list). IT IS THE STUDENT'S RESPONSIBILITY TO **CALL**

FAILURE TO REPORT TO THE CP AND CC 30 MINUTES PRIOR TO START TIME WILL RESULT IN A MANDATORY MAKE-UP DAY REGARDLESS OF AMOUNT OF PREVIOUS DAYS ABSENT. NO EXCEPTIONS!

A phone call to the student by the clinical preceptor, does not count as a valid phone call. **If the clinical preceptor is not available, the supervisor of the assigned shift is to be contacted or a message must be left on the supervisor's voicemail. ABSOLUTELY NO TEXT MESSAGES/E-MAILS/ OR MESSAGES RELAYED ON THE STUDENT'S BEHALF ARE ACCEPTED.**

Additionally, students are REQUIRED to inform MCC program faculty of the absence. MCC faculty may be notified by telephone (leave a message if we are unable to answer the phone or after hours) or by e-mail within the same 30-minute window for unplanned absences. **!Teams messages are not accepted!**

One absence **not** proceeded with a **valid** phone call to clinic and MCC program faculty notification (a no call-no show) results in the lowering of the clinical grade for that grading period by 10 points. A counseling session with the clinical preceptor and clinical coordinator must be completed before that student may return to the clinical setting. **A second incident results in** lowering of the clinical grade for that semester by 10 points which may result in clinical failure and remove the student from the program and a counseling session with the clinical coordinator and program coordinator must be completed prior to the students return to clinical setting. A third incident results in **dismissal from the program.**

If the student is sent home from the clinical site, a phone call made by the student himself or herself to MCC faculty is MANDATORY. Only early dismissals for accreditation visits or improper supervision (no ARRT licensed professional) are excused. Slow days do not warrant early dismissal and count as an absence or tardy based on the number of hours missed. Two program absences per semester are allowed for sickness/injury.

Any clinical time missed must be made-up before final grade is given. (which may affect financial aid status)

The following criteria will serve as a guideline for the student to reestablish this/her good standing in the clinical phase of the education process:

1. All make up time must be pre-approved by the site clinical preceptor and clinical coordinator
2. If the student misses the assigned make-up time, they will be assigned an additional make up day
3. Make up time will be made up within the same semester of the missed day
4. Make-up time is limited to vacation time and final exam week
5. The missed time is to be made up in one block. Example - if an eight-hour day is missed the time must be made up in an eight-hour block
6. The student must comply with the program dress code on days the time is being made up
7. If an evening or weekend rotation is missed, the student must make up an evening or weekend, regardless of total days absent.

CLINICAL TIME

Students will follow proper procedures for signing-in to clinical upon arrival and signing-out upon departure. The sign-in process should be treated as if the student were at a real job. Students will log-in through Trajecsys using the designated computer at their assigned clinical site. The clinical instructor/clinical coordinator will verify records weekly through the Trajecsys system. If a student fails to sign in or out for clinical, they are considered absent. If at any time the student is found to be falsifying any of the clinical records (clocking in or out on a personal cell phone), they can be dismissed from the program, especially if gps is disabled on the cell phone. The program faculty considers the sign-in, sign-out process extremely important in building good work ethics for future employment. Time on task is a requirement for course credit.

1. Students must record in and out from a desktop computer at the assigned site. In the event there is a discrepancy in IP addresses, the student is marked absent for the day, written up, and required to make up that day.
2. If a student fails to record in or out on Trajecsys, the student will receive a verbal (electronic) warning on the first offense. The student is required to file a time exception for the data error.
3. If a student fails to record in or out on Trajecsys a second time, the student is placed on a behavior contract and is required to file a time exception.
4. If a student fails to record in or out on Trajecsys a third time, the student demonstrates defiance for program rules and may be dismissed from the program.
5. If a student is caught recording in or out for another student (in any way), both students will be written up as well as face possible dismissal from the program.
6. After recording in, the student **MUST** report to their assigned rotation area. Eating breakfast after recording in is not allowed and the student is written up should this occur. (see disciplinary action form item #22)
7. If a student records in out at the wrong site, he/she must notify the clinical coordinator immediately.
8. In the RARE instance that a student is required to record in or out using a cell phone, the GPS location must be enabled, and the student must email the clinical coordinator. Failure to do both or either appears as subterfuge (falsification of records) and may result in dismissal from the program

If the student is presenting a problem (behavioral or otherwise) during clinical, the technologist/supervisor may refer the student to the clinical coordinator or program director to be sent home.

In the event that students must use a cell phone to clock in/clock out, **STUDENTS MUST HAVE THEIR PHONE GPS ENABLED AND** notify instructors **IMMEDIATELY**.

Students are **NOT** provided a breakfast break. Students must arrive at clinic at the designated time ready to perform. Students found or reported with two witnesses to be out of the designated area during clinical rotations are out of their assigned area, misusing site time and are subject to points and

INCLEMENT WEATHER

Students scheduled for clinical education during inclement weather conditions (conditions which are officially designated by MCC as making travel hazardous) are not be expected to arrive at the clinical site. Closure of Meridian Community College due to weather conditions and announced by public media is considered as notice to the clinical preceptor and affiliate that the students are not to attend clinical education. If the school

does not close, but the student deems it unsafe to drive, a call to the clinical site and RGT faculty is necessary. Situations will be dealt with on an individual basis.

Students are encouraged to register for "Eagle Alerts" - a program that sends text notifications of school closures/alerts.

HOLIDAYS AND VACATIONS

Students are out of clinical for all holidays listed in the Meridian Community College calendar: Labor Day, Thanksgiving, Christmas, Martin Luther King, Jr, Spring Break, Easter, Memorial Day, Juneteenth and Independence Day.

Students have two scheduled **approximate** two-week vacation periods --one between spring and summer and one between summer and fall-- and **are required to adjust personal vacation schedules to correspond to program vacation time** (the most current information regarding specific dates can be found in the **online** MCC catalog available at www.meridiancc.edu).

ELECTIVE ROTATIONS (SOPHOMORE YEAR)

Additional modalities (CT, US, MRI, NM, RT, MAMMO, Cath Lab*) *may* be selected during sophomore year provided competency requirements are met. Placement is made as clinical space is available. *Male and female students will be offered the opportunity to participate in mammography clinical rotations. The program will make every effort to place a male student in a mammography clinical rotation if requested; however, the program is not able to override clinical setting policies that restrict clinical experiences in mammography to female students. Male students are advised that placement in a mammography rotation is not guaranteed and is subject to the availability of a clinical setting that allows males to participate in mammographic imaging procedures. The program will not deny female students the opportunity to participate in mammography rotations if clinical settings are not available to provide the same opportunity to male students. Students are required to wear their approved uniforms and MCC name badge and are expected to conduct themselves in the same professional manner as required in clinical education. Students are to submit, in writing, their preferences to the clinical coordinator the end of the sophomore fall semester so that appropriate documentation may be obtained, and placements secured. Any problems in these areas are to be addressed to the clinical instructor, clinical coordinator or department chair.

PERSONAL APPEARANCE (DRESS CODE)

A patient forms an impression of the radiology department upon first sight of the personnel. It is important that the student's appearance be flawless. Students reporting to the clinical education area dressed in other than the approved uniform should be asked to leave the area and be marked absent for the entire day. RGT faculty should also be notified (this is the student's responsibility).

The following basic guidelines have been established in accordance with typical clinical affiliate policies. Refusal to adhere to the dress code when informed of non-compliance in a single semester may result in dismissal from the program.

ALL STUDENTS:

1. The entire body must be clean and free from objectionable odors. Observe personal hygiene carefully, including: brushing teeth, bathing daily, using deodorant and washing hair and use of proper hand hygiene.
2. The fingernails must be clean and neatly trimmed without nail polish other than clear. Artificial nails must not be worn as per OSHA standards (no extenders or overlays no shellac or gel polish no "dipped" fingernails). Keep natural nails less than ¼" long.
3. Hair, mustache, beard, and sideburns must be clean, neat and well-trimmed and natural color. No rollers, scarves, or bright ribbons are allowed. The hair length should be short enough, or the hair should be secured in such a manner that it does not fall forward while the technologist is bending forward over a patient. Do not report to clinic appearing as if you just rolled out of bed - brush and groom your hair.
4. No excessive amount of any make-up is allowed including false eyelashes.
5. Mandated program assigned color scrubs must be worn while in the clinical setting.

6. All garments are to be clean, neatly pressed and properly hemmed - material should not drag the floor to become dingy and frayed. Students are to be dismissed from the clinical education site for the day and marked absent if they report to the area in dirty, un-pressed, incorrect color and/or improperly fitted uniforms.
7. A plain (no writing or logo) white or matching scrub color t-shirt (long or short sleeve) may be worn underneath scrub tops (no other colored t-shirts).
8. If students require an outer jacket in clinic, it must be a white or matching lab coat only (no fleece). NO OUTSIDE JACKET/COAT/SWEATER may be worn inside the facility.
9. Undergarments should NEVER be visible through or above scrubs.
10. Professional shoes (closed toe and heel - NO CROCS) must be clean and in good repair when the student is in uniform.
11. Perfume should not be worn while in uniform. Fragrance is not pleasant to the ill patient and may cause nausea (or worse).
12. JEWELRY - Wedding rings, engagement rings, and watches (NO SMART WATCHES) may be worn while uniform. **No visible piercings** (including ear, nose, tongue, lip, eyebrow rings, etc.) are permitted. Necklaces must fit inside uniform top for safety reasons.
13. The MCC name badge and dosimetry device are to be worn at all times.
14. Personal markers and technique books must be carried at all times.
15. Competency books must be at the student's designated clinical site

IDENTIFICATION DISPLAY

Students must wear a Meridian Community College-Radiologic Technology Student identification name badge during clinical assignments. Students are not allowed to enter the clinical area without proper identification. These identification badges are provided through MCC. The badges MUST be worn at all times while in clinical education. Failure to wear the MCC name tag is a breach of the dress code.

MARKERS

Students supply and use their own initialed right and left markers to properly identify the radiographic procedures they perform. MCC recommends that students always keep a second (full set) of markers in case one or both in a set is lost. A student without markers in clinical education is out of dress code and should be sent home with an absence recorded. The use of another person's film identification markers is forbidden.

ACCIDENT OR INJURY TO THE PATIENT - PATIENT CARE INCIDENT REPORTS

Should any patient care incident occur involving a student the clinical preceptor, the assigned supervisor, clinical coordinator or the department chair must be notified. The standard risk management (incident) report must be made and submitted to the clinical instructor and/or supervisor immediately. An incident report must be made and submitted to the clinical coordinator and department chair for review. Reports must be made in accordance with the policies of the affiliating clinical site. Existing clinical affiliate policy may be complied with regarding terminations (if the incident would normally lead to employee termination, it is possible that the clinical site would request that the student involved not return to that facility for clinical education assignments). If a clinical facility asks that a student be removed from that site, the program **may try** to place that student at another facility **if possible and only if deemed appropriate**. Being barred from a clinical site can be grounds for dismissal. **Being barred from a clinical site for patient safety issues or poor ethics OR being barred from a second clinical site for any reason results in dismissal from the program.**

ACTING AS A WITNESS

A student is not to sign his/her name as a witness on a will or a consent form for a patient.

ACCIDENT OR INJURY TO THE STUDENT

If the student is injured while at the clinical affiliate, the clinical preceptor and/or assigned supervisor as well as MCC faculty **MUST** be notified immediately. **Supplemental** accident insurance is automatically added to school charges when the student registers for clinical education classes. Primary coverage remains the responsibility of the student. The student must file a copy of the accident report with MCC's business office for the claim to be processed. Students who have accidents away from clinical that result in the student being unable to complete/perform clinical assignments (including moving patients) are required to drop from the program and reapply the following year.

LIABILITY INSURANCE (legal issue)

Professional liability insurance is automatically added to school charges when the student registers for clinical education classes. **This insurance covers only clinical incidents occurring at clinical settings; the student must be scheduled by Meridian Community College for a clinical assignment for the insurance to be effective.**

SOCIAL WEBSITE POLICY (FACEBOOK, INSTAGRAM, SNAPCHAT, TWITTER, YOUTUBE, ETC.,)

The use of School computers is limited to activities related to the curriculum. You may check e-mail and conduct program related internet searches either before or after class. MCC's Radiologic Technology Program does utilize the clinical maintenance software, Trajecsys, and if allowed by the clinical site, the student can access their account to sign in and sign out. Hospital computers are only to be used for radiology related patient care functions. Students are not allowed to access his/her personal e-mail or the Internet during a clinical rotation. The use of personal computers and/or electronic notebooks or tablets is allowed in the classroom if the student is utilizing an e-book version of the textbook. Students are not allowed to utilize their electronic devices during class for anything other than accessing course information.

Social Media Policy: No student shall email, post, blog or otherwise mention or discuss any MCC Radiologic Technology Program business, patient or employee business, information or circumstance on any social media site. Examples include face book, twitter, personal email or any other social outlet. Furthermore, no student shall take photographs within any Clinic area or of any patient /patient information and post on any of the above mentioned social media outlets. This is considered a serious breach of ethics and/or confidentiality and will not be tolerated. A student may be removed from the program for violation of social media policies.

Recording Devices: Audio recording of lectures may be permitted upon permission from the instructor. Video recording of lectures is strictly prohibited.

CELL PHONE/COMPUTER USE WHILE IN THE CLINICAL SETTING

While in the clinical setting, students may (dependent upon clinical site and semester) be allowed to use computers for school/hospital related use - no personal use. School/hospital use include: PACS or image review/critique, hospital e-mail, messages from program officials/hospital management, entering/editing data pertaining to patient exams. Students will not be making personal phone calls while in the clinical setting. Students are allowed ½ hour lunch while in the clinical setting and it is at this time they should make phone calls - on their own personal phones, not hospital phones. Students are not allowed to carry personal cell phones on their person while in the clinical setting. Students should not be receiving personal phone calls while in the clinical setting other than for emergencies.

NO CELL PHONE SHOULD BE SEEN OR HEARD IN THE CLINICAL SETTING (including smart watches and ear pods)

A student who is reported in violation of this policy while in the clinical setting, is suspended for the remainder of the day and marked absent for the day (regardless of the time spent in clinic that day) and MCC faculty must be notified by the clinical instructor. Cell phones may be confiscated. The student is placed on behavior contract. A second reporting results in dismissal from the program.

RADIATION SAFETY: DOSIMETRY DEVICE

The program uses Optically Stimulated Luminescence Dosimeters (OSLD's) to monitor student radiation exposure. Students must ALWAYS wear the radiation monitoring badge while in Practicum. Failure to wear the MCC name tag and dosimeter badge violates the dress code.

BADGES WORN MUST BE FOR THE CURRENT MONITORING PERIOD OR THE STUDENT IS TO BE REMOVED FROM THE CLINICAL SETTING UNTIL THE CURRENT WEAR DATE BADGE IS SECURED. IN ORDER TO REDUCE ABSENCES, REPLACEMENT DOSIMETERS ARE SHIPPED 'NEXT DAY' AT A \$50 ADDITIONAL CHARGE ADDED TO THE REPLACEMENT FEE OF \$4. THE STUDENT MUST PAY THE TOTAL AMOUNT (\$54) PRIOR TO RECEIPT OF THE REPLACEMENT DOSIMETER AND RETURN TO CLINIC.

In keeping with Mississippi State Department of Health regulations as an agreement state responsible for enforcement of radiation protection standards set by the National Radiation Council, the following investigational levels for external occupational radiation exposure are established, which when exceeded will

initiate review or investigation by the Radiation Safety Officer/Clinical Coordinator.

	Level I mrem quarter / month	Level II mrem quarter / month
Whole body / gonads	125 / 40	375 / 125
Skin of whole body	750 / 250	2250 / 750

Tampering with another person's OSLD results in dismissal from the program.

The Dosimeter procured through Meridian Community College shall NOT be worn during outside employment hours. Employers, by law, are to furnish a radiation-monitoring device to all employees working in ionizing radiation areas. It is the students' responsibility to maintain their own cumulated dosage sources.

The student must initial the dosimetry report and exchange the last month's badge by the second class day of the exchange month while in class on campus. Failure to initial the report and exchange the badge (regardless of it being lost or forgotten) by the second class day of the month results in a lowering of the practicum grade by one full letter grade at the end of the semester. Three incidences of lost OSLD result in dismissal from the program.

Records of the monthly radiation exposure are kept in the clinical coordinator's office. The Clinical Coordinator monitors the report for excessive dosage and counsels any student who receives such a dose. Cumulated dosage information will be kept in the student's permanent file.

A "C" grade will not be reduced to an "F" as a result of lack of OSLD exchange, **but** the grade reduction will be carried forward to the next semester. If the badge is lost or damaged, a written explanation must be furnished to the Clinical Coordinator at the appropriate time to be maintained in the student's folder. The grade reduction occurs any time the badge is not turned in on time, lost or delayed, and applies to fetal badges (pregnant students) as well as personal badges.

The OSLD's are to be worn only while in clinical education and lab. If the student is employed in a radiation area, that employer must supply an additional badge to be worn during employment hours. The MCC procured badge is not to be worn during employment hours. It is the responsibility of the student to return the appropriate dosimeter. Submission of incorrect dosimeters results in a demerit/penalty.

MCC's Radiologic Technology Program provides Optically Stimulated Luminescence Dosimeters (OSLD's) to monitor student radiation exposure. Students must ALWAYS wear the radiation monitoring badge at the collar level outside a lead apron while in practicum.

MCC Radiologic Technology Program students must practice ALARA concepts **for the patient** through:

- 1) effective communication - provide clear, concise instructions
- 2) proper immobilization
- 3) protective shielding
- 4) proper collimation ALWAYS
- 5) use of smallest possible IR size, when applicable
- 6) proper technique (keep and follow technique book for each site)
- 7) avoiding repeat examinations

MCC Radiologic Technology Program students must practice ALARA concepts **for occupational exposure** through:

- 1) NEVER holding a patient or image receptor during any radiographic procedure
- 2) avoiding repeat examinations
- 3) proper collimation
- 4) proper use of technical factors: time, distance and shielding
 - a) adherence to the rotation schedule limiting time in high exposure areas
 - b) stand at least 2m (6 feet) from the patient, tube and useful beam during mobile imaging while wearing protective apparel
 - c) proper use of protective lead aprons and barriers

- 5) observing fluoroscopic examinations through the leaded glass window in the control booth or behind the radiologist when possible and moving closer to the patient only when assistance is required wearing at least 0.5mm lead equivalent lead apron
- 6) wearing a 0.5mm lead equivalent thyroid shield if standing in close proximity to the patient being examined

In the event that a student exceeds investigational levels for external occupational radiation exposure (see chart page 32), the student is immediately counseled as to the possible cause (i.e. dosimeter left on lead apron in a fluoro or surgery room) or behavior that caused an overexposure (i.e. excessive fluoro time). After investigation, the incident is recorded including student, faculty and clinical instructor signatures with documentation placed in the student file. If warranted, the student is removed from high exposure areas (surgery/fluoro/portables) pending the next dosimetry reading. The student may be required to write a paper on radiation safety practices.

MRI specific policies

Students must complete a MRI Safety Review screening form prior to entering clinical rotations. Prior to the first clinical rotation, at the beginning of each subsequent semester, MCC's Radiologic Technology program students receive training regarding magnetic field warning zones and precautions regarding ferrous objects as students may aid with MRI patients. Students acknowledge training through signed "MRI Safety Review" policy. Additionally, MCC offers rotation periods to other modalities during the final semester of training. Students who elect a MRI rotation are provided directed reading materials with signature documentation of completion prior to their rotation. Directed reading materials include definition and location of magnetic field warning zones, precautions regarding ferrous objects, and patient emergencies including quenching.

CONFIDENTIAL INFORMATION

All clinical affiliate patient records are confidential in nature. Requests for information concerning a patient should be referred to the clinical preceptor or designate. The students are expected to maintain absolute confidentiality of all data involving the patient and the practicum affiliate. The use of confidential information for personal gain or defamation purposes results in dismissal from the program. Breach of patient confidentiality results in dismissal from the program. All students must attend HIPPA training prior to starting clinical rotations.

SUPERVISION OF STUDENTS*

Until students achieve the program's required competency in a given procedure, all clinical assignments should be carried out under the direct supervision of qualified radiographers. ***If a student finds him/herself supervised by a person who is not registered, without a registered technologist available, the student should discretely call the clinical coordinator or program director immediately.***

A qualified radiographer is defined: A radiographer possessing American Registry of Radiologic Technologists certification and active registration in the pertinent discipline with practice responsibilities in areas such as patient care, quality assurance or administration. Such practice responsibilities take place primarily in clinical education settings.

***Direct supervision is defined:** Direct supervision assures patient safety and proper educational practices.

The JRCERT defines direct supervision as student supervision by a qualified radiographer who:

- reviews the procedure in relation to the student's achievement,
- evaluates the condition of the patient in relation to the student's knowledge,
- is physically present during the conduct of the procedure, and
- reviews and approves the procedure and/or image.

a qualified radiographer is present during student performance of any repeat of any unsatisfactory radiograph

***Indirect supervision is defined:** Indirect supervision promotes patient safety and proper educational practices. The JRCERT defines indirect supervision as that supervision provided by a qualified radiographer immediately available to assist students regardless of the level of student achievement. "Immediately

available" is interpreted as the physical presence of a qualified radiographer adjacent to the room or location where a radiographic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use on patients.

*STANDARDS FOR AN ACCREDITED EDUCATION PROGRAM IN RADIOLOGIC SCIENCES. January 2021, JRCERT.

COMPETENCY OF STUDENTS

Radiography Education is a cooperative process involving teachers and learners actively pursuing and sharing knowledge. The faculty believes that radiography education is best achieved in an organized setting that encourages self-directed acquisition of knowledge progressing from simple to complex. Instruction is accomplished by methods of perception, example, and recounting experience. State-of-the-art instructional strategies and technologies incorporated into the program enhance a quality radiography education.

Critical thinking skills are used daily to develop and mature the skills required of a professional radiographer. Critical thinking skills are challenged by didactic problem solving of radiographic procedures and technical manipulation in the laboratory setting. Our objective is to produce competent radiographers who through critical thinking and clinical competency can render effective patient care while meeting their personal objectives of professional development and growth to meet their professional goals.

1. Students begin clinical participation by first *observing* a registered radiographer in the execution of duties by assisting with patient care activities and manipulation of the equipment.
2. This participation moves quickly from the passive mode of observation to the more active mode of assisting the technologist in radiographic examinations. The rate of progress should be dependent upon the student's ability to comprehend and perform the various tasks assigned, but students should be *independently performing covered procedures* under proper supervision at the end of the first grading period, typically six weeks for first clinical semester students and sooner for subsequent semesters. Students are not allowed to perform any procedure without direct supervision unless they have proper documentation - completed final competency form signed by program faculty and supervising clinical preceptor.
3. Prior to or upon receipt of the competency documentation verifying completion of a unit in the Lab (i.e., Faculty signed competency form) students should verify the protocol of the clinical education center and assist with positioning for the procedure indicated in the competency book and obtain at least two practice clinical competencies BEFORE requesting a final clinical competency procedure. **STUDENTS ARE NOT TO ATTEMPT A FINAL COMPETENCY UNTIL AFTER THEY HAVE PASSED ALL SECTIONS OF THE LAB, EVEN IF THE STUDENT HAS PERFORMED THE PROCEDURE UNDER DIRECT SUPERVISION IN CLINICALS PREVIOUSLY.**
4. After documented successful directly supervised independent completion of the individual procedure in clinic and passing lab practical, the student should present to the clinical preceptor (or his (her) designee) the patient request and obtain permission to perform a final competency. **Students must perform the procedure under the direct supervision of the clinical preceptor or his/her designee who verifies competency by marking appropriate category responses on the competency form.**

For a student to earn a final competency, the examination must be done 100% by the student with 90% accuracy. The resulting images must be diagnostic and within the clinical setting's standards including exposure index values. *If a **single repeat film** is required for a **multiple view (more than three) procedure**, in which the student independently identifies the mistake and independently makes corrections, **the clinical preceptor may use his/her judgment as to whether the student is competent in that examination. Final competency procedures should not routinely contain repeat images. Repeat images must be indicated on the final competency form with the supervising technologist's signature indicating the directly supervised repeat. MCC program faculty may rescind any awarded competency.*** If the procedure is performed at any less than 90 percent, the final competency must be performed again with patient selection at the discretion of the clinical preceptor or MCC Rad Tech Program Faculty. If the final competency is earned, the student may perform the procedure in the future under indirect supervision-*student's personal marker MUST be on all final competency film/images.* A STUDENT ATTEMPTING A FINAL COMPETENCY MUST ANNOUNCE INTENTION BEFORE ATTEMPTING THE PROCEDURE

5. More than one competency may be attempted on a patient, providing there is no over-lapping of radiographs for the different procedures. Examples: a. If foot and ankle radiographs are requested and the routine views

are required[AP foot, oblique foot, lateral foot, AP ankle, oblique ankle, lateral ankle] then, **Both procedures could be credited for a competency** b. If foot and ankle radiographs are requested and the routine views requested are: AP foot, oblique foot, AP ankle, oblique ankle, lateral including both foot and ankle, then **Only one procedure could be credited for a competency based on the centering for the lateral including both body parts**

6. Two (2) students may NOT receive a final competency on the same patient. If documentation is submitted for a final competency on the same patient, neither student receives the credit and the incident is noted in the student record – a second incident results in disciplinary action
7. Finals week fall semester sophomore year, students must perform preliminary validation of their own competency book by reconciling the submitted procedures against the list of required competencies. This allows ample time for completion of missing/invalid competency forms during spring semester. Complete Competency Books are due to the Program Coordinator the week following spring break. Final competencies must be documented on the COMPETENCY DOCUMENTATION FORM found in the certification handbook.

RADIOGRAPHIC ROOM OBJECTIVES

During your diagnostic room rotations, report to the registered technologist/s that is/are assigned to these rooms.

All students will be assigned to the diagnostic rooms throughout the length of the program The successful completion of the objectives listed below is dependent on the student's level of progression throughout the length of the Program. The student's ability to successfully complete the objectives below will be evaluated on the Competency Evaluation Form that is used for each examination performed by the student on a patient. The evaluation of objectives for the diagnostic room rotations will be based upon the ability to:

1. Report to the registered technologist/s on time and be accountable
2. Properly prepare the room for the examination prior to the patient entering the room
3. Correctly verify the identity of the patient, verify the correct examination is being performed, introduce yourself to the patient obtain patient history that is pertinent to the examination being performed and explain the examination to the patient in terms they can understand
4. Accurately align the x-ray tube, the patient and the image receptor for the projection/s being performed. Correct use of lead markers, Correct breathing technique used.
5. Review the quality of the radiograph for accurate positioning of the patient and the proper required anatomy If a radiograph is required to be repeated, the student is able to determine how it should be corrected.
6. When appropriate, properly assess the patient in non-routine situations and adjust the examination in order to obtain the necessary radiographs.
7. Use correct radiation protection practices for both the patient and self. This includes questioning the female patient of the date of her last menstrual cycle, shielding of the patient when it will not interfere with the anatomy of interest and the use of collimation when appropriate.
8. Proper selection of exposure techniques for the projection/s being performed while providing the image receptor with enough exposure but at the same time not violating ALARA (Exposure index)

During your rotations in the radiographic rooms use these objectives as a guide to learning the operation of the equipment. Not every room is the exact same, but they all have similar characteristics. Look for these items in the rooms and be prepared to demonstrate the ability to:

Operators Panel

1. Energize the x-ray unit
2. Set warm up exposures and warm up the tube
3. Select large or small focal spots
4. Select the upright bucky
5. Select the table bucky
6. Select table top exposures
7. Operate the kVp and mAs selectors
8. Select the AEC chamber for the table, C-Arm & upright board
9. Select an AEC chamber by part
10. Control AEC density
11. Select a pre-programmed technique

12. Alter pre-programmed technique by body habitus
13. Alter the pre-programmed kVp or mAs manually
14. Set manual technique independent of programming
15. Set the AEC independent of programming
16. Control the exposure time (shortest possible, average longest possible)

Table

1. Operate the table tile (if applicable)
2. Operate the moving tabletop
3. Orient the patient on the table correctly
4. Operate the bucky tray
5. Raise and lower the table top from all locations

Tube

1. Manipulate the x-ray tube:
 - Vertically
 - Longitudinally
 - Transversely
 - Angle the CR
 - Set up for a horizontal beam projection
 - Rotate the collimator
 - Rotate the tube
2. Collimate manually and automatically
3. Center the tube to the table bucky and upright bucky using the detent
4. Identify the methods for measuring the source image distance (SID). There are various piece of equipment, which you will need for certain examinations. Investigate the following items to determine where they might be found, what they are used for and how to use them.

<ul style="list-style-type: none"> • Rolling shields • Calipers • Weights • Positioning sponges • IV poles • Restraining straps • Lead aprons • Pigg-o-stat 	<ul style="list-style-type: none"> • Oxygen • Suction supplies • Sphygmomanometer • Stethoscope • Emesis basins • Lead gloves • linen
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FLUOROSCOPIC ROOM OBJECTIVES

During fluoroscopic room rotations, report to the registered technologist that is assigned to this room. All students will be assigned to the fluoroscopic room throughout the length of the program The successful completion of the objectives listed below is dependent on the student’s level of progression through the length of the Program The student’s ability to successfully complete the objective below will be evaluated on this Competency Evaluation form.

The evaluation of objective for the fluoroscopic room rotations will be based on the ability to:

1. Report to the registered technologist/s on time and be accountable
2. Properly prepare the room for the examination prior to the patient entering the room. This includes making sure all necessary supplies for the examinations are available and prepared. This also includes the fluoroscopic equipment is properly set up and functional.
3. Correctly verify the identity of the patient, verify the correct examination is being performed, introduce yourself to the patient, obtain patient history that is pertinent to the examination being performed and explain the examination to the patient in terms they can understand.
4. Using correct practices when sterile instruments and fields (when appropriate)
5. Assists the radiologist with the performance of the examination. This includes the relaying of pertinent patient history to the radiologist prior to the start of the examination.
6. Provides any assistance required by the patient prior, during and after the examination.

7. Accurately aligns the x-ray tube, the patient and the image receptor for the radiographs that are required after the fluoroscopic part of the examination performed by the radiologist
8. Review the quality of the post fluoroscopic radiographs for accurate positioning of the patient and the proper required anatomy
9. Use correct radiation protection practices for both the patient and sel. This includes questioning the female patient of the chance of pregnancy, shielding of the patient when it will not interfere with the anatomy of interest and the use of collimation when appropriate. In regards to the student technologist, this includes properly positioning their body between their personal protective lead apron and the fluoroscopic equipment along with maintaining an acceptable distance from the patient and fluoroscopic equipment if their assistance is not immediately required
10. Proper selection of exposure techniques for the post fluoroscopic radiographs being performed
11. The performing of required post examination responsibilities.

DIGITAL FLUOROSCOPIC ROOM OBJECTIVES

Following clinical instruction in the use of the R/F equipment, students must demonstrate their ability to

1. Energize and warm up the x-ray tube
2. Operate the power table top
3. Operate the table tile
4. Install the footboard
5. Enter patient information into the computer
6. Position the bucky tray for fluoroscopy
7. Reset the fluoro timer
8. Locate the emergency stop button
9. Engage the horizontal stop on the table
10. Select fluoroscopic magnification
11. Change the video polarity (image reverse)
12. Park the fluoro tower
13. Utilize the various tower locks
14. Select a fluoroscopic technique on the operator's console
15. Operate the image intensifier in the fluoroscopic mode
16. Select the fluoroscopy mode or printing the film
17. Identify the number of used or unused spot film exposures
18. Utilize the compression device
19. Make a spot film exposure
20. Operate the fluoroscopic cones

OPERATORS CONSOLE

1. Switch from radiographic to fluoroscopic control
2. select kVp and mA for fluoroscopic spot filming
3. select a radiographic technique for GB, UGI, BaE, and plain films of the abdomen
4. explain the function of the small and large focal spots
5. reset the fluoro timer
6. demonstrate, if applicable, the post processing by printing an exam

Equipment varies from room to room. This checklist is a guide for identifying common functions; it is not applicable for every room

TOMOGRAPHIC (IVU) ROOM OBJECTIVES

Following clinical instruction in the operation of the tomographic equipment, students should be prepared to demonstrate their ability to:

1. Energize the x-ray generator
2. Select a radiographic/tomographic technique for an IVU exam
3. Raise the x-ray tube to the correct SID
4. Select the radiographic mode of filming
5. Select the tomographic mode of filming

6. Select a designated tomographic cut level
7. Select a designated tomographic cut thickness
8. Identify the thinnest and thickest tomographic cut angle
9. Operate a floating table top
10. Operate the bucky tray

VENIPUNCTURE/MEDICATION ADMINISTRATION POLICY

Venipuncture is considered to be within the Scope of Practice for Radiologic Technologists. In addition, competency in venipuncture is required by the American Registry of Radiologic Technologists (ARRT) in order for candidates to be eligible to sit for the certification examination in radiography. In order to ensure they are prepared to perform this function as a registered technologist, radiologic technology students must be provided with education and experience in venipuncture prior to completion of the program. This competency is particularly important if the graduate is to be practicing in a department or an environment where there is no radiology nurse available.

POLICY

All venipuncture performed by students will be under the direct supervision of a registered nurse or registered radiologic technologist. The only type of medication students will be allowed to administer is contrast media. The administration of contrast is allowed only under direct supervision. All other types of medication will be administered only by a Registered Nurse or an appropriately credentialed registered radiologic technologist performing within their scope of practice. Students that perform venipuncture or the administration of contrast agents on patients without direct supervision of a Registered Nurse or an appropriately credentialed registered radiologic technologist will be subject to disciplinary measures up to and including dismissal from the program.

CONTRAST STUDY EXAMINATION OBJECTIVES

Students are only allowed to administer any contrast agents under the direct supervision of a registered radiologic technologist.

PATIENT EXAMINATIONS FOR DIGESTIVE SYSTEM

Due to the addition/invention of digital fluoroscopic units, the radiologist requires few to no overhead radiographs at the completion of a fluoroscopic examination. To perform one of the required competencies, IT IS THE STUDENTS RESPONSIBILITY TO APPROACH THE RADIOLOGIST PRIOR TO THE START OF THE EXAM AND EXPLAIN TO HIM/HER THE NEED TO PERFORM A REQUIRED NUMBER OF FLUOROSCOPIC PATIENT EXAMS FOR YOUR EDUCATION. Ask him/her if he/she would be willing to leave you a few overhead radiographs. TO HAVE THE EXAMINATION COUNT AS A COMPETENCY, OVERHEAD RADIOGRAPHS ARE REQUIRED.

The following paragraph explains the role of the technologist or instructor during a fluoroscopic exam if you wish to perform it for a competency.

The observer may help in the capacity of assisting the radiologist or running barium. It will be the student's responsibility to set up the room, greet the patient, explain the exam, answer the patient's questions, relay messages to the radiologist, take the overheads, and be certain the patient and computer entry is taken care of after the exam. In other words, the student is in charge. Should things not go well and the technologist must take over, this not a problem, the student will simply do another procedure.

PORTABLE ROTATION OBJECTIVES

During your portable rotations, you will report to the registered technologist who is responsible for the performing of these exams. The successful completion of the objectives listed below is dependent on the student's level of progression throughout the length of the Program.

The evaluation of your objectives for the portable rotations will be based upon your demonstrated ability to:

1. Report on time and be accountable for your presence
2. Become familiar with the layout of the hospital

3. Familiarize yourself with the method of correctly verifying the identity of the patient and that the correct examination is being performed
4. Use of radiation safety practices for the patient and yourself
5. Demonstrate the mobility and initializing electrical current to the equipment
6. Properly demonstrate the placement and operation of ancillary equipment (including oxygen administration devices, IV, chest tubes, operation of patient's bed including movement of bed and proper placement of side rails, etc) within the patient's room. Return patient and room equipment setup to original position

OBJECTIVES FOR PORTABLE RADIOGRAPHIC EQUIPMENT

1. Turn key switch on/off
2. Identify battery status display messages
 - a. Testing complete
3. Part the telescoping arm for driving the unit
4. Operate the power drive
5. Identify the self-stopping bumper
6. Activate the brake
7. Drive in forward and reverse
8. Release the collimator from the park/transport position
9. Raise the arm on the vertical column
10. Extend the retractable arm
11. Pivot on axis with telescope arm extended
12. Activate the field light and restrict the beam (collimation)
13. Rotate the tube head through its range of motions
14. Measure SID
15. Rotate the collimator head
16. Increase and decrease kVp and mAs
17. Make a radiographic exposure by
 - a. Engaging the hand-switch to prep position
 - b. Engaging the hand-switch to expose position
18. Prepare the unit to recharge the battery
 - a. Key switch position
 - b. Location of unit during charging
19. Use of ACE paddle (if applicable)
 - a. Selection of technique setting for image receptor
 - b. Selection of proper ACE chamber
 - c. Adjustment of density control
 - d. Proper alignment of paddles (CXR & KUB)
 - e. Location of mAs readout

OBJECTIVE FOR MOBILE RADIOGRAPHIC UNITS - CARM

1. Engage and release the foot locking brakes of the base (of unit).
2. Adjust the steering handle for direction (parallel to handle)
 - a. Click stop for transverse movement
3. Lock and unlock the brake release of the C-arm
4. Manipulate the C-arm:
 - a. Raise and lower the C-arm at the column stand (up & down)
 - b. Rotate the vertical plane (side to side)
 - c. Adjust the horizontal travel (back & forth)
 - d. Swivel on the column stand (side to side)
 - e. Slide the c-arm in an orbital motion (front to back)
5. Lock into transport position
6. Sterile drape the c-arm
7. Identify the proper connections from the C-arm to the monitor and wall outlet
8. Correctly enter the patient ID into the system
9. Correctly open and adjust the collimators on the c-arm

10. Identify the function of the operating controls and indicators
11. Correctly adjust the annotation of the image for proper viewing of the image on the monitor during fluoroscopy
12. Print saved images on films/send to PACS for permanent record keeping
13. The ability to correctly setup the C-arm for cine runs and DSA image acquisition

ROTATING CLINICAL SITE OBJECTIVES

Students rotate to a new site each semester. The purpose of rotations is for the student to experience and participate in examinations or procedures that they may not have had any exposure to previously. This also includes interacting with technologists, clinical preceptors, radiologists, other physicians, departments, etc.

THE OBJECTIVES FOR THE STUDENT TO COMPLETE WHILE ROTATING THROUGH THE VARIOUS CLINICAL SITES INCLUDE:

1. Demonstrate an understanding and ability to complete the various record keeping and procedures performed
2. Properly adjust kVp and mAs for the exam being performed
3. Request pertinent information from the patient including the possibility of pregnancy
4. Accurately explain the examination to the patient
5. Accurately position the patient for examination
6. Understand and properly use lead shielding for patients and personnel when applicable
7. Understand and demonstrate the basic principles of image processing

SURGERY ROTATION OBJECTIVES

Report to the surgery technologist/s who are responsible for the performing of these exams. The student's ability to successfully complete the objectives below will be evaluated on the C-arm Clinical Competency form.

The evaluation of your objectives for the surgery rotations as a sophomore will be based upon your demonstrated ability to;

1. Report on time and be accountable for your presence
2. Wear proper surgical attire including lead apron
3. Familiarize yourself with the sterile environment
4. Observe and verify the correct patient verification process & procedure
5. Practice radiation safety for patient, surgical staff and self
6. Make the necessary connections of the C-arm to the monitor. Verify the correct patient and procedure. Enter correct patient information regarding exam into the imaging equipment. Transfer the images to PACS at the completion of the procedure
7. Act independently in regards to the proper positioning, manipulation and placement of the imaging equipment while working in a sterile environment under direct supervision
8. Continue to use the correct exposure techniques that are necessary for the types of exams being performed
9. Correctly perform post procedure documentation

WEEKDAY AND WEEKEND PM CLINICAL ROTATION OBJECTIVES (Summer)

The purpose of weekday and weekend PM rotations is to give students the experience of working shifts, which require more independence and responsibility. A technologist on duty must always make the final decision on passing radiographs and should always be consulted in new or unusual situations. A technologist must be present when radiographs are being repeated. These shifts are more challenging and the best opportunity to practice basic skills.

Weekday and weekend PM rotations are a big step toward the goal of total independence. Future evaluations will be based on how this responsibility is handled. The technologists on these shifts will participate in evaluations to ensure the objectives are being met.

Objectives for weekday and weekend PM clinical rotations are to:

1. Participate in all imaging exams
2. Students will not be left alone in department to perform examinations on their own
3. Adjust to the change in clinical hours

4. Improve basic clinical skills
5. Practical emergency and trauma radiography
6. Improvise in non-routine situation
7. Organize your actions for more efficiency
8. Perform related administrative tasks with the staff technologists
9. Work independently of direct supervision (staff technologist must be within close proximity)
10. All radiographs must be checked with a staff technologist before releasing patient
11. Gain confidence in clinical abilities
12. Work and communicate as a team member
13. Demonstrate professional attitudes and behaviors

Weekday and weekend PM clinical rotations: The PM rotation may be scheduled for eight hours up to 11:00 pm. Students are responsible for any surgical procedures that are occurring during schedule rotation. A ½ lunch will be granted on this rotation for students. If the student has an outside scheduling conflict with a scheduled PM shift, they may find another student from the same clinical site to trade a similar shift. This trade needs to be approved by the clinical coordinator prior to the scheduled shift change.

Whenever need arises you may:

- Transport patients
- Help in reception area
- Help in filing
- Stock rooms with supplies
- Assist patients to change for exams

COMPUTED TOMOGRAPHY (CT) ROTATIONS

Due to the increased number of exams and procedures that are being performed in the Computed Tomography (CT) Department, it has become a requirement for student radiographers to be educated in the principles related to computed tomography. The purpose of rotating the student radiographer through the CT department is for him/her to acquire the understanding and experience of the capabilities and functions that are pertinent to a CT scanner and also the exams that are performed using this modality.

The student radiographer will rotate through the CT Department a total of 2 weeks during the sophomore fall semester of the program. There are no grades assigned to this unit. The requirement is the completion of the checklist by the technologist in this area. The checklist validates your exposure to and basic competency of the objectives for the equipment and procedures in this area.

COMPETENCY NOTEBOOKS

Competency books containing comp eligible procedures lists/forms should remain with the student at the student's clinical site and change clinical sites with the student. It is the student's responsibility to ensure an up-to-date list of eligible procedures is available to the clinical preceptor at each site. **Actual signed final competency forms must be submitted to MCC faculty the week before each clinical grading.**

RESCINDING A COMPETENCY

Students are held accountable for being able to perform an exam for which that student has earned competency. The clinical preceptor or MCC faculty may test the student for cause or at random. The exam must be performed independently in a reasonably accurate manner or the competency may be rescinded [taken-away]. No books or help allowed.

STUDENTS ON PROBATION

If it appears that a student is having serious or repeated difficulty with theory (failing lab practicals for example) or Clinical, the student may be placed on probation. The student is to be counseled weekly to encourage improvement and subsequent retention in the program. If there is still evidence of a deficiency at the end of the agreed probationary time, the student is to be evaluated and graded accordingly, or dismissed from the program. The program coordinator or clinical coordinator may assign any probationary period after conferring with the clinical preceptor of that student. Any 3 (three) situations in which the student is put on probation

during the 2-year program, even though the student fulfilled each probationary period satisfactorily, **RESULTS IN DISSMISSAL FROM THE PROGRAM.** You can't fix one problem by replacing it with another.

CLINICAL GRADES AND EVALUATION

Student clinical evaluations are held at least twice during each semester. At this time, the student is made aware of his/her weak and strong points with the expectation of student improvement at subsequent grade sessions. A complete set of records and data is kept on each student. If improvement is not made in suggested areas at the subsequent grading session, the student is placed on probation (written reprimand). A subsequent failure to demonstrate improvement indicates overwhelming difficulty with application and results in dismissal from the program. Additionally, a student who improves noted behavior then reverts to the addressed behavior, regardless of semester is placed on probation with possible dismissal for future defiance of correction.

Each semester, students are required to successfully complete a prescribed number of procedures under the direct supervision of the clinical preceptor or designee for final competencies; all *other* (pre and post comp) similar procedures performed by the student under direct/indirect supervision are documented on the Clinical Procedure Check Off Form with appropriately altered accession numbers to protect sensitive information and submitted electronically via Trajecsyst from a personal computer or mobile device. Once the electronic records are updated, students are to submit the paper productivity sheets to MCC faculty.

Clinic grades are calculated by MCC faculty and are based on the performance indicated by the evaluator at the time of the requested competencies/number of competencies earned, as well as performance appraisals by CP/technologists. Specific percentages are assigned in each course first day handout. The grade will also reflect any documented demerits. The MCC Radiologic Technology Program grade scale applies.

Every day, when in the clinical education site, students must complete the required clinical experiences in the prescribed scheduled time. However, if a student is in the process of completing an examination, he/she should assist in completing the procedure regardless of time unless otherwise directed by the supervising technologist. It is understood that students are to leave the clinical area at the assigned time and be relieved by a radiographer. As students gain experience in the various procedures, more independent clinical performance is introduced, but students always remain under the direct or indirect supervision of a registered radiographer.

DISCUSSING GRADES WITH CLASSMATES

It is an ethical violation to divulge confidential information. Lab performance and clinical performance appraisal are based on individual performance. Students' discussion of their clinical or lab performance evaluation with their classmates is **prohibited**. A student found discussing his/her clinical/lab grade receives a written warning and a reduction in clinical/lab grade by one letter. If the student discusses another student's grade, all students involved receive a written warning (those discussing the grade and the owner of the grade), and a reduction in grade by one letter. A second incident of discussing grades results in dismissal from the program.

PROCEDURE QUANTITY GUIDELINES

Semester	Exams in category	
1 st fall	2 COMPETENCIES REQUIRED. RGT 1514 exams: upper limb (finger, hand, wrist, forearm, elbow, humerus), shoulder girdle (shoulder, scapula, clavicle, a/c joints), chest (routine, w/c-stretcher, decubitus), abdomen (KUB, upright, decubitus), digestive system (GI, BE, SB, BS) including trauma/portable of covered procedures <i>If competencies are NOT earned student's weekly submission of productivity will be calculated as the grading component.</i>	Students are to submit productivity and final competency information at least weekly to allow performance evaluation and grade determination. Competencies MUST be requested prior to the procedure under direct supervision after two practices are documented under direct supervision.
1 st spring	12 COMPETENCIES REQUIRED	

	RGT 1514 PLUS RGT 1523 exams Lower limb (toes, foot, ankle, tib/fib, knee, patella, femur), pelvis, upper femora, vertebral column (cervical, thoracic, lumbar, sacrum coccyx, SI joints), bony thorax (sternum, ribs) , urinary (IVU, cystogram)system including trauma/portable of covered procedures	Students with 40 competencies at week 12 of fall semester may be allowed specialty rotations
2 nd summer	13 COMPETENCIES REQUIRED RGT 1514 exams & RGT 1523 exams *see fall and spring above	
2 nd fall	12 COMPETENCIES REQUIRED All exams listed above plus skull/facial/sinuses	
2 nd spring	12 COMPETENCIES REQUIRED All exams listed above plus myelogram, arthrogram, HSG	Total of 51 procedure competencies at program end.
COMPETENCY BOOKS ARE DUE TO THE PROGRAM COORDINATOR WEEK 12 OF SOPHOMORE FALL SEMESTER FOR VERIFICATION; THEREAFTER, COMP FORMS SHOULD BE SUBMITTED AS EARNED.		

!All thirty-six (36) mandatory competencies, fifteen (15) elective competencies, and ten (10) patient care activities are required to graduate as per the ARRT handbook.

NOTE:

1. As MCC is equipped with two energized labs, a mobile x-ray unit and anatomical phantoms, ALL competencies not earned on patients in clinical rotations must be performed in campus labs.
2. All set-up competencies and general patient care competencies should be completed by the end of the 1st year spring semester.
3. **Regardless of completion of competency procedures, students are to be eager participants in all procedures.**

CLINICAL DEMERITS

Demerits are a numerical documentation of unsatisfactory performance. One demerit is equivalent to a *minimum 4 points for freshmen and 8 points for sophomores* deduction from the clinical grading period in which the infraction occurred and are assigned by clinical instructors/MCC faculty. The number of demerits given will depend on the seriousness and the frequency of the infraction. Below is a partial list. **Demerits may be given at the discretion of the clinical preceptor and/or MCC faculty with documentation.**

1. Improper phone call when absent from or late to clinical. (10-point penalty previously described)
2. Not completing clinical paperwork/productivity weekly (10-point penalty previously described: submission of final competencies and productivity)
3. Leaving clinical without permission or without proper phone call
4. Attending clinical without **required** equipment (OSLD, markers, technique book, comp book)
5. Not using markers
6. Mismarking images
7. Using someone else's marker
8. Not introducing self to the patient
9. Not explaining the exam to the patient
10. Not properly identifying patients
11. Not obtaining a patient history
12. Not assisting the patient on to and off the table into the wheelchair/stretchers
13. Leaving an unstable patient alone with the rails down/on the table alone
14. Not providing a clean sheet on the table prior to the exam
15. Failure to maintain patient modesty (properly gown/cover patient)
16. Failure to process images under correct patient ID
17. Not following department protocol
18. Not finishing exam (including paperwork)

19. Passing images - submitting to the radiologist without RT approval
20. Inconsistent performance in clinicals (inability to perform an exam when documented competent)
21. Unavailable in assigned area
22. Refusal to perform an exam (declination)
23. Not setting technique
24. Not practicing universal precautions
25. Not practicing personal radiation protection
26. Improperly discussing the patient's diagnosis
27. Improperly discarding/capping of needles
28. Not checking contrast/medications for content and expiration date prior to use
29. Not checking oxygen levels/checking for oxygen in tank prior to use
30. Not performing repeats under direct supervision
31. Engaging in negativity, naysaying, gossip at clinical site/about clinical site\
32. Improper disposal of patient information (requisition in pocket)

ADDITIONAL COMMENTS:

If your markers appear on the radiograph, you are responsible for the examination.

Do not delete/erase unacceptable images. Disciplinary action results from this behavior as it constitutes a dishonest act and dismissal from the program may result.

If a patient is assigned to you or your room, you are responsible for that patient until that patient has left the department or until you are given another patient for whom you are responsible. However, you must be certain that responsibility for your previous patient has been accepted by another person.

Grade assignment is ultimately the responsibility of MCC program faculty who work closely with the clinical preceptor. A grade of O/F may be submitted for the student if proper paperwork is not submitted on schedule. Example: weekly procedure records into database

CLINICAL DISMISSAL FOR UNSAFE BEHAVIORS

1. If possible, two people should observe (and verify) a student's unusual behavior*. The observation will be agreed upon by both and documented by stating specific acts of abnormal behavior of the student in question.

*May include listed behaviors: (list is not inclusive of all observations):

- slurred or loud speech
- impaired gait
- repeated poor judgment
- alcohol on breath
- negligent patient care

A behavior which poses a risk to a student, patient or co-workers. *Danger to the patient will be rigidly interpreted*

2. A confidential conference, including a witness, is held to discuss with the student the documented conduct and advise the student that a decision has been made to dismiss the student for the remainder of the day. The conference must be documented.
3. The hours missed are documented as an unexcused absence.
4. Under MCC policy of reasonable cause, the student is subject to a drug screen. Pending its outcome, dismissal may result.

DISMISSAL OFFENSES (non re-entry)

In addition to the items listed in the agreement, YOU WILL BE DROPPED FROM THE PROGRAM WITH A FAILING GRADE IN ANY PRACTICUM AND/OR DIDACTIC CLASS, AND BE INELIGIBLE FOR RE-ENTRY FOR ANY OF THE FOLLOWING REASONS:

1. Breach of patient confidentiality for personal gain or patient defamation purposes;
2. One (1) incidence of gross negligence that could have (or did) result in patient harm;
3. Two (2) incidences of mildly negligent patient care causing harm to the patient;
4. Willful harm to the patient, patient's family, a hospital employee, a fellow student

- or MCC faculty member;
 - 5. If a clinical site requests you removed from or not return to their site for any of the following reasons:
 - a. Breach of patient care
 - b. Breach of patient confidentiality
 - c. Theft of hospital property or goods
 - d. Abusive or disrespectful behavior towards patients, family members or employees;
 - 6. Non-compliance with attendance and punctuality rules as outlined in the handbook, including:
 - a. Two (2) no-call no-show absences
 - b. Clocking in to work while on clinical time
 - c. Falsifying clinic documents (sign in sheets, final comp forms)
 - 7. Refusal to comply with dress code;
 - 8. Three (3) incidences of lost OSLD (including fetal);
 - 9. One (1) incidence of tampering with an OSLD;
 - 10. Two (2) incidence of discussing grades with other students;
 - 11. Failure to complete the minimum number of competencies in any 2 semesters;
 - 12. Insubordinate and disrespectful behavior and attitude towards clinical instructors, supervisors, hospital staff, patients, fellow students and/or MCC faculty.
- All the reasons for dismissal above result in the student being ineligible for reentry.

DISMISSAL OFFENSES (with possible re-entry [IF SPACE EXISTS])

YOU WILL BE REQUIRED TO DROP FROM THE PROGRAM, OR RECEIVE A

FAILING GRADE IN DIDACTIC CLASSES FOR THE FOLLOWING REASONS (students ARE eligible for reapplication):

- 1. Failure of a laboratory make-up test;
- 2. Failure of any didactic course;
- 3. Inability to perform clinicals due to physical limitation including, but not limited to:
 - a. An accident, trauma or any other personal situation where an extended absence is required, exceeding the maximum number of absence days in a semester. (A student may voluntarily withdraw to prevent a failing grade);
 - b. Pregnancy where the student expects preferential treatment or physician requires bed rest;
 - c. Any physical limitation to patient transportation, movement, patient care and/or safety to the student, patient or co-workers, including Cl's, fellow students, clinical staff or faculty.

DISCIPLINARY MEASURES

If a student is not performing in a responsible, professional manner or safe manner the following disciplinary measures will be taken for lesser offenses:

- 1. verbal warning - documented for future reference;
- 2. written warning with conference;
- 3. conference with the program coordinator or clinical coordinator; at this time, dismissal may result.

SERIOUS OFFENSES MAY RESULT IN IMMEDIATE SUSPENSION OR DISMISSAL!

Refer to the clinical section for information on clinical disciplinary measures.

DISCIPLINARY ACTION/GROUNDS FOR DISMISSAL

It is a privilege to be able to gather experience in the field of Radiologic technology as a student at Meridian Community College. The clinical institutions that provide the setting for hands-on experience demand professionalism and ethical behavior from the students at all times. Certain behaviors and actions are not tolerated during clinical education. The following student counseling report has been compiled to document and alert you to behaviors that can result in immediate dismissal or that would lead to a Group I behaviors include actions that are a threat to the safety of patients or staff as well as breeches of hospital and patient confidentiality.

Any behavioral incident in the Group I category results in a failing grade and immediate dismissal from the program. Opportunity for readmission is considered only after all criteria as stated in student handbook has been met and after all other admissions to the program have been evaluated.

Group II behaviors refer to violations of Meridian Community procedures as listed in the student handbook, Clinical First Day Handout, and/or Disciplinary Form. The first Group II offense results in a verbal warning to the

student. The second Group II offense (two total offenses, not necessarily in the same course) results in a counseling session with the clinical coordinator and program coordinator (or any other relevant individual, such as the Dean of students) and student probation (written contract). The third Group II offense results in a failing grade and dismissal from the program. For your own benefit, read over the student counseling report concerning disciplinary action and become very familiar with the types of behaviors and actions that can be very detrimental to successful clinical educational experiences.

Radiologic Technology Program — DISCIPLINARY ACTION

STUDENT COUNSELING REPORT

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

NAME		SITE *		DATE	
<i>* Site is defined as an off-campus clinical affiliate.</i>					
GROUP I			GROUP II		
1.	Obtaining, possessing, selling or using marijuana, narcotics, amphetamines, hallucinogenic substances, or alcohol on site. Reporting to site under the influence of any of these substances.	1.	Engaging in disorderly conduct that could ultimately threaten the physical well-being of any patient, visitor, student, or site employee.	14.	Misuse of site property
2.	Possession of weapons, wielding or threatening to use firearms, knives, etc., on site.	2.	Threatening, intimidating, coercing any student, patient, visitor, or site employee.	15.	Smoking, eating or drinking in restricted areas
3.	Assault on any patient, visitor, student, or site employee.	3.	Inconsiderate treatment of any patient, visitor, student, or site employee.	16.	Unsatisfactory performance in clinical education
4.	Theft, abuse, intentional misuse, or destruction of the property or equipment of any patient, visitor, student, site employee, or the site.	4.	Failure to maintain professional demeanor.	17.	Inappropriate dress or appearance based on program regulations
5.	Immoral, indecent, illegal, or unethical conduct on site premises.	5.	Insubordination and/or refusal to obey assignments.	18.	Inappropriate or abusive language
6.	Retrieving, divulging, or disclosing confidential information about any patient, student, or site employee without proper authorization.	6.	Failure to perform responsibilities or to exercise reasonable care in the performance of responsibilities.	19.	Individual acceptance of gratuities from patients
7.	Misuse or falsification of patient, student, or official site records.	7.	Violation of safety rules and regulations or failure to use equipment safely.	20.	Sleeping during scheduled clinical hours
8.	Removal of patient, student, or official site records without proper authorization.	8.	Creating or contributing to unsafe or unsanitary conditions.	21.	Leaving clinical area without proper authorization
9.	Failure to remove patient identification from documents before leaving site.	9.	Unauthorized use of equipment.	22.	Failure to be ready for site assignment at starting time
10.	Failure to provide for the physical and psychological well-being of the patient.	10.	Unauthorized soliciting, vending, or distribution of written or printed matter.	23.	Failure to follow correct procedures for absence or tardiness
		11.	Obstructing the learning of others.	24.	Violation of direct /indirect supervision procedures
		12.	Plagiarism or cheating.	25.	Violation of repeat radiograph policy
		13.	Misuse of site time		
GROUP I () FAILING GRADE - immediate dismissal from the program in accordance with Student Handbook Policy GROUP II () 1ST OFFENSE - verbal warning with documentation of event. And points penalty 2nd OFFENSE - written contract and counseling session with the student, clinical coordinator, program director and relevant others - probation and points penalty 3rd OFFENSE --FAILING GRADE - immediate dismissal from the program					

REMARKS

SITE INSTRUCTOR signature _____ DATE _____ CLINICAL COORDINATOR signature _____ DATE _____
 () **I HAVE READ THIS REPORT**

PROGRAM COORDINATOR signature _____ DATE _____ **STUDENT SIGNATURE** _____ DATE _____

**A student on contract is subject to the conditions of that contract and is not eligible for handbook provisions for lesser violations.

PREGNANCY

Before reporting to assigned clinical assignments, students enrolled in MCC’s Radiologic Technology program are instructed in proper safety precautions and personnel monitoring. If a student should become pregnant, she has the **option** of informing the program, in writing, of a pregnancy. Declaration of pregnancy by the student is voluntary. It is recommended that written notification of pregnancy be given to the Program Coordinator and/or the Clinical Coordinator immediately upon learning of the pregnancy so that the student may be counseled regarding radiation protection of herself and her fetus.

“The National Council on Radiation Protection and Measurements (NCRP) recommends a monthly equivalent dose limit of 0.5 mSv to the embryo-fetus (excluding medical and natural background radiation) once the pregnancy is known. The embryo-fetus must not exceed 5 mSv for the gestational period. The mother in the educational training program must not exceed 1 mSv annual whole-body exposure”.

Upon written declaration of pregnancy, the student must:

1. Counsel with program faculty and the radiation safety officer regarding the nature of potential radiation injury associated with exposure, the regulations established by the NCRP, and the required preventative measures to be taken throughout the gestation period;
2. Select one of the following options within 24 hours regarding her decision to:

Remain in the program with limited rotations to high exposure areas	
Remain in the program without modification of clinical training	
Withdrawal from the program with re-entry if space allows	

3. Be required, if maintaining full time status, to abide by the following:
 - a. strictly adhere to all safety precautions for protection purposes;
 - b. wear two personnel monitoring devices; one placed on the collar and one on the abdomen for fetal monitoring. Readings to be monitored closely by the RSO and Program Faculty and the student is subject to an immediate leave of absence from the clinical environment if at any point the RSO deems it necessary;
4. Return to full-time status as soon as possible after delivery, but only on the express written permission of her physician;
5. BE REQUIRED TO COMPLETE UPON HER RETURN, **WITHIN A TWO-WEEK TIME PERIOD**, ALL COMPETENCIES AND ROTATIONS MISSED or not completed prior to and during her maternity leave. *Students are strongly urged to “bank” clinic days early in the pregnancy to avoid owing more time than can be made up in two weeks; thus, forcing a leave of absence*. In addition, she will be evaluated by program faculty in those clinical competencies completed prior to time out and be subject to participation for review purposes should the faculty deem it necessary;
6. Be informed that, dependent on the type of course(s), degree of difficulty of the course(s), academic standing, and length of time out, she may be required to re-take the course(s) in its entirety.

If the student does not inform the program of her pregnancy in writing, the student is considered to **not** be pregnant regardless of overt signs. These measures are for the benefit of the student and the baby. Additionally, the student has the option to withdraw her written declaration with a written withdrawal of the declaration of pregnancy. All students sign an agreement of understanding concerning pregnancy and radiation protection upon acceptance into the program. The agreement simply explains this policy and the prospective student understands the policy.

I have read and understand the above pregnancy policy and agree to abide MCC policies as well as the policies of the clinical site.

<div style="background-color: yellow; display: inline-block; padding: 2px 10px;">Student signature</div>	date
MCC instructor signature	date

DISMISSAL POLICY

I, the undersigned, a student in the Radiologic Technology Program (RGT) at Meridian Community College, for and in consideration of the training I am to receive from Meridian Community College, its faculty and staff, in consideration of my acceptance into the training program, and for other considerations to be received by me, hereby **promise and agree:**

1. I am currently enrolled at Meridian Community College and have paid my student liability insurance fee as required by Meridian Community College.
2. I have read and understand all portions of the course syllabi and course schedules. **I agree to comply with all rules, regulations and requirements contained in the course syllabi and course schedules, and with any additional rules as communicated to me by the instructors during courses.** I understand that I am responsible for knowing and following the rules of all clinical sites where I may have rotations during courses.
3. I can be dropped from the Program with a grade of F for **unprofessional conduct** or **unsafe practices**. These behaviors include, but are not limited to:
 - a. **failure to follow direct/indirect supervision policies;**
 - b. stealing information or tangible goods;
 - c. breach of confidentiality;
 - d. misrepresenting or lying about any fact;
 - e. being barred from (asked not to return to) any clinical site;
 - f. failing to complete clinical requirements on time;
 - g. **being under the influence or in possession of alcohol or drugs during class or during any clinical rotation assignment—immediate clinical suspension will occur;**
 - h. representing that I hold a level of certification or licensure I do not hold;
 - i. practicing beyond the scope of clinical objectives;
 - j. failure to practice within the Principles of Professional Conduct for Radiologic Technologists or the Patient's Bill of Rights;
 - k. committing a criminal act during clinical rotations;
 - l. failure to maintain current CPR certification;
 - m. failure to pass any of the RGT curriculum courses;
 - n. disruption of classes, making it difficult for other students to acquire the material presented. This can be observed by the faculty or reported by a fellow student;
 - o. willful damage to school, hospital, or private property;
 - p. documented evidence of lack of proper patient care;
 - q. leaving the clinical area without permission from a faculty member;
 - r. failure to comply with dress code;
 - s. failure to follow radiation protection rules and regulations;
 - t. tampering with own or another person's radiation monitoring device;
 - u. noncompliance with attendance policies - see clinical section;
 - v. falsifying sign-in sheets/timecards for self or another student;
 - w. two incidences of being put on probation or suspended;
 - x. cheating, lying, collaborating, plagiarizing or falsifying any documentation verbally or in print;
 - y. use of any form of abusing, disrespectful, arrogant, threatening or harassing language and/or behavior to classmates, instructors, hospital personnel or patients;
 - z. **violating or failing to comply with any provision of the rules, regulations or policies set forth, or any policy stated in the Radiologic Technology Student Handbook.**
4. **I understand the following:**
 - *that I am subject to random urine/blood testing for the presence of certain drugs or controlled substances**
 - *that I may contract a contagious disease, possibly a fatal one, through contact with patients.**

***that it is mandatory that I practice infection control techniques that have been explained to me at the beginning of this course.**

***that I may become physically injured by improper handling of patients and/or equipment.**

***that I will be assigned to more than one Practicum site (possibly out of town) and will manage any added monetary and time costs or burdens that this may create.**

Knowing all the above facts and with a thorough understanding of the risks involved in the training I am about to participate in, I hereby declare that I am willing to assume all risks involved with my training and that I do hereby assume all such risks, whatever they may be, and that if I become unwilling to assume all risks involved in my course of study, I must immediately inform my instructor of such unwillingness and immediately withdraw from the course.

With full and complete knowledge and understanding of all statements contained in this document, and having asked for clarification of any parts that I might not have understood, so that I do have a clear and complete understanding of this document and what I am signing and agreeing to, I hereby promise and agree to hold harmless and indemnify, and DO HEREBY HOLD HARMLESS and indemnify Meridian Community College, its faculty, staff, agents and employees, from any and all liability, payments, claims, costs, causes of action, judgments and attorney's fees of whatsoever nature and howsoever arising (1) in any way in connection with my being a student at Meridian Community College and being enrolled in Radiologic Technology Program courses, (2) from clinical site (practicum) experiences in connection with the courses being taken, or (3) in any other way whatsoever.

If I violate or fail to abide and conform in any way to the promises, representations and covenants set forth in this document, I agree that I may be dropped from all courses in the Radiologic Technology Program in which I am enrolled, or that I may be given a failing grade in such courses, subject only to the rules of due process and to the procedures set forth in the Meridian Community College catalog and student handbook. I have read, understand and agree to each provision contained in this agreement, which consists of two (2) pages, including this page.

Student signature

date

Instructor signature

date

**MERIDIAN COMMUNITY COLLEGE
RADIOLOGIC TECHNOLOGY PROGRAM
AGREEMENT**

I, _____, HAVE READ AND UNDERSTAND THE RULES AND
(Print Name)

REGULATIONS AS SET FORTH IN THE "RADIOLOGIC TECHNOLOGY STUDENT HANDBOOK" GENERAL AND CLINICAL SECTIONS.

I AM AWARE OF THE SUBSTANCE ABUSE POLICY. I AGREE TO ADHERE TO THE RULES, REGULATIONS AND ETHICAL STANDARDS, AND UNDERSTAND THAT THERE ARE DISCIPLINARY ACTIONS OR DISMISSAL ACTIONS TAKEN IF I DO NOT COMPLY WITH THESE RULES, REGULATIONS AND ETHICAL STANDARDS.

I HAVE RECEIVED A COPY OF THE CURRENT MERIDIAN COMMUNITY COLLEGE CATALOG OR HAVE ACCESS TO THE ON-LINE VERSION AND THE MERIDIAN COMMUNITY COLLEGE RADIOLOGIC TECHNOLOGY HANDBOOK.

Incidental: group and individual photos may be taken throughout the course of the Radiologic Technology Program; I understand that these images may be used in publications to promote Meridian Community College.

My local newspaper: _____

THE INFORMATION PROVIDED BELOW IS KEPT IN CONFIDENCE AND MERIDIAN COMMUNITY COLLEGE ONLY USES THE INFORMATION FOR IMPORTANT OR EMERGENCY REASONS. I AGREE TO **ALWAYS AND PROMPTLY** INFORM, IN WRITING, THE PROGRAM COORDINATOR AND MY CLINICAL INSTRUCTOR OF ANY AND ALL CHANGES IN THIS INFORMATION.

DOB: _____

CURRENT ADDRESS: _____

E-MAIL _____

FIRST NUMBER TO CALL WHEN ATTEMPTING TO REACH ME: _____

Person to call in an emergency or when reaching me is important and the above number is unsuccessful:

Name: _____

(H) _____

(W) _____

(C) _____

Relationship: _____

SIGNATURE: _____ **DATE:** _____

MCC Radiologic Technology Clinical Performance Evaluation

Student Name _____ Date _____

- Freshmen students should receive no more than two “unacceptable” categories in any evaluation period. The “unacceptable” categories MUST be improved by the next evaluation period and no more “unacceptable” marks received.
- Sophomore students should receive NO unacceptable categories.
- Violation of these policies may result in dismissal.

Please rate each student according to his/her individual performance in the categories below

1. Attendance and punctuality - extent to which the student is present in their clinical rotation without absences / tardiness (ANY absence or tardy prevents earning 'competency' level performance)

unacceptable progress	less than adequate progress	satisfactory progress	proficient progress	competence -Never tardy; No absences; ALWAYS available
--------------------------	--------------------------------	--------------------------	------------------------	--

Comments: _____

2. Team participation and enthusiasm - motivation and enthusiasm are demonstrated by the student's willingness to assist in all technical and non-technical procedures. This includes the student's ability to work effectively with others, to include cooperation, courtesy, acceptance of supervision and consideration for the welfare and interest of co-workers.

unacceptable progress	less than adequate progress	satisfactory progress	proficient progress	competence -ALWAYS available and prepared to assist in any way.
--------------------------	--------------------------------	--------------------------	------------------------	---

Comments: _____

3. Attitude - Receptive to suggestions and corrections, exercises self-control and demonstrates interest in assignments.

unacceptable progress	less than adequate progress	satisfactory progress	proficient progress	competence ALWAYS positive
--------------------------	--------------------------------	--------------------------	------------------------	-------------------------------

Comments: _____

4. Efficiency - Extent in which the student evaluates the criteria necessary for each technical procedure; demonstrates speed and accuracy in performance and related clinical duties.

unacceptable progress	less than adequate progress	satisfactory progress	proficient progress	competence ALWAYS efficient
--------------------------	--------------------------------	--------------------------	------------------------	--------------------------------

Comments: _____

5. Professional judgement - Exhibits logical thought processes in making decisions and recommendations; demonstrates respect for confidential patient information.

unacceptable progress	less than adequate progress	satisfactory progress	proficient progress	competence ALWAYS professional & respectful
--------------------------	--------------------------------	--------------------------	------------------------	--

Comments: _____

6. Technical ability - The student can satisfactorily critique his/her radiographs and examinations ESPECIALLY COVERED EXAMS AND PROCEDURES. Can determine area(s) of strengths and weaknesses in his/her work. The student strives to improve these areas.

unacceptable progress	less than adequate progress	satisfactory progress	proficient progress	competence -NEEDS NO FURTHER DIRECTION, only repetition of skills
--------------------------	--------------------------------	--------------------------	------------------------	---

Comments: _____

7. **Patient relations** - Responsive to the physical and emotional needs of the patient; courteous; able to establish rapport and adapt to various patient conditions

unacceptable progress	less than adequate progress	satisfactory progress	proficient progress	Competence NEEDS NO FURTHER DIRECTION, only repetition of skills
-----------------------	-----------------------------	-----------------------	---------------------	--

Comments: _____

8. **Critical Thinking** - Demonstrates ability to position patients properly and to maintain proper radiographic technique and film sequencing ESPECIALLY ON COVERED EXAMS/PROCEDURES. The student is able to adapt accordingly to each patient and perform exams competently. The student demonstrates the clinical skills and knowledge to perform adequately with difficult and challenging radiographic exams

unacceptable progress	less than adequate progress	satisfactory progress	proficient progress	Competence NEEDS NO FURTHER DIRECTION, only repetition of skills
-----------------------	-----------------------------	-----------------------	---------------------	--

Comments: _____

9. **Dependability** - Student completes all technical procedures he/she begins and remains in assigned work area within justified by departmental procedures.

unacceptable progress	less than adequate progress	satisfactory progress	proficient progress	competence NEEDS NO FURTHER DIRECTION, only repetition of skills
-----------------------	-----------------------------	-----------------------	---------------------	--

Comments: _____

10. **Protection** - Student properly positions patient so that radiation is limited to the necessary tissue ONLY; proper centering/alignment to avoid repeats; marker placement within the collimated field; outside the anatomy of interest; collimation (minimum 3 of 4 borders); shielding when applicable

unacceptable progress	less than adequate progress	satisfactory progress	proficient progress	competence Needs no further direction, only repetition of skills
-----------------------	-----------------------------	-----------------------	---------------------	--

Comments: _____

SELECT ONE OPTION

***As a licensed radiographer responsible for training future radiologic technologists with input from other imaging professionals, it is the recommendation of this department that this student **DOES NOT** progress to the next semester and is allowed to return to this facility as needed.

Clinical Instructor signature

date

***As a licensed radiographer responsible for training future radiologic technologists with input from other imaging professionals, it is the recommendation of this department that this student **DOES** progress to the next semester and is allowed to return to this facility as needed.

Clinical Instructor signature

date



1. Introduction

Candidates applying for certification and registration under the primary eligibility pathway are required 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.

The requirements are periodically updated based upon 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.

2. Documentation of Compliance

Verification of program completion, including Didactic and Clinical Competency Requirements and all degree-related requirements including conferment of the degree, will be completed on the Program Completion Verification Form on the ARRT Educator Website after the student has completed the Application for Certification and Registration.

3. Didactic Competency Requirements

The purpose of the didactic competency requirements is to verify that individuals had the opportunity to develop fundamental knowledge, integrate theory into practice and hone affective and critical thinking skills required to demonstrate professional competence. 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 such as the ASRT Radiography Curriculum. 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.

4. Clinical Competency Requirements

The purpose of the clinical competency requirements is to verify that individuals certified by the ARRT 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 covered by the certification examination, 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 his or her 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. The pages do NOT need to be sent to the ARRT

4.1 General Performance Considerations

4.1.1 Patient Diversity Demonstration of competence should include variations in patient characteristics such as age, gender, and medical condition.

4.1.2 Elements of Competence

Demonstration of clinical competence requires that the program director or the program director's designee has observed the candidate performing the procedure independently, consistently, and effectively during the course of the candidate's formal educational program.

4.1.3 Simulated Performance

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.

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.
- A total of ten imaging procedures may be simulated. Imaging procedures eligible for simulation are noted within the chart (see section 4.2.2).
- If applicable, the candidate must evaluate related images.
- Some simulations are acceptable for General Patient Care (see section 4.2.1). These do not count toward the ten imaging procedures that can be simulated.

4.2 Radiography-Specific Requirements

As part of the education program, candidates must demonstrate competence in the clinical procedures identified below. These clinical procedures are listed in more detail in the following sections:

- Ten mandatory general patient care procedures;
- 36 mandatory imaging procedures;
- 15 elective imaging procedures selected from a list of 34 procedures;
- One of the 15 elective imaging procedures must be selected from the head section; and
- Two of the 15 elective imaging procedures must be selected from the fluoroscopy studies section.

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).

4.2.1 General Patient Care Procedures

Candidates must be CPR/BLS certified and have demonstrated competence in the remaining nine 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 Procedures	Date Completed	Competence Verified By
CPR/BLS Certified		
Vital Signs - Blood Pressure		
Vital Signs - Temperature		
Vital Signs - Pulse		
Vital Signs - Respiration		
Vital Signs - Pulse Oximetry		
Sterile and Medical Aseptic Technique		
Venipuncture*		
Assisted Patient Transfer (e.g., Slider Board, Mechanical Lift, Gait Belt)		
Care of Patient Medical Equipment (e.g., Oxygen Tank, IV Tubing)		

*Venipuncture can be simulated by demonstrating aseptic technique on another person, but then inserting the needle into an artificial forearm or suitable device.

4.2.2 Imaging Procedures

Institutional protocol will determine the positions and projections used for each procedure. When performing imaging procedures, the candidate must independently demonstrate appropriate:

- 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.

May be earned	Imaging Procedures	Mandatory or Elective		Eligible for Simulation	Date completed	Competence verified by
		Mandatory	Elective			
Chest and Thorax						
First fall	Chest Routine	✓				
First fall	Chest AP (Wheelchair or Stretcher)	✓				
First sp	Ribs	✓		✓		
First fall	Chest Lateral Decubitus		✓	✓		
First sp	Sternum		✓	✓		
First fall	Upper Airway (Soft-Tissue Neck)		✓	✓		
First spring	Sternoclavicular Joints		✓	✓		
Upper Extremity						
First fall	Thumb or Finger	✓		✓		
First fall	Hand	✓				
First fall	Wrist	✓				
First fall	Forearm	✓				
First fall	Elbow	✓				
First fall	Humerus	✓		✓		
First fall	Shoulder	✓				
First fall	Clavicle	✓		✓		
First fall	Scapula		✓	✓		
First fall	AC Joints		✓	✓		
First fall	Trauma: Shoulder or Humerus (Scapular Y, Transthoracic or Axial)*	✓				
First fall	Trauma: Upper Extremity- non-Shoulder	✓				

May be earned	Imaging Procedure	Mandatory or Elective		Eligible for Simulation	Date completed	Competence verified by
		Mandatory	Elective			
Lower Extremity						
First spring	Toes		✓	✓		
First spring	Foot	✓				
First spring	Ankle	✓				
First spring	Knee	✓				
First spring	Tibia-Fibula	✓		✓		
First spring	Femur	✓		✓		
First spring	Patella		✓	✓		
First spring	Calcaneus		✓	✓		
First spring	Trauma: Lower Extremity*	✓				
*Trauma requires modifications in positioning due to injury with monitoring of the patient's condition						
Head - Candidates must select at least one elective procedure from this section.						
Second fall	Skull		✓	✓		
Second fall	Facial Bones		✓	✓		
Second fall	Mandible		✓	✓		
Second fall	Temporomandibular Joints		✓	✓		
Second fall	Nasal Bones		✓	✓		
Second fall	Orbits		✓	✓		
Second fall	Paranasal Sinuses		✓	✓		
Spine and Pelvis						
First spr	Cervical Spine	✓				
First spring	Thoracic Spine	✓		✓		
First spring	Lumbar Spine	✓				

May be earned	Imaging Procedure	Mandatory or Elective		Eligible for Simulation	Date completed	Competence verified by
		Mandatory	Elective			
First spring	Cross-Table (Horizontal Beam) Lateral Spine (Patient Recumbent)	✓		✓		
First spring	Pelvis	✓				
First spring	Hip	✓				
First spring	Cross-Table (Horizontal Beam) Lateral Hip (Patient Recumbent)	✓		✓		
First spring	Sacrum and/or Coccyx		✓	✓		
First spring	Scoliosis Series		✓	✓		
First spring	Sacroiliac Joints		✓	✓		
Abdomen						
First fall	Abdomen Supine	✓				
First fall	Abdomen Upright	✓		✓		
First fall	Abdomen Decubitus		✓	✓		
First fall	Intravenous Urography		✓			
Fluoroscopy Studies - Candidates must select two procedures from this section and perform per site protocol.						
First fall	Upper GI Series, Single or Double Contrast		✓			
First fall	Contrast Enema, Single or Double		✓			
First fall	Small Bowel Series		✓			
First fall	Esophagus (NOT Swallowing Dysfunction Study)		✓			
First spring	Cystography/Cystourethrography		✓			
Second spring	ERCP		✓			

May be earned	Imaging Procedure	Mandatory or Elective		Eligible for Simulation	Date completed	Competence verified by
		Mandatory	Elective			
Second spring	Myelography		✓			
Second spring	Arthrography		✓			
Second spring	Hysterosalping ography		✓			
Mobile C-Arm Studies						
Summer	C-Arm Procedure (Requiring Manipulation to Obtain More Than One Projection)	✓		✓		
Summer	Surgical C-Arm Procedure (Requiring Manipulation Around a Sterile Field)	✓		✓		
Mobile Radiographic Studies						
First fall	Chest	✓				
First fall	Abdomen	✓				
Upper first fall Lower first spring	Upper or Lower Extremity	✓				
Pediatric Patient (Age 6 or Younger)						
First fall	Chest Routine	✓		✓		
Upper first fall Lower first sp	Upper or Lower Extremity		✓	✓		
First fall	Abdomen		✓	✓		
First fall (cxr/abd)	Mobile Study		✓	✓		
Geriatric Patient (At Least 65 Years Old and Physically or Cognitively Impaired as a Result of Aging)						
First fall	Chest Routine	✓				
First fall	Upper or Lower Extremity	✓				
First fall	Hip or Spine		✓			
	Subtotal					
Total Mandatory exams required		36				
Total Elective exams required			15			
Total number of simulations allowed				10		