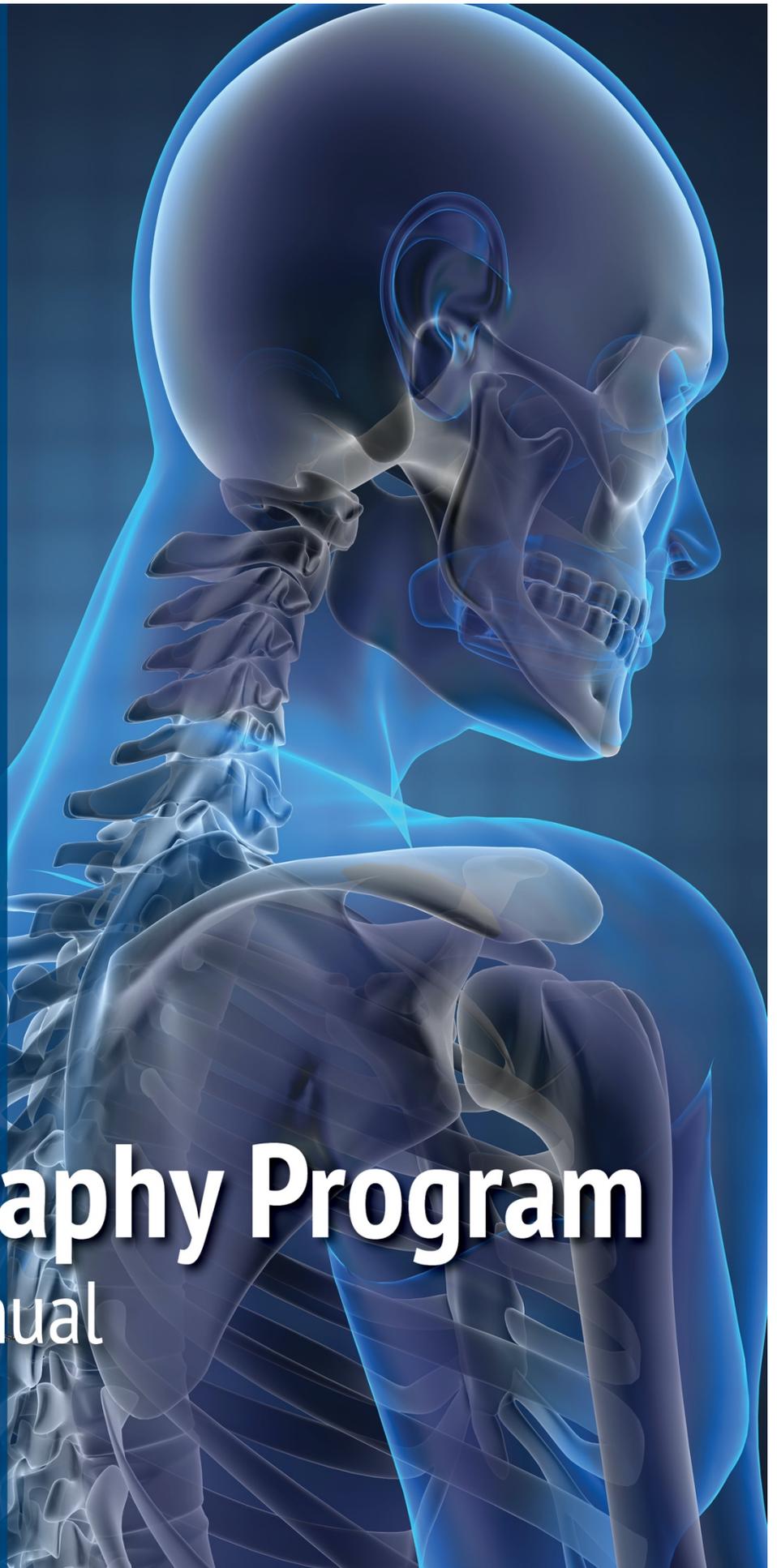




# Radiography Program

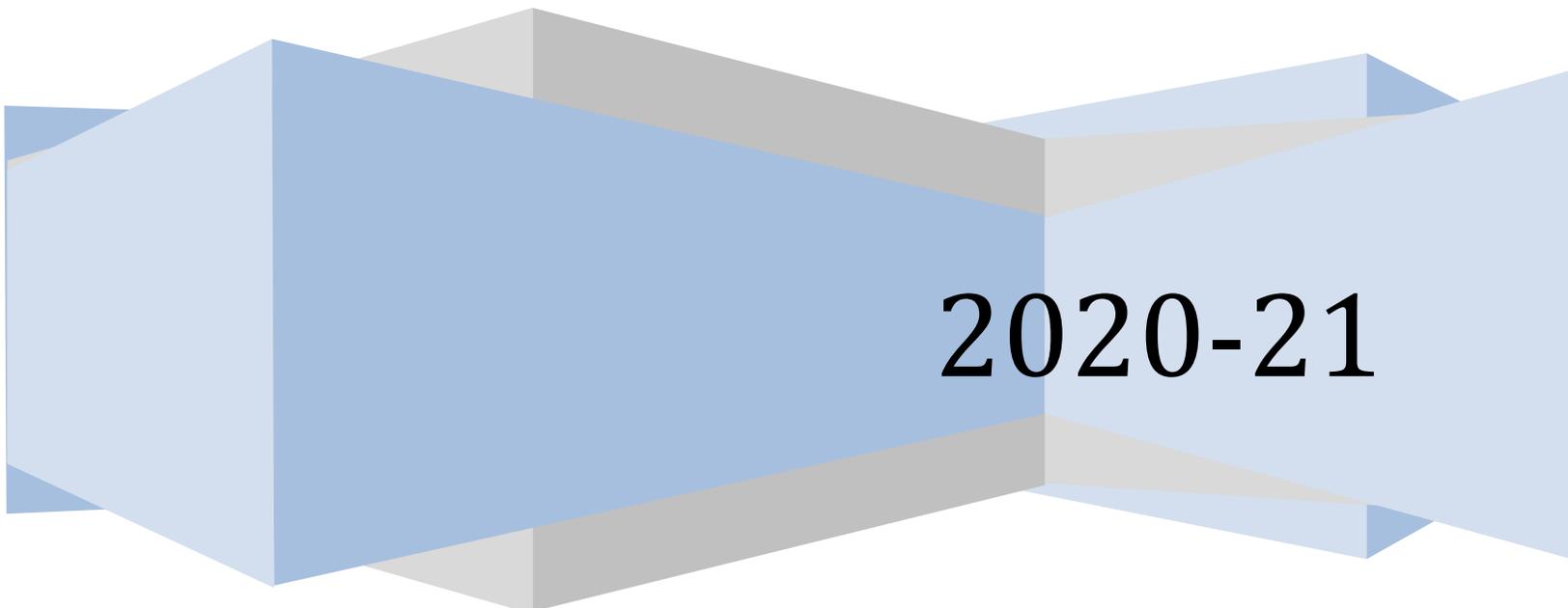
student manual



**Kellogg Community College**

# **Student Manual**

**Radiography Program**



**2020-21**

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Section A:  
General Information

# Welcome

## **KELLOGG COMMUNITY COLLEGE'S Radiography Program**

Much of the education of a radiographer is accomplished through hands-on clinical education in the diagnostic imaging department of several area hospitals affiliated with KCC's radiography program. Therefore, your goal of joining the medical imaging profession as radiographer begins the day you start the radiography program, as does your professional reputation which will remain with you upon completion of the program.

James A. Morgan, R.T. wrote a book entitled, "The Art and Science of Medical Radiography", published through the Catholic Hospital Association. It's interesting that Mr. Morgan views radiography as both an art and a science. Classroom lectures and textbook assignments will provide the necessary scientific knowledge base, but it is clinical education that offers the student radiographer an opportunity to develop "artistic" skills in medical imaging. Just as a photographer takes many photographs to develop his skills to an art form, so must the student radiographer take many radiographs to develop their own skill to the levels required to be a successful radiographer.

This manual serves as an informational document listing the policies and processes you will be subject to during both the didactic and clinical phases of your career training. It is not a complete document covering all situations therefore, should a situation occur not addressed in this manual, it'll be addressed and added to this document as a supplement.

Kellogg Community College  
Radiography Program  
Mission, Goals, and Outcomes

The KCC radiography program is guided by the following mission statement. Every activity in the program is designed to accomplish one or more of the accompanying goals.

Mission:

*The Kellogg Community College Radiography Program prepares students as entry-level radiographers through the development of the necessary knowledge, skills and competencies, as well as facilitation of the student's professional growth for success in the field of medical imaging.*

Goal 1:

**Graduates will demonstrate the knowledge and skills necessary for competency as an entry level radiographer.**

Outcomes

- Student will apply knowledge of anatomy, physiology and positioning to accurately demonstrate anatomical structures on image receptors.
- Students will apply the principles of radiation protection to patients, self, and others.
- Students will provide age appropriate patient care, safety and comfort.

Goal 2:

**Graduates will exhibit professional growth and development through the values, attitudes and behaviors necessary of an entry-level radiographer.**

Outcomes

- Students will demonstrate positive work ethics with respect to policies and procedures within the clinical setting.
- Students will demonstrate a commitment to their career in medical imaging.
- Students will demonstrate the ability to work as a team player through cooperation and initiative.

Goal 3:

**To prepare graduates to demonstrate the ability to apply critical thinking skills and problem solving in their field.**

Outcomes

- Students will apply knowledge of technical factor selection and geometrical properties of the x-ray beam to accurately demonstrate anatomical structures on image receptors.
- Students will demonstrate critical-thinking with regard to decision-making and judgment in the clinical environment.

**Goal 4:**

**To prepare graduates to communicate effectively and professionally.**

**Outcomes**

- Students will communicate effectively with patients, patient's family, staff, administration and physicians.
- Students will demonstrate effective written communication skills.

## Message from the Program Director

Some thoughts I hope you'll remember as you participate in your clinical education . . . . .

- your professional reputation is something you will carry on with you throughout your career and it begins with your first day of clinical education
- a lot of good radiography is just common sense
- RTs have earned their position in the field . . . . they are the experts in imaging . . . . listen to their suggestions . . . . and their “tricks-of-the-trade” . . . you can learn something from every physician, every technologist, every patient, every exam . . .ask lots of questions!!
- RTs are imaging specialists first and teachers second! They have had training in imaging. . . they haven't had training in teaching. They are trying to help you the best they can, so don't take their style or criticisms personal.
- Each of our clinical sites is outstanding and recognized by the Joint Commission on Education in Radiologic Technology, however, each hospital is different and provides the student educational opportunities unique to that site, therefore clinical education will not be 100% equivocal from site to site. . . . don't expect it to be.
- you will see many variations of ways to accomplish the same exam . . . . that's o.k. . . . just remember the radiographer's goal . . . “highest possible quality at lowest possible dose”
- protect yourself and your patients. . . use good safety practices with regards to moving and lifting. . . .disease transmission . . . . and radiation protection!
- be an active learner. . . . a participant . . . . the techs and physicians are more eager to
- “help those who help themselves”!!
- even the “stickiest” situation can be managed by practicing tact and good manners!!
- always ask yourself the following two questions when facing a “what to do”:
  - If I or a cherished friend or family member were the patient, what decision and/or action would I want the tech to follow?
  - can I defend my decision and/or action with logic, common sense, and scientific support, instead of ignorance or excuses?
- always follow the program policies . . . . if challenged by someone in an authoritative position. . . . smile . . . . be polite. . . . and blame it on me!!
- enjoy this time. . . . . the majority of technologists remember their program with fond memories!!!!

# Section B: Program Policies

## General Policies / Information

The Radiography Program adheres to the Kellogg Community College (KCC) policies and procedures identified in the current KCC Student Handbook. (<http://www.kellogg.edu/wp-content/uploads/2018/08/KCC18-19Handbook-1.pdf>) Program-specific policies and procedures are outlined in this manual. In addition, each course syllabi will identify course-specific policies and procedures. Each academic year, a revised KCC Handbook, and Radiography Program Student Manual is published.

The radiography program at KCC is accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT). Upon successful completion of program requirements, students receive an Associates of Applied Science (AAS) degree from Kellogg Community College and are eligible to take the national certification exam administered by the American Registry of Radiologic Technology (ARRT). Students who successfully complete the exam are awarded the credentials of RT(R) to designate Registered Technologist (Radiography).

### Complaint Policy: Non-Compliance of Accreditation Standards

If a student feels that the KCC radiography program is in non-compliance with the standards set forth by the Joint Review Committee on Education in Radiologic Technology, he/she has a right to file a complaint with the JRCERT, <https://www.jrcert.org/>. The JRCERT will review the complaints that relate to program compliance with accreditation standards. The JRCERT is interested in the sustained quality and continued improvement of radiography programs and does not intervene on behalf of individuals or act as a court of appeals for individuals in matters of admission, or dismissal of faculty, staff, or students.

A copy of the accreditation standards and/or the JRCERT's policy and procedure for submission of complaints may be obtained by contacting the JRCERT at 20 North Wacker Dr., Suite 2850, Chicago, IL 60606-3182, calling (312) 704-5300 or <https://www.jrcert.org/>

### Academic Conditions

For a student to graduate from the radiography program, he/she must achieve a "C", or 2.0 in both radiography courses and general education courses. Further, because of the sequential nature of the radiography curriculum, the student must not fail any radiography (RADI) courses. If a student receives below a "C" or 2.0 in any RADI course, they will be withdrawn from the program. A final course grade of less than a "C" indicates the student has not mastered a majority of the information required in that course curriculum. Additionally, achieving lower than a "C" demonstrates that the student is not adequately prepared to pass the national certification exam administered by the American Registry of Radiologic Technologists (ARRT).

## Graduation Conditions

KCC graduation requirements must be met to be eligible to receive the Associates of Applied Science degree. KCC graduation requirements are listed in the college catalog and are inherent within the program curriculum,

[http://catalog.kellogg.edu/preview\\_program.php?catoid=12&poid=1492&returnto=624](http://catalog.kellogg.edu/preview_program.php?catoid=12&poid=1492&returnto=624) Students will be responsible to meet the KCC graduation requirements from the current catalog upon entrance into the program. Example; if a student enters the program in the summer semester 2010, they will be held to the graduation requirements listed in the 2009-10 catalog.

Eligibility to take the national certification exam is contingent upon completing all the requirements of an accredited program. This means that the student must meet the KCC graduation requirements to graduate, as well as the program requirements to be eligible to complete the national certification exam. Example: according to KCC requirements, a student who earns less than a "C" in a general education course could still graduate and be awarded the degree. However, because the program requirements state a "C" or above must be earned in all courses, the student would not be eligible to take the national certification exam until they successfully completed the course with a "C" or above.

Students are strongly encouraged to complete general education courses according to the radiography program course sequence outlined in the catalog

[http://catalog.kellogg.edu/preview\\_program.php?catoid=12&poid=1492&returnto=624](http://catalog.kellogg.edu/preview_program.php?catoid=12&poid=1492&returnto=624) . Failure to do so could result in a course not being available at a time compatible with other program courses. The clinical education schedule will not be altered to accommodate a course due to the student completing it out of sequence or because the student failed the course and must repeat it. **Therefore, failing to successfully complete courses according to the course sequence could create a delay in graduation or completion of the ARRT national certification exam.**

## Remediation

Students maintain the primary responsibility of recognizing their own academic or clinical deficiencies. The student has many resources available for self-evaluation and recognizing the need for individual help in the radiography classroom or hospital. These resources include but are not limited to the student's progress as evidenced by test, quiz, and assignment scores, skill competency and final skill competency evaluations and scores, professional behavior competency evaluations, and attendance. The faculty and administration expect that the responsible and serious student will seek out assistance as needed from his/her didactic instructor, clinical instructor, program director, or KCC counseling staff.

In the event that a student fails to recognize the potential for academic or clinical failure, the student will be notified of the potential for failure by the didactic/clinical instructor. The need for remediation will be determined by the individual instructor. The purpose of instructor intervention is to assist the student achieve academic and/or clinical success.

For academic remediation, the student will be referred to counseling for academic advising. Tutoring and/or study skill workshops are available to all KCC students. The instructor may also offer individual tutoring sessions to be conducted at the college or hospital dependent upon the time availability of the instructor.

## Clinical Assignment Policy

Clinical education assignments for a student's first year course of study will be made within the first week of the program. The second year course of study will be made at the end of their first clinical semester. First and foremost, assignments are made with consideration given to the educational opportunities offered by each facility to provide equitable educational experiences. Secondary, consideration to the location of student residences as identified on the program acceptance form in relation to the location of affiliating clinical facilities is given. The residence criteria are based on the class as a whole, rather than individuals. Accreditation standards and clinical facilities limit the number of students that can be assigned to a facility per day. Once clinical education assignments have been determined, change will only be considered if the clinical coordination team feels it is in the best interest of the student's academic program, and only if there is an available assignment at a facility that could encourage student success.

## Medical/Health Requirements Policy

All radiography students must complete a physical examination to include specific laboratory testing and immunizations prior to entering their clinical education setting.

**Students are made aware in orientation, that if a site requests any of their clinical access documentation the college will provide that information to them. By signing the signature page for this clinical manual, this authorizes the college to follow through with this request of the clinical site. Therefore, the physical exam, along with proof of any required vaccination, and laboratory test results must be received by August 31, 2020.**

**It is the student's responsibility to secure the continuation of their HEP B vaccine series, annual TB tests and American Heart Healthcare Providers CPR and provide the Program Director with the supporting documentation by the due date posted at the beginning of each semester by the Program Director.**

Failure to conform to the medical requirements and submission of supporting documents will result in clinical suspension and will affect the student's grade, as well as course and program completion. Suspension will be in effect from the first day of non-compliance and absences applied appropriately.

The cost and scheduling of the physical examination, vaccines, and laboratory testing is the responsibility of the student.

All documentations must be in a sealed envelope containing the student's name, K-ID number, program, and date of submission. The envelope is then deposited in the lockbox located on the 4<sup>th</sup> floor of the Roll Building, in the hallway, next to R 405. Envelopes are provided next to the lock box.

Documents submitted must be legible and contain all the information required or will be considered non-compliant.

**\*\*\*\*STUDENTS MUST KEEP COPIES OF ALL DOCUMENTS SUBMITTED FOR THEIR OWN RECORDS.**

## Drug Screen Policy

College policy prohibits the possession or use of alcohol, controlled substances, or illegal drugs while participating in College activities. Violation of this policy may lead to disciplinary actions, including dismissal from the program. See the Kellogg Community College Student Handbook for a full explanation of the student code of conduct <http://www.kellogg.edu/wp-content/uploads/2018/08/KCC18-19Handbook-1.pdf>.

Some clinical sites require a pre-placement drug screen. Students who have been assigned to those sites must provide a drug screen according to the specific standards the clinical site has defined. The program director will advise the student where and when to have the drug screen completed to ensure compliance.

Some clinical sites require a drug screen based on behavior exhibited by the student while at the site. When requested by officials at the site, a student must provide a drug screen according to the specific standards the clinical site has defined. A student referred for a drug screen will be temporarily suspended from clinical work until the results of the drug screen are reported. The program director will advise the student where and when to have the drug screen completed to ensure compliance. The cost of the drug screen is the responsibility of the student.

Students with a positive drug screen will be deemed ineligible to participate in clinical education. Furthermore, as clinical education is a critical requirement of nursing, allied health, and emergency medical services programs, the student will be dismissed from their current program of study. For students who would like to be considered for re-admission, they should refer to their program's policy of re-admission and direct questions to the program director

## CPR –Policy

Maintenance of the CPR certification throughout the duration of the program is the responsibility of the student. **American Heart Association Healthcare Providers CPR certification must be maintained at all times.** Continued certification can be maintained through KCC's EMT C300 course. It is strongly recommended that students plan ahead and secure a course soon into the semester. The certification is due to avoid last minute course cancellations, full courses, or student emergencies preventing the student from obtaining the necessary certification by the deadline. In other words, do not wait until the final hour to try to sign up for a course. Sign up for one well before the certification expires.

**Failure to maintain CPR at any time throughout the program will result in clinical suspension, affecting the student's grade, as well as course and program completion. Failure to provide the Program Director with a copy of the front and back of the card with student signature at any time throughout the program will result in clinical suspension, affecting the student's grade, as well as course and program completion.**

## Criminal Background Check Policy

Upon acceptance into the radiography program, any student with a felony or misdemeanor conviction will be required to complete the pre-application process with the American Registry of Radiologic Technologists (ARRT), and submit a copy of the determination letter to the program director prior to placement in the clinical education facility.

Some clinical education facilities require pre-placement criminal background checks to be run on students assigned to their facility. Students assigned to clinical education facilities requiring background checks will be required to complete the necessary process and assume the cost for the background check to be completed. Should a misdemeanor or felony conviction present, the college will refer to the pre-application determination letter issued by the American Registry of Radiologic Technologists (ARRT) as support for placing a student in a clinical education facility, in the absence of criteria set forth by the clinical facility for placement determination. Regardless of the ARRT determination status, a clinical facility has the right to refuse access to a student with a misdemeanor or felony conviction.

It should also be noted that misdemeanor or felony convictions could present issues with obtaining employment upon graduation from the program.

## Attendance Policy

Attendance is mandatory in both the didactic (classroom) and clinical components of the program. Students are expected to arrive on time and stay for the duration of the scheduled didactic or clinical course. Arriving late and leaving early is unacceptable. The student must be aware that the Radiography program schedule is in place to encourage competence as well as safe practice. The Radiography schedule is to take precedence over any other course schedule, work schedule, or personal appointments. The specific clinical attendance policy can be found in this manual under "*Clinical Attendance Policy*". The specific didactic attendance policy is defined in each course syllabi. Failure to adhere to the didactic and clinical attendance policies will result in reduction of grade, disciplinary action or program dismissal.

## Long-Term Absence Policy

Any student who is absent from either the didactic or clinical component of the program due to confirmed illness/injury, personal, family, employment, or military obligations for a period greater than the program or course policies allow, must inform the program director in writing of the circumstances.

He/she also must indicate in writing their desire to return to the program after the circumstances have subsided.

In an effort to protect the student's academic record by avoiding an "F" grade, the student will be advised to withdraw from the program courses. Any student withdrawing from the Radiography program under the Long-Term Absence policy will be readmitted on the basis of the following:

1. Didactic standing throughout the program and at the time of withdrawal.
2. Clinical standing throughout the program and at the time of withdrawal.
3. Evidence of positive professional attitudes, values and behaviors throughout the program and at the time of withdrawal.
4. Clinical education availability within the program.

Written application for re-admission is required. Some, if not all of the medical/health, drug screen, and criminal background requirements may require repeating upon readmission.

When a clinical education assignment is available, only students who have demonstrated dedication and commitment to their education through acceptable didactic exam grades (avg. overall exam grades in each course of a "C" or above), positive clinical evaluations, good attendance and punctuality in both the didactic and clinical components, and having maintained positive professional attitudes, values, and behaviors throughout the program will be re-admitted. Those with poor didactic exam grades, (avg. overall exam grades in each course of a "C" or below) reports of clinical misconduct, or suspension, poor attendance and punctuality in class or clinical and, lacking evidence of professional growth through appropriate attitudes, values and behaviors will not be re-admitted.

To determine the point of readmission, the student may be required to complete a comprehensive exam and/or demonstrate skill competency. Each student's circumstance will be considered on an individual basis.

Out of concern for competency and safe practice, a student will not be eligible for automatic re-admission if they have been away from the program longer than one year. However, they are welcome to re-apply to the program and if accepted, will be required to complete the program from the beginning.

Depending on the student's standing when they left the program, changes in the curriculum, and length of time the student has been away from the program, the emergency medical response course and radiography courses may be required to be repeated. Each re-admission request will be evaluated individually and determination will be made by the program director with advice from the clinical instructors and college administration. A written educational plan will be drafted and must be mutually agreed upon by the student and the program director prior to re-admission.

### Bereavement Leave

Any student who is absent from either the didactic or clinical component of the program due to a death of an immediate family member must inform the program director in writing of the circumstances. When a death occurs in a student's immediate family, they may take up to five (5) consecutive days off to attend the funeral or make funeral arrangements. Immediate family member is defined as spouse, parents, stepparents, siblings, children, stepchildren, grandparent, father-in-law, mother-in-law, or grandchild. Upon notification of the death, the Program Director will work with the student and the clinical setting to arrange an opportunity to re-coop the clinical time missed. The student will work with the radiography instructor to follow up on missed classroom assignments and exams.

## Jury Duty Policy

Any clinical or didactic time missed for documented jury duty will not be counted as an absence in the grading process. The student must notify the program director, didactic faculty, and clinical instructor, and is required to follow the clinical call-in policy each day they are to serve the court. If the student's service is only for a half day, they will be required to report to clinical in the afternoon. The student must submit documentation to the program director from the court proving their service time. The student will be scheduled by the clinical instructor to make up the missed clinical opportunity, and is responsible for maintaining their didactic coursework. If the student is unable to meet all the clinical and course requirements by the end of the semester, they will be given an "incomplete" and allowed to finish the work prior to the start of the next semester. If the students' service prevents the student from finishing coursework prior to the start of the following semester, the Long Term Absence policy will be applied.

## Pregnancy Policy

Should a student become pregnant during her enrollment in the KCC radiography program, she has the option to notify any program officials of her pregnancy. If she chooses to declare pregnancy, it must be in writing to the program director. In the absence of this voluntary, written disclosure, a student will not be considered pregnant. The form provided on the following page must be completed and submitted to the program director to declare pregnancy.

Should the student choose to disclose her pregnancy, she will have the option to continue her educational program without modification or interruption. Other alternatives include modification of clinical assignments, or withdrawing from the program. All program requirements must be met for completion of the program, even if modifications in clinical assignments are made. Modification of clinical assignment is defined as assignment to areas within the department of minimal radiation exposure. There is no additional time off incorporated for pregnancy or delivery. The student will be held to the same attendance policy as all other students. Should the student request modifications of her clinical assignments, a written plan must be devised by the program director, the clinical coordinator/instructor and student to ensure that despite modifications in clinical assignments, the student will still meet all program requirements.

Upon notification of a pregnancy, the clinical coordinator/instructor will be notified. The student will have a meeting with the clinical site's radiation safety officer to counsel and advise her with any concerns she may have regarding her pregnancy and exposure to ionizing radiation. An additional dosimeter will be issued to monitor fetal exposure.

In accordance with the Nuclear Regulatory Commission's regulation for Declared Pregnant Worker (10 CFR Part 20), the dose shall not exceed 0.5 rem or 5 millisievert (mSv) during gestation period, and .05 rem or 0.50 millisievert (mSv) per month.

Opting not to disclose pregnancy shall absolve both the college and clinical facility of any responsibility

for harm that could result from student assignments.

The student may also opt to withdraw their declaration of pregnancy at any time. If the student chooses to withdraw their declaration of pregnancy, it must be in writing to the program director.

Any student who chooses to withdraw from the radiography program due to pregnancy will be readmitted on the basis of academic standing at the time of withdrawal and the availability of space within the program. Written application for re-admission is required.

For your convenience, a “Declaration of Pregnancy” form has been included in this Student Manual, or can be obtained from the program director.

# DECLARATION OF PREGNANCY

TO: Mindi Snyder, MA, Ed, R.T. (R)  
Kellogg Community College  
Radiography Program Director, Professor, and Clinical Coordinator

In accordance with the NRC's regulations at 10 CFR 20.1208, "Dose to an Embryo/Fetus," I am declaring that I am pregnant. I believe I became pregnant in \_\_\_\_\_ (only the month and year need be provided).

I understand the radiation dose to my embryo/fetus during my entire pregnancy will not be allowed to exceed 0.5 rem or 5 mSv (unless that dose has already been exceeded between the time of conception and submitting this letter). I also understand that meeting the lower dose limit may require a change in clinical rotation during my pregnancy.

I choose the following course of action: (please initial)

- \_\_\_\_\_ 1. Continue educational program without interruption or modification
- \_\_\_\_\_ 2. Continue radiography program with modification in clinical assignments
- \_\_\_\_\_ 3. Withdraw from the program under the Long-Term Absence Policy

\_\_\_\_\_  
(Your Signature)

\_\_\_\_\_  
(Your Name Printed)

\_\_\_\_\_  
(Date)

\_\_\_\_\_ I wish to withdraw my declaration of pregnancy.  
(Please initial above and date and sign below)

\_\_\_\_\_  
(Your signature and Date)

## Personal Cell Phones and Pagers Policy

The use of personal cell phones and pager devices are prohibited while in the college classroom or clinical education facility. Personal cell phones and pager devices are never to be in patient areas or work areas. They must be left in the student's vehicle or in the student's locker should one be provided. Cell phones are only to be used on the student's personal time, outside the clinical work area.

## Honesty and Integrity Policy

Honesty and integrity are indicative of personal character and are necessary, required, and expected of any professional. Honesty and integrity is necessary, required, and expected of every student participating in this program with every aspect of this program, didactic and clinical. Therefore, if it is discovered that a student is lying, cheating or falsifying information in any form, whether that be verbal or written, they will be subject to disciplinary action. An example could include but is not limited to a student calling in absent to their clinical department citing illness as a reason, when in fact they are using the day for reasons other than those listed as acceptable for clinical absenteeism.

## Pre-Clinical Placement Education Policy

All students beginning a new clinical assignment must receive education on the policies and procedures of the specific clinical facility prior to participating in clinical education. Policies and procedures that must be provided to the student include, but are not limited to confidentiality (HIPAA), safety, and professional conduct. The clinical instructor will facilitate this instruction to take place within the first two weeks of the clinical assignment by referring to the **Clinical Orientation Checklist**. The student will be responsible for submitting the checklist to the program director within the first two weeks of a new clinical assignment. The clinical instructor is responsible for keeping the student abreast of any new or revised policies and procedures that may arise during their assignment with the clinical facility. Some clinical facilities require students to participate in their "New Employee Orientation" program. Often these orientation programs are scheduled outside of the KCC radiography program schedule, however, students assigned to the facility will be required to participate.

## Clinical Supervision Policy

It is the responsibility of the student to secure proper supervision for completing an exam or procedure.

Inability to secure proper supervision will result in the student not completing the exam or procedure.

Students who find it difficult to secure proper supervision must discuss the problem with the clinical instructor immediately.

Students completing exams listed on the ARRT competency list, in the clinical setting, prior to achieving final competency status will be under the **direct supervision** of a registered radiologic technologist.

Upon successfully achieving final competency of an exam listed on the ARRT competency list, a student may perform that exam under **indirect supervision** of a registered radiologic technologist.

Students completing exams or procedures not listed on the ARRT competency list must be under the **direct supervision** of a registered radiologic technologist.

**Venipuncture is not to be practiced in the clinical setting until final competency has been achieved through the didactic portion of the program. After achieving final competency, venipuncture is only to be practiced under direct supervision.**

**All digital imaging post-processing must be under direct supervision. A student is not allowed to adjust window level and width, or apply filtering of images unless the supervising technologist directs the process with the student. Post-processing images can result in limiting information available to the radiologist for diagnosis.**

**All repeated images must be under the direct supervision of a registered radiologic technologist, regardless of level of competency.**

**"Direct Supervision"** can be defined as a supervising registered radiologic technologist in the physical presence of the student performing medical imaging exams. The technologist must supervise and direct the practicing student by being able to hear and see all student actions and efforts. This applies to all areas where ionizing radiation equipment is in use.

**"Indirect Supervision"** can be defined as the supervising registered technologist immediately available to assist students regardless of the level of student competency. The supervising technologist must maintain a physical presence adjacent to the room or location where a procedure is being performed. The physical distance of the technologist must be conducive to the student verbally summoning assistance. This applies to all areas where ionizing radiation equipment is in use.

**To ensure patient safety, students are not allowed to facilitate patient transfers or the handling of medical devices without prior clinical instruction and technologist supervised practice.**

**All images and associated paperwork completed by a student regardless of level of competency or check-off status must be reviewed and initiated by a registered technologist. In other words, a technologist must assume the responsibility for all images and paperwork.**

## Radiation Monitoring Policy

Each student will be provided two radiation dosimeters each month; one body dosimeter and one collar dosimeter. Dosimeters must be worn at all times and in the proper manner while in the clinical area. Students reporting to the clinical site without their dosimeters will be sent home for that day or assigned to a non-radiation area at the discretion of the clinical instructor.

Dosimeters must be turned in each month to the program director. Academic credit is assigned for timely dosimeter return. Failure to turn in exposed dosimeters by the designated date, can affect the final grade.

Any mishandling of the dosimeter must be reported in writing at the time the dosimeter is turned in to help ensure accurate readings.

Radiation exposure reports are maintained: Program Director's Office  
Posted in the KCC Radiography Lab

A monthly review of the dosimeter report is done by the program director.

The expected annual dose for first year students is not to exceed 50 mrem or 0.5 mSv.

The expected annual dose for second year students is not to exceed 100 mrem or 1 mSv.

In the event the dose level reported exceeds the limit above, the student will be notified and a Radiation Monitoring Exposure Report will be completed. The Program Director will meet with the student to determine the potential reason behind the dose level reported and advise the student accordingly.

Upon leaving the program, each student will receive an "exit report" of the total dose recorded while in the program. The report will be mailed to the student.



## Radiation Monitoring Exposure Report

Date: \_\_\_\_\_

Radiation monitoring badges reports indicate your exposure to ionizing radiation while interning in your clinical environment. The level of your exposure is a good indication of the radiation protection environment of the internship clinic. The exposure level is also a good indicator of your radiation protection habits.

In an effort to keep you informed of potential over exposure we are issuing you a warning report.

This is not a report of over exposure. It is merely a warning. Please make sure your radiation protection habits are sound and consistent and if you have concerns about the radiation protection environment at the clinic site please notify the Program Director.

Your exposure level is \_\_\_\_\_ mrem.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Director

\_\_\_\_\_  
Date

## Radiation Safety Policy

Each student is required to follow the **written** radiation safety policies and procedures of the clinical education facility to which they are assigned. The policies are included on the Clinical Orientation Checklist and are provided to the student by the clinical facility during the student's orientation to their assigned facility.

## Name Identification Badge Policy

Each student must wear a KCC name identification badge at all times while at the clinical site. This identification badge is a Kellogg Community College picture ID and **must be visible** and in good condition at all times while the student is in the clinical environment. The badge is to be worn at chest level making it clearly visible to staff and patients. Any hospital-issued badges are to be worn in addition to the KCC badge and are not to obscure its visibility. The KCC badge can be obtained in the college's student service center. All hospital issued badges are required to be surrendered to the program director upon the completion of clinical education at a clinical site. The KCC clinical ID badges are required to be surrendered to the program director upon leaving the radiography program.

## Anatomic Marker Policy

Students are required to use anatomic markers on all images. Should an anatomic marker become lost in the course of a clinical day, the student must obtain a temporary loan KCC marker from the program coordinator the next day and order a new set of markers.

1. Phone Kalamazoo X-ray Sales and Service at 1 800 732 9199
2. **Order the following: CAT#TA-1 3 initial ¼" Identifier Markers**
3. Cost approx. \$25.00
4. Allow approx. 2 weeks for delivery
5. **Order only the marker item listed. Other markers styles ordered from other vendors will not be acceptable.**
6. Upon receipt of your new markers, return the temporary loan markers to the program coordinator.

## Internet Usage Policy

Using hospital computers to access the internet is prohibited. Should a student wish to access an internet site or send an email relevant to their radiography studies, permission must be obtained from the clinical instructor for each incident.

## Confidentiality Policy

Students will receive training on confidentiality and federal law HIPAA requirements for the health care setting in the following courses; RADI 100, RADI 111, and RADI 122. **Maintaining confidentiality is strictly enforced and is required at all times.** This is to include both inside and outside the clinical education setting. Students are to access patient information only as directed by a supervising technologist and only on a “need to know” basis for providing quality patient care and imaging procedures. **Students are not to access information on any patient for any reason other than for the “need to know” basis for the patient exam they are involved with as stated above.** This includes accessing the student’s own medical information or, that of a family member, friend or acquaintance. Should a student want access to their own medical record or, that of their minor child, they must go through the medical records department and adhere to the hospital policy on obtaining medical records. **There is zero tolerance for violation of the confidentiality policy.**

## Lunch and Break Policy

Breaks and meal schedules during clinical education time will be assigned by the clinical instructor or managing technologist. Each student is expected to adhere to the policies of the affiliate. Students must punch-out, or be signed out by a designated technologist if leaving the hospital campus for lunch or breaks.

## Personal Appearance Policy

The personal appearance and demeanor of radiography students attending Kellogg Community College Radiography program reflect the commitment and professionalism of the individual student, as well the high standards for education set forth by the program and the college. In addition, the appearance policy exists out of concern for safety and infection control.

The appearance policy is one mutually agreed upon by the Kellogg Community College Radiography Program and the clinical education facilities. The purchase and cost of uniforms and shoes is the responsibility of the student. The program will provide specific uniform requirements and locations for purchase to the students.

- “**Hunter Green**” is the color of uniform to be worn. Pants, scrub top, and scrub jacket are required.
- Uniform must be clean, pressed, in good repair, and well fitting.
- Pants must not drag on the floor.
- Shoes must be all-white, leather covering the top of the foot. If clogs are the chosen style, they must have back straps securing the heel. Shoes must be chosen with safety and comfort as priorities. Shoes must always be clean and in good repair.
- Surgery scrubs provided by the hospital will be worn only during the performance of surgery or similar assignments.
- Jewelry is limited to a watch, wedding ring and small, post-type earrings. No earrings that

dangle are to be worn.

- Good personal hygiene is required. Perfumes, colognes, and other scented products such as lotions are prohibited.
- Make-up must be subtle and natural looking.
- Fingernails are to be kept short and natural.
- Hair is to be kept clean and away from face. Hairstyle and hair color must be modest.
- Facial hair must be kept short and well groomed. Men without a beard or mustache must be clean shaven. "Stubble" is prohibited.
- Acrylic fingernails, visible tattoos and facial piercings, including tongue piercings are prohibited.
- Embellishments to the required uniform and shoes, such as decorative socks, pins, shoelaces, etc. are prohibited.

**During all clinical education participation, the program dress code and appearance standards must be maintained. Any additional dress code, or appearance standards imposed by the individual clinical site, beyond the program standards listed, must also be adhered to by the student.**

Any student reporting to clinical education in violation of the defined program and/or clinical education facility standards will be sent home by the clinical instructor and the absence documented.

Please refer to the Professional Growth objectives pertaining to professional appearance standards and evaluation.

# Course and Clinical Confidentiality Agreement

A. I, \_\_\_\_\_, acknowledge that any and all information related to the treatment of patients at the clinical site I am assigned to during the Radiography program shall be kept in **strictest confidence** as required. I agree not to disclose, either during my clinical rotations, or after my rotation has been completed, any information received while involved in patient care and treatment, to others not directly involved in the patient's treatment, unless required by law. Information covered by this agreement includes patient identity, lists, patient files, records and reports, diagnosis or treatment or other related information learned while providing direct patient care.

B. I further agree that during the period described above, I shall not use, take, retain, or copy any information about the clinical sites' patient records, fee schedules, files, provision of health services, business records, financial condition, or other activities. I acknowledge that this information is confidential and is the exclusive property of the clinical sites.

C. I understand that any patient information that is used for homework assignments or class activities must be approved by the clinical site prior to use. All patient identifiers must be removed from any images or information used.

D. I understand that a breach of confidentiality is a serious matter, and could result in both legal action by the patient or clinical site, and academic sanctions up to and including dismissal from the Radiography program.

E. I further agree to maintain confidentiality with regard to all examinations, including lab evaluations, I take during the Radiography program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

### Transportation Policy

Each student is responsible for his/her transportation to didactic courses and to their assigned clinical education facility.

### Health Insurance Policy

Each student is responsible for providing his/her own health insurance. It is strongly encouraged that students maintain health care insurance coverage while participating in the radiography program.

### Clinical Illness/Injury Policy

A student must report any injury or possible illness directly obtained during participation of their clinical education immediately to their clinical instructor/coordinator, or supervising technologist. The clinical coordinator/instructor or supervising technologist will assist the student in completing the hospital's incident report. The program director, or other designated college staff must be notified by the clinical instructor as soon as possible. The student must complete an incident report with the college security department the day of the incident or as soon as reasonably possible. Students participating in clinical education are not covered by "Worker's Compensation" policies. It is the student's choice to seek medical attention for an injury or illness obtained during the course of their educational pursuits and is the student's financial responsibility.

### TB Exposure Policy

Occasionally a student comes into contact with a patient who is later diagnosed with active TB. When this occurs, the clinical education facility notifies the program director. The student will be required to obtain a TB test within a specified range of time. The cost of the TB test is incurred by the student and can be obtained through their personal physician or the County Health Department. The test results must be submitted to the program director by the designated date to continue participation in clinical education.

## Clinical Participation Fitness Policy

The following is a list of essential job functions taken from the radiographer job description of our clinical education providers. A student must be able to meet the abilities listed to actively participate in clinical education. Should an illness or injury inhibit a student's ability, the student will be suspended from clinical education until they resume the ability. The Clinical Attendance Policy and/or Long Term Absence Policy will apply depending on the number of days a student is absent. A physician release to return to active clinical participation may be required. Should a student know in advance that they will be undergoing a medical procedure that could inhibit their ability to be "fit for clinical participation", they are to notify the clinical instructor and program director in writing.

- Ability to perform repetitive tasks
- Ability to reach above shoulder level
- High degree of manual dexterity
- Ability to grip
- Ability to bend at knee
- Ability to stand for long periods of time
- Ability to maneuver (pushing/pulling/lifting) the weight of patients
- Ability to lift 50 pounds
- Ability to walk the equivalent of 2 miles per day
- Ability to sit for periods of time
- Ability to perform CPR
- Ability to visually see structures both close and far away.
- Ability to read faces, dials, monitors, gauges, doses on syringes, vials, and ampules.
- Ability to hear normal sounds with background noise from equipment generators, computers and other equipment.
- Ability to cope with high levels of stress
- Ability to handle multiple priorities in a stressful situation
- Ability to make quick decisions under pressure
- Ability to cope with the anger/fear/hostility of others in a calm manner
- Ability to concentrate
- Ability to be flexible
- Ability to assist with problem resolution
- Ability to work alone
- Ability to demonstrate a high degree of patience

## Clinical Attendance Policy

When a student is absent from their clinical education course, they are sacrificing valuable experience, and it is through much experience of performing numerous imaging exams of various types on numerous patients under various conditions that a solid knowledge base, skill set, professional judgment, and competent practice can be achieved. One missed clinical day translates into approximately 8-20 missed clinical experiences. **Therefore, clinical attendance is mandatory and should be valued as necessary experience by the committed radiography student.**

Students are expected to practice the same exemplary work ethic with regard to clinical education as they would if it were their employment post-graduation. Clinical education is an opportunity and a privilege, and a unique component of radiography education. Besides being crucial in developing the necessary knowledge, skill, judgment, and competence of the successful radiographer, clinical education offers the student an opportunity to display their clinical abilities, as well as a favorable work ethic to potential employers.

Students are expected to report to clinical education on the scheduled days and time and remain for the duration. In other words, arriving late and/or leaving early constitutes absenteeism. **Therefore, students are expected to plan ahead, be prepared, and make good judgment to avoid missing time from their clinical education.**

Clinical education provides opportunity for the following:

- develop a sound knowledge base
- develop high skill competence
- develop sound judgment
- build confidence
- gain experience working with actual patients in a modern-day medical imaging department
- experience professional growth with regards to developing the attitudes, values, and behaviors necessary of the successful radiographer
- demonstrate abilities to potential employer

Absenteeism most often results in one or more of the following:

- limited knowledge of important information with regard to patient care and quality imaging
- limited skill of important tasks with regard to patient care and quality imaging.
- lost clinical experiences and valuable class time with clinical instructor, technologists, physicians, etc.
- limited confidence
- risk to the patient, self, clinical education facility, and to the college
- demonstration of a lack of commitment and responsibility in the desire to develop as a highly knowledgeable, highly competent, professional radiologic technologist
- damage to one's professional reputation among peers, mentors, and potential employers
- failure of the course and dismissal from the program.

**Students are expected to plan ahead, be prepared, and make good judgment to avoid missing clinical education** but, while clinical attendance is mandatory, there are times when it is unsafe, unhealthy, or impossible for a student to report to their clinical assignment.

It is expected that students understand and consider the potential consequences as listed above when making decisions regarding attendance.

While the list offered here may not be all-inclusive, it represents examples that may warrant clinical absence:

- illness or injury of the student
- emergent situation of the student
- non-routine or emergent medical/dental appointments of the student
- subpoenaed legal appearances of the student
- unsafe travel conditions for the student due to inclement weather

**\*\*Documentation of the above reasons may be requested.**

*In the event that the MAIN CAMPUS of the college is closed due to inclement weather, the student is not required to report to the clinical setting.*

While the following list is not all-inclusive, it defines examples that would NOT be considered acceptable reasons for clinical absence:

- vacation days
- personal days
- class-related activities outside the radiography curriculum
- hunting season
- children's school activities
- routine medical/dental appointments
- "snow day" for the K-12 schools, although safe travel conditions for the student to and from clinical
- Child care issues?

**\*\*\*\* SOUND JUDGEMENT OF THE ADULT STUDENT IS EXPECTED IN MAKING DECISIONS WITH REGARD TO CLINICAL ABSENCE.**

It must be noted that should a student report to clinical education, yet the clinical instructor determines it unsafe or unhealthy to either the student or to others, for the student to participate in clinical education, the instructor has the authority to send the student home. The instructor will notify the program director and the absence will be documented.

Students are required to use the KCC-provided time clocks or time sheets to document attendance and punctuality. When time sheets are used in place of time clocks, the student must be "signed-in" by a technologist designated by the clinical instructor. Self-reporting is not an acceptable means of time tracking and will not be considered valid.

- Students leaving the hospital campus for any reason including lunch and breaks, must punch-out, or sign-out upon departure and, punch-in or sign-in upon return, again under the direction

of a designated technologist as determined by the clinical instructor.

Students are to report to clinical according to scheduled days and time as defined in the syllabus.

- Clinical time cannot be “banked” or “stored up” in anticipation of absenteeism.
- Students cannot report to clinical for “extra time”

Please refer to the specific clinical course syllabus the effect of absenteeism on the final clinical course grade earned.

### Call-In Policy

**If a student must be absent from clinical education on short notice, they are required to contact their clinical instructor prior to the beginning of their assigned start time.** Each instructor will have directions as to the call-in procedure for a specific clinical site. Failure to adhere to this policy will result in disciplinary action as defined in this manual, and is reflected in the professional growth evaluation and the final grade. **“No call-no show” is a serious violation of policy and will have serious consequences.**

BBC:	Jenny Endres/Janna McNeil	(269) 245-8137
Bronson:	Brenda Brooks/David Einfeld	(269) 341-8353 (269) 341-7548 (Charge tech)
Oaklawn:	Stacey Johnson/Carol Nearpass/Julie H.	(269) 789-3917 Ext.3429
Promedica:	Chris Frazee	(517) 279-5416
Borgess:	Katie Pifer	(269) 552-7402
VA:	Michelle Lutzke /Mike King	(269) 966-5600 Ext. 31968

### Weekend and Evening Shift Policy

Weekend, evening and holiday shift rotations are not allowed. According to the JRCERT, any rotation outside the regular scheduled clinical day must provide the student with educational experiences not offered during usual assigned days and hours. The educational experiences must be able to be documented. *“Working with greater independence”* is not an acceptable educational experience for weekend, evening, and holiday shift rotations.

## Case Study Confidentiality Policy

Students are encouraged to bring case studies to the classroom to share for educational purposes. Prior to taking cases from the hospital, students must secure the permission of their clinical instructor to make copies or burn a CD of the images for use in the classroom. All patient identification must be removed from the films prior to taking them from the radiology department. Complete patient confidentiality must be maintained at all times or will be considered a breach and dealt with according to the appropriate disciplinary action as defined in this manual. Case studies are to go directly from the hospital to the classroom and not shared with anyone except the instructor and fellow classmates in the classroom setting.

Violation of the guidelines described would be considered a breach of confidentiality and dealt with appropriately.

## Specialized Modalities Policy

Clinical observation in specialized modalities may be available to students. Specialized modalities available include MRI, Bone Densitometry, Mammography, Computerized Tomography, Ultrasound, Nuclear Medicine, Radiation Therapy, and Cardiovascular/Interventional imaging. Advanced modalities are considered beyond the requirements of the radiography program, so, it is imperative that the student has met and mastered all the requirements of the radiography program before consideration is given to advanced modalities.

Assignments to advanced modalities will be based on the following:

- Number of required ARRT competencies a student has completed.
- Mastery and confidence of all required ARRT required skills.
- Mastery and confidence with regard to patient care.
- Attendance and punctuality throughout the program.
- Professional growth with regard to attitude, values, and behaviors demonstrated throughout the program.
- Initiative demonstrated throughout the program.

Clinical observations are left to the discretion of the clinical instructor/coordinator in collaboration with the program director.

# Disciplinary Process

The following offenses represent situations that are intolerable in the clinical environment. Violations of the following offenses will result in appropriate action.

**Blatant disregard of any of the offenses listed in either group, or of any program and/or hospital policies may be considered as grounds for instant program dismissal.**

## Group I

**ANY OFFENSE IN THIS GROUP RESULTS IN PERMANENT DISCHARGE FROM THE CLINICAL SITE AND MOST LIKELY, THE PROGRAM.**

1. Obtaining, possessing or using marijuana, narcotics, amphetamines, hallucinogenic substances or alcohol on the hospital premises, or reporting to the clinical assignment under the influence of any of these substances.
2. Theft, abuse, misuse or destruction of the property or equipment of any patient, visitor, student, hospital employee, or of the hospital itself.
3. Disclosing confidential information about any patient, student, or hospital employee without proper authorization.
4. Immoral, indecent, illegal, or unethical conduct on hospital premises.
5. Possession of weapons, wielding or threatening to use firearms, knives etc. on hospital property.
6. Assault or threat on any patient, visitor, student, or hospital employee.
7. Misuse of patient, student, or official hospital records.
8. Removal of patient, student, or official hospital records without proper authorization.
9. Altering one's own time card, another's time card or inducing any student or employee to do so.
10. Insubordination and refusal to obey directions.

## GROUP II

**1<sup>st</sup> Offense:** A three-day suspension from the clinical assignment allowing the student time to reflect and refocus on their commitment to their education. The missed time will be considered as clinical absence. The student will be given the opportunity to make-up the three days. An "incomplete" will be documented with the time scheduled as the first three days following the end of the semester. Upon completion, the "incomplete" will be changed to the grade earned.

**2<sup>nd</sup> Offense:** Permanent discharge from the clinical assignment and most likely, from the program.

1. Failure to adhere to any hospital and/or program policies and procedures
2. Engaging in disorderly conduct.

3. Leaving the hospital premises during assigned clinical hours without proper authorization.
4. Sleeping during scheduled clinical hours.
5. Restricting or impeding clinical procedure output.
6. Clinical absence without prior notification.
7. Violation of safety rules, regulations, or policies. Failure to use safety equipment and/or radiation monitoring devices provided.
8. Violation of the personal cell phone and pager policy.
9. Violation of the internet usage policy.
10. Violation of the clinical supervision policy.
11. Using equipment and supplies without proper authorization.
12. Smoking in restricted areas.
13. Posting, removing or tampering with bulletin board notices without proper authorization.
14. Soliciting, vending, or distributing without proper authorization.
15. Individual acceptance of gratuities from patients.
16. Inappropriate dress or appearance based upon program and department policy.
17. Inappropriate or offensive comments, conversation, or language

#### **Disciplinary Reporting Procedure**

1. A written disciplinary report stating the alleged offense and disciplinary action shall be issued to the student for each violation of an alleged offense no later than three (3) clinical days following the determination of the alleged offense. The student must sign the disciplinary report. This signature does not signify admission of guilt. It merely signifies receipt of the disciplinary report.
2. The student is encouraged to discuss the alleged offense and disciplinary action with the clinical coordinator/instructor and program director.
3. Students desiring to contest the alleged offense and disciplinary action must submit to the program director a written statement of intent to contest. This statement must be submitted within three (3) clinical days following receipt of the disciplinary report.
4. Within three (3) clinical days following receipt of the student's written intent to contest, the program director shall contact college administration to review the matter at the earliest possible time. Both the student and the clinical coordinator/instructor shall have the opportunity to provide evidence and witnesses deemed pertinent by the college administrative members, and shall be permitted to question the evidence and witnesses.
5. Based strictly on the evidence of record, the college administration representatives shall render a decision in writing within five (5) working days after review of all the evidence is complete. The student shall be notified of the decision immediately and shall also be mailed a written copy of the decision without delay.

**Consideration and final determination regarding any and all policies and procedures of the KCC radiography program is the responsibility of the program administration in accordance with college standards and policies, those of our affiliating hospitals, and the accreditation standards set forth by the JRCERT.**

Section C:  
Check-offs  
(Skill Competencies)

## Skill Competency Policy

The skills that a student must master are defined by the American Registry of Radiologic Technologists (ARRT). The list can be found in this *Student Manual*.

Competencies, “check-offs” as they are commonly referred to must be secured through the following sequence:

1. Classroom lecture and discussion of the skill facilitated by the course instructor.
2. Clinical instruction and practice of the skill facilitated by the clinical instructor/coordinator.
3. Observation of a technologist performing the skill with a patient.
4. Practice of the skill on a patient under direct supervision of a radiographer.
5. Practice competency evaluation of the skill on a patient by a **registered** radiographer.
6. Final competency evaluation of the skill by the clinical instructor/coordinator.
  - Student competencies are achieved at two levels; practice competency evaluations completed by a register radiographer, and final competency evaluations completed by the clinical instructor/coordinator
  - A copy of the form used for both competency and final competency can be found in this manual.
  - **It is the student’s responsibility to facilitate securing competencies.**  
After instruction and practice, it is the student’s responsibility to notify a radiographer that they would like to attempt a competency. The radiographer will observe and evaluate the student as they perform the skill (exam) unassisted on a patient in its entirety by the objectives described on the *Competency Evaluation Form*. The student may perform as many competency evaluations as they’d like until a comfort level is reached to attempt the **Final Competency Evaluation**.
  - When a student has developed the confidence and competence to attempt a **Final Competency Evaluation**, they must notify their clinical instructor to arrange a time to complete the evaluation. The student must complete all objectives as defined on the *Competency Evaluation Form* to the satisfaction of the Clinical Instructor/Coordinator.
  - **Competency Evaluations** of students may only be completed by a radiographer who is registered with the ARRT.
  - **Final Competency Evaluations** of students may only be completed by the clinical instructor/coordinator, or a program approved designated individual.
  - Upon satisfactory completion of a final competency, a student may perform the skill under indirect supervision of a technologist. The definition of indirect supervision can be found in the *Student Manual* under program policies.

- All images must be checked by a radiographer prior to releasing a patient and submitting the images for diagnostic interpretation, regardless of the student's level of competency.
- All imaging exams must contain the supervising radiographer's identification as the responsible party along with the student's identification, regardless of the student's level of competency.
- All repeat imaging must be done under the direct supervision of a radiographer, regardless of the student's level of competency.
- Students must maintain their competency. If it becomes apparent that a student is struggling with an exam after they have received their final competency, the clinical instructor may suspend the competency. The student would then be allowed to complete the exam only under direct supervision until they can again demonstrate competency by passing the final competency evaluation.
- The clinical instructor may at any time request a student complete a continued competency evaluation. This is done in an effort to ensure the students continued mastery of the exam.
- The ARRT required venipuncture competency evaluation is completed by the didactic instructor in the classroom setting. Venipuncture must not be practiced by the student in the clinical setting until completing the final competency in the classroom. Even upon completion of the final competency, venipuncture must not be performed by a student without direct supervision.
- The ARRT required competencies in performing CPR, and obtaining vital signs, are completed through successful completion of the Medical First Responders course, EMT 110, Nursing Assistant Training Program, NURS 105, or an equivalent course.
- The ARRT required competency on sterile and aseptic technique can be earned simultaneously with an exam.

Ex: The sterile technique competency can be earned with the completion of a myelogram or arthrogram. **It must be a study that requires the set-up and maintenance of a sterile tray and field.** Competency cannot be earned with the practice of medical aseptic technique only, as medical asepsis does not necessarily require sterile technique. When completing the practice competency form, it must be noted that the exam is for "*myelogram and sterile technique*" and competency must be demonstrated for both.

- The ARRT required competencies on **transfer of patients** and **care of patient medical equipment** can be achieved simultaneously with an exam EX: When completing the practice competency form, it must be noted that the exam is for "*port chest and chest tube*" and competency must be demonstrated for both.
- Competency of sterile technique, transfer of patients and care of patient medical devices must also be confirmed and documented by the clinical instructor through the **Final Competency Evaluation** process.
- There are a required number of competencies a student must master each semester. Failure to do so will be reflected in the student's final clinical grade for the semester. The

schedule is as follows:

RADI 123 – Clinical Practice 1  
Clinical Orientation checklist  
5 Final Clinical Competency Evaluations

RADI 133 –Clinical Practice 2  
14 Final Clinical Competency Evaluations

RADI 225 - Clinical Practicum  
Clinical Orientation checklist  
20 Final Clinical Competency Evaluations

RADI 233 – Comprehensive Clinical Experience  
16 Final Clinical Competency Evaluations

3 mandatory patient care activities  
37 mandatory procedures  
15 elective procedures

- An updated list of final competencies achieved will be sent to the program director upon completion of each semester. Mastering the required number of competencies will be reflected in the final course grade.

### Clinical Skill Competency Evaluation Process

The clinical skill competency evaluation process of the radiography program is designed to ensure that student is prepared to function as an entry-level radiographer upon completion of the program. The list of competencies, or check-offs as they have been historically referred to, are determined by the American Registry of Radiologic Technologists (ARRT). A list of these required competencies can be found in this ***Student Manual***.

The ***Practice Competency Evaluation*** gives the student the opportunity to practice their skills, for which they are provided feedback by a registered technologist. This part of the process is very important in helping a student develop as a technologist. It allows them the opportunity to learn from many knowledgeable, qualified individuals, as well as provides confirmation to the clinical instructor that the student can in fact successfully perform the examination or procedure.

The ***Final Competency Evaluation*** is conducted by the student's clinical instructor. While the student's ability to successfully perform an exam or procedure has been confirmed through the practice evaluation process, the *final evaluation* tests the student's knowledge and critical thinking skills regarding each exam. This is accomplished through an oral evaluation, or an interview-like process however, the clinical instructor may require the student to simulate the exam in addition to the oral evaluation.

**Practice Competency Evaluation**  
**(Check-off) Objectives for the Technologist and the Student**

For each of the identified competency tasks, the student receives a rating of the following:

- 4 exceeds expectations
- 3 meets expectation
- 2 missing some component that would meet the expectation
- 1 failed
- N/A non applicable

A “1 or 2” in any category results in a failure of the competency. Remember, these are only practice competencies in preparation for the final competency. They are meant to be a learning tool for the student. Should a student receive a 1 or a 2 on a competency evaluation, the only consequence is that they must repeat the evaluation process when the exam presents again.

It is the student’s responsibility to coordinate a competency evaluation with a technologist. The technologist must observe the student’s performance in each of the listed tasks. The student must successfully complete each task independent of technologist input. The technologist must only intervene when exam quality and/or patient safety is at risk.

A student may request a practice competency evaluation after they have received instruction and practice on the exam and feel ready to successfully complete the evaluation process.

Following is an explanation of the objectives of each competency task:

**Room Prepared:**

The student is to prepare the exam room appropriately including making sure it is clean and setting up any necessary supplies, linen, and equipment. This would include the set up and maintenance of a sterile environment if necessary.

**Patient Greeting:**

The student must introduce themselves and their supervising technologist to the patient, and confirm the patient’s identification by checking the arm band, chart, exam requisition and asking the patient identifying information.

**Patient Transfer:**

The student must effectively assess the patient to determine the best mode of patient transfer. The student shall include patient condition, ability, and medical devices in their assessment. The student must then secure the necessary personnel and/or transfer equipment to safely transfer the patient along with any medical devices. The student must facilitate the transfer, maintaining safety and comfort.

**Patient Preparation:**

The student must prepare the patient appropriately by giving clear instructions regarding removal of

clothing, jewelry etc., and providing them with a gown, blankets or whatever necessary to maintain the patients safety, comfort and modesty. The student must also secure the patients belongings.

The student must prepare the patient with a clear and appropriate explanation of the examination about to be performed, with consideration to patient condition, ability, age, and diversity concerns.

### **History Documented:**

The student must obtain a complete and appropriate history for the exam to be performed and clearly document the history using legible writing with proper medical terminology and spelling.

The student must gather the necessary information by reviewing the exam requisition and the patient's chart. In addition, the student must question the patient, caregiver, nurse, etc. to ensure complete information.

### **Contrast Media:**

If required for the exam, the student must accurately complete a pre-contrast injection form and review it with the radiologist.

The student must select and prepare the correct contrast media as directed by the radiologist and according to department policies and procedures.

The student must administer the contrast media as directed by the radiologist and according to department policies and procedures.

The student must monitor and assess patient for any adverse reaction, re-act appropriately, and document accurately.

This competency includes exams utilizing both barium and iodinated contrast medias.

### **Image Receptor Selection:**

The student must choose the proper image receptor size and sensitivity. The student orients and divides the image receptor appropriately and according to system requirements and department standards with regards to the exam performed.

### **Radiation Protection:**

The student demonstrates appropriate radiation protection methods for the patient, themselves, and others that may be within the area of exposure according to department policy. The student demonstrates the three keys of radiation protection. . . time. . distance. . . and shielding.

The student must also demonstrate appropriate beam collimation and technique selection for each projection.

### **Positioning:**

The student must properly position both the patient, as well as the equipment, for each projection. This is to include angulation of the patient's anatomy, angulation of the tube, SID and OID, as well as the proper alignment of the beam, to the anatomy of interest and to the image receptor.

**Exposure Selection:**

The student must select the appropriate exposure factors according to patient status and department standards whether manual or automatic (mAs, kVp, focal spot, AEC cell etc.).

**Repeated Images:**

The student will critique the image for quality and determine if it is within department imaging standards.

For a successful competency, the student must not have to repeat an image due to positioning or technical errors.

Acceptable repeats include equipment malfunction or a patient cooperation error. If a repeat is necessary due to an equipment failure or patient cooperation error, the student will be able to identify the cause for the repeat and be able to successfully rectify the error to complete the competency.

**Image Identification:**

The student must confirm proper placement of the lead anatomic marker prior to exposure, as well as confirm complete and legible hospital and patient identification on each image. Anatomic markers applied after exposure are not viable.

**Image Processing and Display:**

The student must be able to select the proper settings from the menu for digital processing and display. The student must critique the images properly for exposure using exposure index guidelines as well as critique the image for positioning quality and anatomy inclusion.

**Efficiency:**

The student will complete the exam in an appropriate and reasonable amount of time with consideration to exam quality and patient care.

**Patient Release:**

The student will discharge the patient appropriately giving clear instructions including but not limited to, re-dressing, leaving the facility, and obtaining the exam results from their physician. If the patient is an inpatient or ER patient, the student will ensure the patient is returned to their room safely according to hospital policy and notify the receiving staff of the patients return.

**Post-Exam Follow -Through:**

The student will make sure the room is clean and readied for the next patient, the paperwork is complete and correct, and forward images for interpretation as defined by department policy and procedure

## **Final Competency Evaluation**

### **(Check-off) Guidelines for the Clinical Instructor and the Student**

Only after the student has successfully completed a number of practice competencies as well as the didactic instruction of the exam, will they meet with their clinical instructor to complete the final competency evaluation. It is the responsibility of the student to coordinate the evaluation with the instructor.

The number of practice competencies a student must complete is dependent upon the level of difficulty of the exam and is left to the judgment of the clinical instructor.

Students must successfully complete a number of practice competencies. The number of practice competencies to be completed is dependent upon the level of difficulty of the exam and left to the judgment of the clinical instructor.

Students must coordinate their final evaluation with their instructor after the student has successfully completed the practice competencies as determined by their instructor and completed the didactic instruction of the exam they will meet with their clinical instructor to complete the final competency of the evaluation.

A final competency evaluation is not considered “simulated” if the student has successfully completed at least one practice competency evaluation on an actual patient with a technologist evaluation.

In an effort to evaluate the level of knowledge and the critical thinking skills a student employs, the final competency is completed as an oral evaluation, however, the clinical instructor may require the student to demonstrate the exam on an actual patient, or simulate it on a fellow student or department staff member.

To encourage continuous competency, the clinical instructor may re-evaluate the student on a competency already completed. This re-evaluation can be done at any time throughout the program.

Following is an explanation of the objectives of each competency task:

#### **Radiographic Anatomy/Pathology:**

The student will be able to identify anatomy and common pathology as seen demonstrated on the medical image. The student will be able to identify other modalities that may further evaluate pathologic areas of concern as seen on the medical image.

#### **Routine Projections:**

The student will be able to describe the routine projection obtained for an exam and discuss how both the patient and equipment are positioned to obtain each projection.

#### **Supplementary Projections:**

The student will be able to discuss the supplementary projections for an exam and why the projections might be necessary to aid in diagnosis. The student will be able to describe how both the patient and the equipment are positioned for each projection.

### **Abnormal Conditions and Trauma:**

When given a scenario by the instructor, the student will be able to describe how they might alter the exam to fit the conditions of the situation presented. Areas for discussion may include but not be limited to room set-up, patient care, patient communication, diversity issues, special medical devices, patient transfer methods, patient positioning, equipment manipulation, exposure factors, radiation protection, and image quality standards.

### **Appropriate History Questions:**

The student will be able to identify pertinent history questions for the exam being performed. They will be able to discuss in detail the language and methods they would use to obtain the history from the patient and how they would document the information for the physician.

### **Environment Preparation:**

The student will be able to describe any necessary procedure preparation. Discussion shall include room set-up, aseptic technique, sterile technique, necessary supplies, linen, and equipment.

### **Patient Preparation:**

The student will be able to identify and discuss the physical requirements for the exam including how the patient must be dressed for the procedure, and if there are any dietary or pharmaceutical preparations for the exam. The student will be able to identify common medical devices, their purpose, care, and the safe manipulation and/or transfer of the device. In addition, the student will be able to discuss the criteria for assessment in determining the safe transfer of the patient. They will describe various transfer modes and transfer equipment. The student will also describe in detail how they will prepare the patient by explaining the exam using appropriate language and demonstrations.

### **Radiation Protection:**

The student will describe the appropriate shielding for the patient, as well as themselves and any others who may need to be within the area during exposure. The student will be able to identify possible ways in which dose could be reduced, (ie, patient positioning, technical factor selection, image receptor sensitivity, use of film holders, positioning aids, immobilizers etc). The student will also be able to describe the appropriate collimation for each projection obtained.

### **Technique Selection:**

The student will be able to describe how the control panel must be set for each projection for both a manual and automatic technique. Areas for discussion should include but not be limited to, mAs, kVp, focal spot size, AEC chambers, and SID. The student will be able to identify when AEC may not be an appropriate choice for technique selection or how they might use the density controls to supplement the exposure.

### **Image Receptor Selection:**

The student will be able to identify and discuss the rationale for the sensitivity, size, division, and orientation of the image reception system utilized.

**Contrast Media:**

The student will be able to identify and discuss the rationale for the questions asked on a pre-contrast injection history form. They will be able to identify possible contraindications, (ie, BUN, Creatinine levels, Glucophage use, previous allergic reactions etc.)

The student will be able to identify the appropriate type, amount, preparation, and method of administration of the contrast media for an examination. The student will be able to describe how the patient is monitored post injection. They will be able to identify contrast media side effects and reactions, including mild, moderate, and severe. The student will be able to discuss the appropriate response to each side effect and reaction.

## Clinical Orientation Checklist

Student \_\_\_\_\_ Clinical Site \_\_\_\_\_

The student is to receive instruction/experience with each item on the list.

**A.) Health & Safety:**

1. \_\_\_\_\_ Hospital Tour
2. \_\_\_\_\_ Diagnostic Imaging Department Tour
3. \_\_\_\_\_ Phone System:

- Answering
- Holding
- Transferring
- Paging

4. \_\_\_\_\_ Code System:

- Cardiac/Respiratory Arrest
- Fire
- Tornado
- Bomb
- Help or Threat

5. \_\_\_\_\_ Cardiac/Respiratory Arrest Procedure

- Reporting
- Crash Cart Locations

6. \_\_\_\_\_ Fire Procedure

- Maintaining human safety
- Reporting
- Containing
- Location of extinguishers
- Use of extinguishers

7. \_\_\_\_\_ Tornado Procedure

- Maintaining human safety
- Reporting

8. \_\_\_\_\_ Medical Asepsis

- Location of clean linen
- Location of disinfectant for equip. cleaning
- hand washing

9. \_\_\_\_\_ Hazardous Waste
- Clean-up and disposal of blood and body fluids
  - “dirty” utility room
10. \_\_\_\_\_ Hazardous Materials
- “Employee Right to Know”
  - SDS sheets
11. \_\_\_\_\_ Standard Precautions Tier 1 & 2
- Location of personal protection devices, gloves, gowns, masks
  - Exposure process
12. \_\_\_\_\_ Back Safety
- Lifting patients
  - Transferring Patients
  - Assistants - slide boards, gait belts, e-z lifts, etc.

**B.) Equipment**

1. \_\_\_\_\_ Radiographic Table
- Tabletop movement - horizontal, vertical, floating
  - Table movement - tilt upright, Trendelenburg
  - Attachments, footrest, shoulder braces
  - Bucky tray, movement control and lock
  - Upright Bucky tray
  - AEC chambers
2. \_\_\_\_\_ Tube
- Movement controls and locks (detent)
  - Anode side vs. Cathode side
  - Centering light
  - Collimation, PBL and override
3. \_\_\_\_\_ Fluoro Tower
- Movement control and locks
4. \_\_\_\_\_ Image Reception System
- CR (Imaging plates)
  - DR
5. \_\_\_\_\_ Processing
- Selecting exam from LUT menu, EI #'s, DI values, etc.
  - Reader - CR
6. \_\_\_\_\_ Identification of the Image
- Pt. name, date, exam
  - Anatomical marker

7. \_\_\_\_\_ Oxygen

- Location - in rooms and mobile tanks
- Cannula
- O2 administration (with physician order only)

8. \_\_\_\_\_ Suction

- Location
- "Hook-up"
- Uses (with physician/nurse direction)

9. \_\_\_\_\_ Other common medical devices

- I-meds / I-vacs , cardiac monitors, Foleys, telemetry, NG tubes etc.

**C.) Radiation and MRI Safety and Protection**

1. \_\_\_\_\_ Devices

- Aprons
- Gloves
- Collars
- Proper wear
- Proper storage

2. \_\_\_\_\_ Dosimeters (Badges)

- Proper wear
- Proper storage
- Location of reports

3. \_\_\_\_\_ Shielding – Department Policy

- Patients
- Self / staff / family members

4. \_\_\_\_\_ Radiation Safety Officer

- Identification of RSO/Name of the person \_\_\_\_\_
- Location

5. \_\_\_\_\_ MRI Department safety education/review completed.

**D.) Miscellaneous**

1. \_\_\_\_\_ Hospital/Department Rules, Regulations, and Policies

- HIPAA – confidentiality statement
- Misconduct
- Appearance
- Sign for and receive copies of policies

- 2. \_\_\_\_\_ JC Accreditation
- 3. \_\_\_\_\_ Student Call-in Procedure

I have received instruction/practice on all the items listed on this check-list.

\_\_\_\_\_

Student

\_\_\_\_\_

Date

\_\_\_\_\_

Clinical Instructor

\_\_\_\_\_

Clinical Site

# Medical Device Competency

## Objectives

### Purpose:

P = Pass Student is able to correctly describe the purpose for the device

### Common Names:

P = Pass Student is able to identify common names of the device (i.e.; central lines PIC, Swans Ganz, Port-a-Cath)

N/A Not applicable. No specific types used (i.e.; telemetry, pulse ox, vent. etc.)

### Identify in a medical image:

P = Pass Student is able to identify the device in an image

N/A Not applicable. Device not seen in radiograph (i.e.; pulse ox, oxygen, etc.)

### Transfer Pt. with Device:

P = Patient Student successfully transferred a patient with the device

S = Simulated Student is able to correctly describe how a transfer of a patient with the device

N/A Patient with such device is not transferred (i.e.: vent)

### Discontinue/Re-Establish:

P = Pass Student is able to discontinue and/or re-establish device in the radiology department (i.e.; oxygen, IV with pump etc.)

N/A Not applicable. Device does not require discontinuation/re-establishment (i.e.; telemetry, pulse ox. central line etc.)

### Displace for Imaging:

P = Pass Student is able to displace device from imaging field as much as possible for exposure (i.e.; cardiac leads, telemetry unit, oxygen cannula, NG tube etc.)

N/A Not applicable. Device not within imaging field, or is unable to be displaced (i.e.; central line, Foley cath., pulse Ox, IV with pump)



Radiography Program Medical Device Competency

Medical Device	Purpose	Common Names	Identify in Radiograph	Transfer Patient w/ Device	Discontinue & Re-establish	Displace for Imaging
Foley Catheter						
Cardiac Monitor with Leads						
IV with Pump						
Oxygen						
Suction						
Telemetry						
Chest Tube w/ Drainage System						
NG Tube / Feeding Tube						
Pulse Oximeter						
Central Line Catheter						
Ventilator / ET Tube / Tracheostomy Tube						
Name	Instructor				Date	

## Practice Competency Evaluation

PRACTICE	1	2	3	4
<b>Patient Identity Verified</b> Name, DOB, ID wristband, student/tech introduced				
<b>Exam Order Verified</b> Doctor's order corresponds with patients complaint(s)				
<b>Patient Assessment</b> Appropriate patient history obtained from patient, mode of transfer determined				
<b>Equipment Operation</b> Movement, alignment, collimation, tube angle, distance (SID), proper IR selection				
<b>Technique Selection</b> Manual or AEC mAs, kVp, focal spot size, correct APR, exposure index or "S" number within range				
<b>Patient Positioning</b> Appropriate, modesty, maintained, patient, condition, comfort and safety considered, routine, supplemental and trauma projections utilized, minimal OID, time/efficiency				
<b>Radiation Safety</b> Collimation, shielding, exposure factor, selection (high kV and low mAs) and no repeats				
<b>Image processing</b> Proper LUT selection, correct patient				
<b>Image Evaluation</b> Exposure, anatomy, proper, central ray and IR alignment, pathology and/or abnormal conditions identified, anatomical R or L marker present and property placed				
<b>RT's Initials</b> Must be ARRT registered				

**EXAM** \_\_\_\_\_

### HOW TO EVALUATE

- 4 exceeded expectation
- 3 meet expectation
- 2 lacking some components
- 1 failed/expectations not met

**TECH COMMENTS:**

**FINAL COMPETENCY**

STUDENT NAME \_\_\_\_\_ EXAM \_\_\_\_\_

Criteria	Acceptable	Unacceptable	Comments:
<b>Patient Identity Verified</b> Name, DOB, ID wristband, student/tech introduced			
<b>Exam Order Verified</b> Doctor's order corresponds with patients complaint(s)			
<b>Patient Assessment</b> Appropriate patient history obtained from patient, mode of transfer determined			
<b>Room Preparation</b> Room is clean, equipment prepared, aseptic technique, sterile technique, supplies, clean linen, positioning aids, equipment necessary for procedure			
<b>Patient Preparation</b> Exam explained, attire, medical devices, pt. education, lab values, contrast selection and follow-up instructions			
<b>Equipment Operation</b> Movement, alignment, collimation, tube angle, distance (SID), proper IR selection			
<b>Technique Selection</b> Manual or AEC mAs, kVp, focal spot size, correct APR, exposure index or "S" number within range			
<b>Patient Positioning</b> Appropriate, modesty, maintained, patient condition, comfort and safety considered, routine, supplemental and trauma projections utilized, minimal OID, time/efficiency			
<b>Radiation Safety</b> Collimation, shielding, exposure factor, selection (high kV and low mAs) and no repeats			
<b>Image processing</b> Proper LUT selection, correct patient			
<b>Image Evaluation</b> Exposure, anatomy, proper, central ray and IR alignment, pathology and/or abnormal conditions identified, anatomical R or L marker present and property placed			

Simulated (no practices):      Yes      No

Instructor \_\_\_\_\_ Date \_\_\_\_\_ Hospital \_\_\_\_\_

## C-ARM PRACTICE COMPETENCY EVALUATION

NAME \_\_\_\_\_

“P” = Pass – acceptable

“F” = Fail – needs improvement

EXAM \_\_\_\_\_

“N/A” = Not Applicable

	1	2	3	4	5
<b>C-arm Set Up:</b> *monitor and c-arm properly connected and turned on					
<b>C-arm Placement In Room:</b> *c-arm correctly place in room for specific procedure and *monitor correctly placed to be easily seen by physician					
<b>Patient Information:</b> *patient and exam information correctly entered and displayed					
<b>C-arm Function:</b> *proper functions selected for procedure, cine, sub, road map, digital fluoro, etc.					
<b>Radiation Protection:</b> *collimation, pulsed fluoro, low dose, OID, use of remote, shielding, minimal fluoro time, etc.					
<b>Anatomical Orientation:</b> *area of interest properly displayed on monitor in correct orientation					
<b>Equipment Operation:</b> *location and proper use of locks *proper equipment movement and operation: angulation, tilt, rotate, up/down, side-to-side, etc.					
<b>Followed Directions:</b> *accurately followed physicians orders/instructions *accurately located anatomical area of interest					
<b>Sterile Technique:</b> *maneuvered equipment while maintaining sterile field *c-arm properly draped					
<b>Efficiency:</b> *acceptable time to set up, perform, and remove c-arm from room					
<b>Post Exam Follow-Through:</b> *sorting and sending images for interpretation *documentation complete and accurate *equipment cleaned and ready for next procedure					
<b>RT's initial</b> <b>** Must be registered by ARRT</b>					



<b>Radiologic Procedures</b>	<b>Mandatory of Elective</b>	<b>Date Completed</b>	<b>Patient or Simulated</b>	<b>Competence Verified By</b>
<b>Chest and Thorax</b>				
Chest Routine	M			
Chest AP (Wheelchair or Stretcher)	M			
Ribs	M			
Chest Lateral Decubitus	E			
Sternum	E			
Upper Airway (Soft Tissue Neck)	E			
<b>Upper Extremity</b>				
Thumb or Finger	M			
Hand	M			
Wrist	M			
Forearm	M			
Elbow	M			
Humerus	M			
Shoulder	M			
Trauma Shoulder (Scapular Y, Transthoracic or Axial)*	M			
Clavicle	M			
Scapula	E			
AC Joints	E			
Trauma: Upper Extremity (Non Shoulder)*	M			
<b>Lower Extremity</b>				
Toe	E			
Foot	M			
Ankle	M			
Knee	M			
Tibia-Fibula	M			
Femur	M			
Trauma Lower Extremity *	M			
Patella	E			
Calcaneous	E			
<b>Head - Candidates must select at least one elective procedure from this section</b>				
Skull	E			
Paranasal Sinuses	E			
Facial Bones	E			
Orbits	E			
Zygomatic Arches	E			
Nasal Bones	E			
Mandible	E			
Temporomandibular Joints	E			
<b>Mobile Studies</b>				
Chest	M			
Abdomen	M			
Orthopedic	M			

Radiologic Procedures	Mandatory of Elective	Date Completed	Patient or Simulated	Competence Verified By
<b>Spine and Pelvis</b>				
Cervical Spine	M			
Cross-Table (Horizontal beam) Lateral Spine	M			
Thoracic Spine	M			
Lumbosacral Spine	M			
Pelvis	M			
Hip	M			
Cross Table Lateral Hip	M			
Sacrum and/or Coccyx	E			
Scoliosis Series	E			
Sacroiliac Joints	E			
<b>Abdomen</b>				
Abdomen Supine (KUB)	M			
Abdomen Upright	M			
Abdomen Decubitus	E			
Intravenous Urography	E			
<b>Fluoroscopy Studies</b>				
Candidates must select either upper GI or contrast enema plus one other elective procedure from this section				
Upper GI Series (Single or Double Contrast)	E			
Barium Enema (Single or Double Contrast)	E			
Small Bowel Series	E			
Esophagus	E			
Cystography/Cystourethrography	E			
ERCP	E			
Myelography	E			
Arthrography	E			
Hysterosalpingogram	E			
<b>Mobile C-Arm Studies</b>				
Orthopedic C-Arm Procedure (more than one projection)	M			
Surgical C-Arm Procedure (manipulation around a sterile field)	M			
<b>Pediatric Patient (age 6 or younger)</b>				
Chest Routine	M			
Upper Extremity	E			
Lower Extremity	E			
Abdomen	E			
Mobile Study	E			
<b>Geriatric Patient (age 75 or older)</b>				
Chest Routine	M			
Upper Extremity	M			
Lower Extremity	M			

<b>General Patient Care</b>	<b>Mandatory of Elective</b>	<b>Date Completed</b>	<b>Patient or Simulated</b>	<b>Competence Verified By</b>
CPR	M			
Vital Signs - Blood Pressure	M			
Vital Signs - Temperature	M			
Vital Signs - Pulse	M			
Vital Signs - Respiration	M			
Vital Signs - Pulse Oximetry	M			
Sterile and Aseptic Technique	M			
Venipuncture	M			
Transfer of patient	M			
Care of patient medical equipment (oxygen tank, iv tubing)	M			

- Ten mandatory general patient care activities
- 37 mandatory imaging procedures
- 15 elective imaging procedures selected from a list of 34 procedures  
One elective must come from the head selection  
Two other electives must come from the fluoroscope section and of those two, one must be either UGI or contrast enema.

**SECTION D:  
PROFESSIONAL GROWTH**

## Professional Growth Evaluation Process

Professional growth, as in values, attitudes and behaviors which are conducive to successful employment in a healthcare environment are just as important as the development of technical skills. Therefore, the Radiologic program is committed to helping a student develop the values, attitudes and behaviors that will lead to a rewarding career as a professional radiologic technologist.

- Students are made aware of the required professional behaviors by way of the, as well as the **Professional Growth Objectives**. Both of these documents are found in this **Student Manual** and explained by the program director upon entering the program.
- It is the responsibility of the program director and the clinical coordinator/instructor to monitor, advise, and evaluate the student's professional growth. Should the program director or the clinical coordinator/instructor feel that a student is submitting to behaviors contrary to professional growth which may lead to a reduced or failing grade, the program director or coordinator/instructor will advise the student and help them develop alternatives to their behavior so that success in the program can be realized. The **Advisement Form** will be utilized to document that a discussion/advisement with the student has taken place. A copy of the form will be provided to the program director at the time of advisement and, included with the **Professional Growth Evaluation Form** at the end of the course. A copy of the **Advisement Form** can be found in this **Student Manual**. While it is the responsibility of the program director and instructors to advise the student, it is ultimately the student's responsibility to demonstrate the values, attitudes and behaviors necessary for success in the program and in the career.
- To assist the clinical coordinator/instructor in evaluating the professional growth of a student, two to three technologists will be asked to complete a **Professional Growth Evaluation - Technologist Form**. A copy of the form can be found in this **Student Manual**.
- A mid-term conference will be held with the clinical instructor/coordinator and will include discussion of the student's professional growth status. The results of this conference will be documented and forwarded to the program director.
- Just prior to the semester end, a second conference will be held with the student by the clinical instructor/coordinator and will include discussion of the professional growth progress of the student for that semester. The results of this conference will be documented on **Professional Growth Evaluation Form** and forwarded to the program director. The score earned through professional growth will be factored into the final grade of the course.

### Professional Growth Objectives

Besides the required skill competencies, there are certain behavioral characteristics that help a student become a successful radiographer. Students will be evaluated each semester by their clinical instructor on several professional behaviors that have been identified as necessary traits of the successful radiographer. The following list provides a description of those traits and is utilized in conjunction with the **PROFESSIONAL BEHAVIOR/SKILL COMPETENCY EVALUATION**.

**Punctuality:**

- The student is at their assigned work site and ready to begin work at the assigned time.

**Attendance:**

- The student reports to their clinical facility on assigned days according to the program schedule

**Appearance:**

- The student maintains a neat, clean appearance at all times.
- The student wears clean and pressed uniforms of the required color and style.
- The student wears safe, appropriate, and clean shoes.
- The student practices modest use of perfumes or other scents.
- The student practices good personal hygiene.
- The student is conservative with regard to make-up, hairstyle, fingernails, jewelry, and body art.
- The student respects and adheres to the appearance policy of their specific clinical site.
- The student wears his/her name badge properly at all times.

**Cooperation:**

- The student demonstrates a willingness to assist with the workflow by seeking out or recognizing tasks needing done.
- The student readily assists when asked.
- The student demonstrates “flexibility”
- The student demonstrates a “team-player” attitude.
- The student takes “ownership” for the success of the department.

**Professionalism:**

- The student is always aware of his/her surroundings and behaves both physically and verbally in the appropriate manner
- The student takes his/her role and responsibility on the health care team very seriously.
- The student demonstrates respect to people, property, and policy.

**Judgment:**

- The student is consistently clear and rational in his/her decisions and actions.
- The student bases his/her decisions on common sense, scientific support, and proven practice.
- The student responds to urgent or emergent situations in the appropriate manner.
- The student exercises discretion in conversation with patients, technologists and others.
- The student maintains patient confidentiality and the “need-to-know” policy at all times, both inside the hospital and out.

**Efficiency:**

- The student recalls information readily and does not have to be reminded or “re-taught” how to do things.
- The student performs his/her work in a logical sequence.
- The student performs quality work in a timely manner, without sacrificing patient care or comfort.
- The student completes tasks started including preparing a room for the next technologist and patient to enter.

**Communication:**

- The student documents and verbalizes appropriate, accurate, and thorough medical histories and messages.
- The student demonstrates the ability to recognize important information and relays it to appropriate people in a timely manner.
- The student practices the “call-in” policy at all times.

**Confidence:**

- The student consistently demonstrates confidence in his/her decisions and abilities.
- The student readily accepts new challenges and situations.
- The student can be relied upon to perform as expected.

**Initiative:**

- The student demonstrates the desire to learn and master practices and procedures

## Professional Growth Evaluation - Final

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Course/Semester: \_\_\_\_\_ Evaluator/Clinical Site: \_\_\_\_\_

- Score Key:
- 5 meets expectations consistently
  - 4 meets expectations most of the time
  - 3 needs to improve
  - 2 performs below expectations frequently
  - 1 fails to meet expectations consistently

**\*\* A "3" or below requires an Advisement Form to accompany evaluation defining specific objectives for success.**

Appearance:

- The student respects and adheres to the professional appearance policies and requirements of both the program and the clinical site.
- The student maintains an overall neat and clean appearance.
- The student wears clean, pressed and well-fitting uniforms of the required color.
- The student wears safe, appropriate and clean white leather shoes.
- The student practices good personal hygiene.
- The student practices modest use of perfumes and other scents.
- The student is conservative with regard to make-up, hairstyle, hair color, facial hair, fingernails, jewelry, and body art.
- The student wears his/her KCC clinical name badge in addition to hospital-issued badges at chest level and visible to others at all times.

5                      4                      3                      2                      1

Professionalism:

- The student demonstrates respect to people, property, and policy.
- The student takes his/her role and responsibility on the healthcare team very seriously.
- The student is always aware of his/her surroundings and behaves both physically and verbally in the appropriate manner.
- The student demonstrates both accountability and responsibility.
- On time and in attendance as scheduled in the clinical setting

5                      4                      3                      2                      1

Communication:

- The student uses both written skills and verbal skills to communicate appropriate, accurate and thorough information to others involved with the patient's care.
- The student documents clear, appropriate, accurate and thorough medical histories and other information important to the patient's care and to the medical chart.
- The student demonstrates the ability to recognize important information and relays it appropriately in a timely manner.
- The student demonstrates appropriate non-verbal communication through their appearance and body language.
- The student demonstrates the ability to communicate effectively with patients using therapeutic communication techniques to secure important information, and to provide education, safety and comfort.

5                      4                      3                      2                      1

Judgment:

- The student is consistently clear and rational in his/her decisions and actions.
- The student basis his/her decisions and actions on common sense, scientific support, and proven practice.
- The student responds to urgent or emergent situations in an appropriate manner.
- The student exercises discretion in conversations with patients, technologists and others.
- The student maintains patient confidentiality and the “need-to-know” policy at all times, both inside and outside the hospital setting.

5                      4                      3                      2                      1

Efficiency:

- The student recalls information readily and does not have to be reminded or “re-taught” how to do things.
- The student performs his/her work in a logical sequence.
- The student performs quality work in a timely manner, without sacrificing patient care or comfort.
- The student follows through on all tasks started including preparing the exam room so that it is ready for the next technologist and patient to enter.

5                      4                      3                      2                      1

Cooperation:

- The student demonstrates a willingness to assist with the workflow by seeking out or recognizing tasks that need to be done.
- The student readily assists when asked.
- The student demonstrates “flexibility”.
- The student demonstrates a “team-player” attitude.
- The student takes “ownership” for the success of the department.

5                      4                      3                      2                      1

Initiative:

- The student demonstrates the desire to learn and master new practices and procedures.
- The student demonstrates the desire to practice and perfect those exams for which they have secured final competency on.
- The student consistently strives to perform beyond the “bare minimum” requirements.

5                      4                      3                      2                      1

Confidence:

- The student consistently demonstrates confidence in his/her decisions and abilities.
- The student readily accepts new challenges and situations.
- The student can be relied on to perform as expected.

5                      4                      3                      2                      1

Total Points Possible: 40

Total Points Earned: \_\_\_\_\_

Signatures confirm that this document was discussed.

Student: \_\_\_\_\_ Evaluator: \_\_\_\_\_

Date: \_\_\_\_\_



Comments:

Student Name \_\_\_\_\_ Date \_\_\_\_\_

**Incident / Concern:**

**Remediation Plan:**

**Potential Consequences:**

**Student:** \_\_\_\_\_

**Instructor:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# STUDENT AGREEMENT FORM

In consideration of my enrollment and acceptance, I, intending to be legally bound, hereby, for myself, my executors, administrators, and heirs, waive KCC, their agents, representatives, committees, members and affiliating clinical education providers of any and all claims or rights to damages from injuries or losses suffered by me directly or indirectly, while attending, completing and fulfilling both my off-campus and on-campus didactic course and clinical education requirements

I agree to abide by the policies and procedures set forth by the KCC Radiography Program officials/student manual and the affiliating clinical education providers governing my conduct throughout my enrollment in the Radiography program.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

.....

## CONFIDENTIALITY/HIPAA STATEMENT

I have received, read and understand the Confidentiality/HIPAA Policy defined by the Radiography Program officials and the information contained within this 2019-2020 Student Handbook. I understand and agree that any patient information acquired during my participation in clinical education must forever and always be held in the strictest confidence. I understand that any violation of the policy could result in immediate dismissal from the program.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

## Photo/Video/Audio/Interview Comment Release

I hereby grant permission to Kellogg Community College, to use my image and/or voice in photograph(s), video or audio recording in any of its publications, on any of its instructional online websites, online websites utilized by the College including social media, and in any or all other media without further consideration. I acknowledge that Kellogg Community College may choose not to use my photo or video image, comments, or audio recordings at this time, but may do so as its own discretion at a later date. I understand that my images and/or voice in photograph(s), video or audio recordings will be used with the respect and consideration to which I am entitled.

I also grant permission to Kellogg Community College to interview me and use my comments in any of its publications, on any of its instructional online sites and in any or all other media without further consideration. I hereby waive any right to inspect or approve the finished photograph, video or audio recordings, or printed text that may be used in conjunction with said photography, video, audio, or electronic matter.

I understand I will not be compensated for my image, voice, or comments. I will make no monetary or other claim against KCC for the use of the interview, photos, video, or audio. I agree that KCC owns the images, voice recordings, and all rights related to them. All negatives, positives, digital files, together with the prints shall remain the colleges' property, solely, and completely.

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PRINT NAME

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SIGNATURE

---

DATE

---

PHONE NUMBER

## **Clinical Infection Control Compliance Statement for Nursing and Allied Health Programs**

I, \_\_\_\_\_, : (print full name)

- understand participation in Clinical Education carries inherent risk of exposure to infectious diseases, which may include, but are not limited to, seasonal flu, Covid-19, Tuberculosis (TB), Methicillin-resistant Staphylococcus aureus (MRSA), and clostridium difficile (C-diff).
- understand clinical education is an essential component of my professional education that cannot be replaced with laboratory experiences, virtual simulations, or other remote experiences.
- will have completed instruction in infection control practices and the use of PPE prior to clinical placement.
- agree to follow safe infection control practices in the clinical setting and to adhere to any additional Safety Guidelines, Policies and Procedures instituted by my clinical site and my professional program. I understand that failure to follow these guidelines may result in dismissal from the clinical site.
- understand following these procedures and guidelines does not eliminate the risk of contracting these diseases, only reduces the probability of transmission to myself and others.
- agree to being placed into clinical settings.

Student signature \_\_\_\_\_

Date \_\_\_\_\_