RADIOGRAPHY PROGRAM
STUDENT HANDBOOK
2017 - 2018
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ACADEMIC/CLINICAL CALENDAR 2017-2018

Summer 2017
- June 12: New Student Orientation
- June 13: Yale Fit Testing
- June 27: VA fingerprinting
- June 29: VA Orientation
- July 31 – Aug 2: Success Strategies Workshops
- Aug 2: Griffin Orientation
- Aug 3 – 10: Patient Care Orientation (PCO)

Fall 2017
- August 28: First Day of Classes/Clinical
- September 2-4: Labor Day (College Closed) **No Clinical**
- September 5: Last Day to Add Classes (until 4:00PM)
- October 20: Mid-Term Deficiency Reports Due from Faculty
- November 3: Last Day to Make Up Incomplete Grades from Spring 2017
- November 10: Last Day to Withdraw from Individual Classes
- November 22: Faculty Planning Day, **No Classes or Clinical**
- November 23-26: Thanksgiving Recess, **No Classes or Clinical**
- December 11: Last Day of Classes
- December 12-18: Final Examinations, **No Clinical**
- December 21: Last Day to Submit Final Grades (By 12:00 Noon)
- December 23: Semester Ends

Winter Intersession
- December 27 – January 12: Winter Clinical Internship M-F 40 hrs/week

Spring 2018
- January 15: Martin Luther King Day (College Closed), **No Clinical**
- January 17: First Day of Classes/Clinical
- January 24: Last Day to Add Classes (Until 4:00PM)
- February 16-19: President’s Day Recess (College Closed), **No Clinical**
- March 9: Mid-Term Deficiency Reports Due from Faculty
- March 12-18: Spring Recess, **No Classes or Clinical**
- March 23: Last Day to Make Up Incomplete Grades from Fall 2017
- March 30: Day of Reflection, **No Classes**
- April 2: Last Day to Withdraw from Individual Classes
- May 5: Last Day of Classes/Clinical
- May 7-12: Final Examinations, **No Clinical**
- May 15: Last Day to Submit Final Grades (By 12:00 Noon)
- May 17: Graduation
- May 28: Memorial Day (College Closed), **No Clinical**
- June 1: Semester Ends

Summer Clinical Internship
- May 21 – July 27: Clinical Internship II Begins M-F, 8a-3p or 3p-10p
- May 28: Memorial Day (College Closed), **No Clinical**
- July 4: Independence Day (College Closed), **No Clinical**

*All dates are subject to change*
PROGRAM INFORMATION

Introduction

The Gateway Community College Radiography Program Student Handbook contains the program specific policies and procedures in effect for the 2017-2018 academic year. It is the student’s responsibility to be familiar with the content of this handbook. This handbook is a supplement to the Gateway Community College Student Handbook. The student will be held accountable for meeting the expectations outlined in this Radiography Program Student Handbook, the College Catalog, and the College Student Handbook. The Radiography Program reserves the right to modify any information contained in this handbook. All approved changes will be made known to the students through a Radiography Program Student Handbook Addendum. This handbook is not intended to cover all topics and circumstances. The Program reserves the right to respond to specific situations in a manner that best suits the needs of the Program and the student(s) involved, and most closely follows our stated policies.

Radiography: Associate of Science Degree

The Radiography curriculum (Appendix A) is designed to prepare students for employment as entry-level Radiographers in hospitals, walk-in clinics, private offices and other facilities where diagnostic imaging is available. The Program is based on approximately twenty months of full-time study. The structure of the curriculum is designed to include didactic and supervised clinical education to assure sufficient opportunity to achieve all didactic and clinical requirements. Students are expected to rotate through all clinical education centers and are assigned in a random fashion. Rotation schedules are specifically designed to offer all students an equitable clinical education and provide them with the opportunity to complete all level I, II and III clinical objectives in order to meet Program requirements for graduation. The purpose of the clinical practicum in the Radiography program is twofold. First, the student will learn to perform all procedures and patient interaction skills. Secondly, the clinical practicum experience will provide an opportunity for the student to develop the critical thinking skills and professionalism necessary to manage the responsibilities he/she will encounter as a registered technologist and employee. The student is expected to treat the clinical practicum as if it were a job. The only way the clinical instructors, evaluators and Program faculty can assess the student’s skills and anticipated behavior as a technologist is by observing the student’s performance in the clinical site. The habits the student develops during the time spent in the Program are habits that will follow the student in the future as an employed technologist. Remember, this is the beginning of an unofficial two year interview with the clinical affiliates.
Radiography Program Mission Statement
The Radiography program at Gateway Community College is committed to educating and preparing competent, entry-level technologists who can provide high quality imaging and patient care to members of the community. Furthermore, the Program is dedicated to providing tools to support lifelong learning.

Radiography Program Goals and Outcomes
The following Radiography program goals have been established in order to realize this mission:

1. Students will demonstrate skills in effective oral and written communication.
   a. Assess and evaluate patient and radiographic procedure

2. Students will demonstrate skills in critical thinking and problem solving in the principles and practices of Radiography.
   a. Evaluate and assess patient requisition in order to perform proper positioning procedures and protocols.

3. Students will demonstrate clinical competence in the practice of Radiography.
   a. Consistently apply the principles and practices of radiation safety and protection for patient, self and others.
   b. Evaluate and assess patients to ensure quality patient care, accurate performance of exams, and a safe environment for patients.

4. The Program will prepare competent entry level technologists.
   a. Maintain values congruent with the Professional Code of Ethics and Scope of Practice while adhering to national, institutional and/or departmental standards, policies and procedures regarding imaging and patient care.

5. Students will achieve personal and professional growth.
   a. Participate in professional organizations.

Accreditation
The Radiography Program is accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT), 20 N. Wacker Drive, Suite 2850, Chicago, IL 60606-3182, (312)704-5300, www.jrcert.org, mail@jrcert.org.

Allegations of Non-Compliance
In order to maintain this accreditation, the Program must strictly follow the Standards for an Accredited Educational Program in Radiologic Sciences (Appendix B), which is published by the JRCERT, 20 N. Wacker Drive, Suite 2850, Chicago, IL, 60606-3182 (312)704-5300, www.jrcert.org, mail@jrcert.org. Students have the right to file a complaint if any of the Standards has been violated by the Program. All allegations regarding non-compliance with JRCERT Standards will be handled in the following manner:
How to file a complaint:
An allegation is to be submitted in writing to the Program Director within thirty (30) days of the date of non-compliance or when the student knew of the alleged violation. The written allegation shall specify the Standard claimed to have been violated and a brief summation of the underlying facts surrounding the violation.

Procedure for Complaint Resolution:
The Program will investigate any allegation within thirty (30) days of the date the complaint was submitted. In the course of each investigation, the Program will consult directly with the Allied Health/Nursing Division Director. The Program will then forward the written complaint to the Academic Standards committee within thirty (30) days of completion of investigation.

Statement of Non-Discrimination
The Radiography Program follows the non-discrimination statement of Gateway Community College which can be found in the Gateway Community College Student Handbook.
**Program Contact Information**

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(203) 996-5872 Cell
S405C

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j mangini@gatewayct.edu

**Clinical Affiliate Contact Information**

Bridgeport Hospital
267 Grant Street
Bridgeport, CT 06606
(203) 384-3177

Bridgeport Hospital Park Avenue Medical Center
5520 Park Avenue
Trumbull, CT 06611
(203)

Bridgeport Hospital Outpatient Facility
2909 Main Street, 1st floor
Stratford, CT 06614
(203)683-4570

Griffin Hospital
130 Division Street
Derby, CT 06418
(203) 732-7300

Griffin Imaging & Diagnostics Center at Ivy Brook
2 Ivy Brook Road #130
Shelton, CT 06484
(203) 732-1440
VA Connecticut Healthcare System, West Haven campus
950 Campbell Avenue
West Haven, CT 06516
(203) 932-5711 ext. 5444 or ext. 7131

Yale – New Haven Hospital
20 York Street
New Haven, CT 06504
- Main Diagnostic Imaging Department – (203) 688-2358
- ER – (203) 688-2355
- GI/CXR/ EVE – (203) 688-3515
- Pediatrics – (203) 688-2941
- Portables – (203) 688-1859
- Smilow – (203) 200-5151

Yale Physician’s Building (YPB)
800 Howard Avenue
New Haven, CT 06510
(203) 688-6920

YNHH St. Raphael’s Campus
1450 Chapel Street
New Haven, CT 06510
(203)

YNHH Sports Medicine at Guilford
1445 Boston Post Road
Guilford, CT 06437
(203) 458-5212

YNHH Sports Medicine at Milford
48 Wellington Road
Milford, CT 06461
(203) 301-5502

YNHH Pediatric Specialty Center
1 Long Wharf Drive
New Haven, CT 06511
(203) 688-1782

YNHH Spine Center at Long Wharf
1 Long Wharf Drive
New Haven, CT 06511
(203) 688-6096
STUDENT CONDUCT

Radiography students are entering a profession that requires academic honesty and integrity. The discipline of radiography requires assumption of personal responsibility and ethical behavior in all settings, in keeping with the American Society of Radiologic Technologists (ASRT) and the American Registry of Radiologic Technologists (ARRT) Code of Ethics (Appendix C). Students are expected to conduct themselves in a manner consistent with the standards of professional behavior and clinical practice at all times. Any violation of conduct will be dealt with according to the standards and practices outlined in this Radiography Student Handbook, the College Student Handbook located on the College website (www.gatewayct.edu), the Board of Regents (BOR) for Higher Education/ Connecticut State Colleges and Universities (CSCU) Student Code of Conduct and the policy manual of the Board of Trustees of the Connecticut Community-Technical Colleges available at: http://www.commnet.edu/Board-Docs/BPM_COMPLETE_Master.pdf, any additional policies approved by the Board of Regents for Higher Education governing student code, each affiliates’ code of conduct and department policies.

Radiography Program students are guests of the clinical affiliates. As guests, students are required to adhere to the clinical affiliates’ policies as if they were employees of the clinical affiliates. Behavior that interferes with the operations of the College, Program or clinical affiliate, violates established policies and/or procedures, discredits the Program or is offensive to patients, visitors, program staff, clinical staff or fellow students will not be tolerated. Appropriate action will be taken and will follow the Program Disciplinary Policy.

The use of cell phones/smartphones, recording devices, cameras or other electronic devices is strictly prohibited in the clinical area. If the student is found to be texting or making phone calls in the clinical areas, the student will be subject to disciplinary action. In addition, these devices must be on silent during classes and labs.

Radiography students are reminded that posts to any and all social networking or social media (including Facebook, Twitter, Instagram, personal blogs, and other types of social media accounts) must reflect the same behavioral standards of honesty, respect, consideration and professionalism that are expected in the College and clinical affiliates. Any social media posts or communications made by students must adhere to the same restrictions related to privacy for fellow students, faculty, and patients as they do in a clinical affiliate in accordance with federal Health Insurance Portability and Accountability Act (HIPAA) standards. Inappropriate use of social media by users with regard to the College, its faculty, students, clinical affiliates, or their patients is subject to disciplinary action.
A student’s written work is expected to be original and done independently unless otherwise indicated. Footnotes and references must be used to acknowledge the source and avoid plagiarism in accordance with the American Psychological Association (APA) standards.

Selected portions of the Radiography curriculum are taught, reinforced, and/or reviewed through the use of educational software/instructional media such as video, computer programs, DVDs and/or online learning activities. Students are required to adhere to all copyright policies. Violations of academic integrity will be dealt with in accordance with College guidelines.

**Program Clinical Disciplinary Standards**

The program clinical disciplinary standards and procedures may be initiated upon receipt by the Program Director of behavior or action in violation of Program standards. The report of violation may be provided through written evaluation, verbal report from clinical affiliate staff to College faculty/staff/administration, clinical observation by college faculty/staff, written and/or verbal comment from clinical affiliate and/or college faculty/staff, daily clinical performance log and/or online clinical attendance record, conference with college and/or clinical affiliate staff. This is not an all-inclusive list. Other mechanisms not listed here may be used to begin disciplinary procedures.

Sanctions are intended to encourage learning and as such are generally progressive in nature and proportionate to the behavior in question. Grievous violations, therefore, may result in immediate dismissal, upon the determination of the Program Director. The prior conduct record of a student shall be considered in determining the appropriate sanction for a student who has been found to have violated any Program standard.

In such cases where the continued presence of a student in the clinical setting constitutes a danger to the health and safety of patients or staff, the clinical affiliate may temporarily or permanently remove a student from their site and refer the student immediately to the Program Director. Students in the Radiography program are expected to rotate through all clinical sites. A student who is permanently removed from a clinical affiliate will be immediately dismissed from the Program and will be ineligible for re-admission to the program at any time in the future. In certain circumstances, the Program Director may recommend to the College’s Dean of Students that the reported behavior of the student be addressed under the Student Conduct guidelines outlined in the College Student Handbook, which may lead to the student’s suspension.
Disciplinary sanctions will be imposed upon a finding that a violation of the Program rules of student behavior has occurred. They include but are not limited to, the following:

1. Documented verbal warning,
2. Disciplinary written warning,
3. Clinical/Academic disciplinary probation,
4. Programmatic dismissal.

Disciplinary Procedures

The following procedures shall govern the enforcement of the Program Disciplinary Policy:

- Upon receipt of the report of a violation by a student, the Program Director may immediately impose restrictions on or suspend a student from the clinical setting on an interim basis if, in the judgment of the Program Director, the continued presence of the student at the clinical setting poses a danger or disrupts the academic process.
- The Program Director will provide the student an opportunity to meet within (3) working days of the reported violation. The student will then have an opportunity to submit any relevant information regarding the violation to the Program Director within (3) working days after said meeting.
- The Program Director will review and investigate allegations and render a decision within (5) working days of meeting with the student. During the investigation period, the student may be placed on temporary suspension from the clinical obligations of the Program. The decision of the Program Director as to whether the student committed the reported violation and the appropriate sanction is final.
- If the student is not satisfied with the resolution, the student may bring the concern to the Allied Health/Nursing Division Director within (5) working days of receiving the decision. The Allied Health/Nursing Division Director will respond in writing within (5) working days of the receipt of the appeal.
- If the student is not satisfied with the decision of the Allied Health/Nursing Division Director, the student can initiate the college Student Grievance Procedure as outlined in the College Student Handbook.

Student behavior, physical or emotional condition in the clinical teaching/learning setting that is a conflict with the Expectations for Student Conduct will be managed in accordance with the judgment of teaching faculty present. In consultation with the Radiography Program Director and/or Clinical Coordinator, faculty may determine that the expertise of additional college personnel, healthcare professional or administrators is
needed to establish direction appropriate to an individual situation. If the physical or emotional condition of the student is disability related and an Academic Adjustment has been granted by the college Disability Services Coordinator and the clinical agency, then faculty must consult with the college Disability Services Coordinator prior to making further determination. The actions of faculty are sanctioned based upon the overarching requirement to protect the student(s) and/or client(s), other students, and/or agency employees with whom they carry responsibility for delivering safe and competent radiation practices.

The dismissal of a student from the clinical teaching and learning environment for unsafe radiation practices beyond one day (interim suspension) is made by the Radiography faculty. If interim suspension from clinical is a consideration, the student is provided an opportunity to meet with designated college personnel to provide pertinent information for consideration prior to any decision.

The dismissal of a student from any course teaching/learning activities other than clinical beyond one day (interim suspension) must be made in collaboration with the designated Radiography Program Director and the Dean of Student Services for the College. If interim suspension from any course teaching/learning activities other than clinical is a consideration, the student is provided an opportunity to meet with designated college personnel to provide pertinent information. The information provided by the student is considered by the designated college personnel in collaboration with the Dean of Student Services prior to any decision addressing interim suspension from course teaching/learning activities other than clinical.
CLINICAL GUIDELINES

Transportation and Parking
Students are responsible for transportation to and from the College and clinical affiliates. Students will travel to clinical affiliates located throughout Connecticut. Students are subject to the parking regulations established by the clinical affiliates and are expected to park in designated areas only. If a violation occurs, the car may be towed at the student’s expense. The College and the Radiography Program are not responsible for parking or towing expenses or injury to property sustained at a clinical affiliate site. Please Note: The student is responsible for all fees associated with parking and transportation.

Hours for Clinical Practice
Students are scheduled for seven (7) hours of clinical practice on their designated clinical days. Assigned hours for daytime rotations are 8:00 am – 3:00 pm. Assigned hours for evening rotations are 3:00 pm – 10:00 pm. The student will take a one-half hour lunch/dinner break during their scheduled shift. Report to your clinical assignment on time and be ready to start when your shift begins. No variation/alteration of these hours is permitted. (See Appendix B, Standard 1.3 and 1.4)

It is the student’s responsibility to log in and out daily using the online clinical documentation system required for the Program. Please note that this data will be part of your clinical grade. Failure to maintain accurate attendance records will result in loss of Clinical Time Off (CTO) hours for the rotation, as well as a failure for that rotation. Hours worked must be verified on a daily basis by the Clinical Coordinator and/or Clinical Instructor in your assigned area. Any inaccuracies, as determined by the Clinical Coordinator, entered into the online log in or log out time will be considered falsification of documents and will result in immediate dismissal from the Radiography Program.

Students are required to fulfill their clinical obligations. Therefore, no one is permitted to leave the clinical site before the shift ends unless the Clinical Coordinator has granted approval. Chronic absenteeism, tardiness and leaving early will be dealt with in accordance with the disciplinary policy for the Program. Tardiness is defined as reporting to your assigned area anytime later than the scheduled start time or returning late from your scheduled break. Tardiness will not be tolerated. Three (3) incidents of tardiness will result in a loss of one CTO day.

Students are assigned to clinical rotations based solely on educational objectives and affiliate staffing. Students must complete their hours in their assigned area. Changes of scheduled clinical sites are not permitted. Any student initiating changes with the clinical site or other students will be removed from the clinical site and dismissed from the Program. Because of the necessity to complete competencies in all
areas, this policy will be strictly enforced. The Clinical Coordinator/Program Director reserves the right to change clinical assignments due to educational and/or staffing concerns. Student requests for changes in clinical rotation assignments will not be considered. Students are required to rotate through all clinical sites. Students who are unable to report for clinical duty at the start of their scheduled shift must notify their Clinical Coordinator AND the Clinical Instructor assigned to the clinical area within one half hour prior to the scheduled shift.

**Clinical Time Off (CTO)**

Students may only take CTO time half day (3.5) or full day (7) hour blocks.

Students are allotted two (2) CTO days per practicum.

Students are allotted three (3) CTO days during the summer internship.

Students are allotted one (1) CTO day during the winter internship(s).

CTO days cannot be accrued.

All CTO must be recorded on a CTO form and submitted to the Clinical Coordinator.

- Scheduled CTO requires that a CTO form (Appendix D) be submitted 48 hours prior
- Unscheduled CTO requires that the CTO form be submitted prior to returning to the clinical site

In most instances, each rotation is approximately six (6) or seven (7) visits and the student is evaluated in each rotation, no more than one (1) CTO day per rotation may be scheduled as it will be difficult to evaluate effectively. Should a student miss more than one (1) day in a rotation, the student may be required to make up that rotation. An absence of more than two (2) consecutive days requires a physician’s note before returning to your clinical site. A student absent without notification for three (3) consecutive days on which the student was scheduled for clinical duty is considered a voluntary resignation from the Program without notice.

If a student exceeds the allotted days per practicum/internship, the excess will be made up at the discretion of the Clinical Coordinator/Program Director based on time/space availability at the clinical sites. If any time is owed by the end of the semester, the student will receive a failing grade for the attendance portion of the clinical grade for that semester. Make up time is NOT guaranteed. Should a student exceed the allotted CTO as outlined in the CTO policy, the student will be required to make up time during non-clinical days. The student must request permission from the Clinical Coordinator to make up missed time and receive an assigned date and clinical area for the make-up day.
Bereavement Time
It is the policy of the Allied Health Division to grant students reasonable bereavement time off without loss of CTO days when a death occurs in a student’s immediate family. The Program recognizes the following as immediate family: Spouse, parent, step parent, daughter, son, brother, sister, step child, mother-in-law, father-in-law, daughter-in-law, son-in-law, grandparent, grandchild, a person who is legally acting in one of the above capacities, or another relative living in the student’s residence.

Benefit Provisions - When a death occurs in a student’s immediate family, the bereaved student will be granted bereavement time off up to three (3) consecutive days to attend the funeral, to make arrangements relating to the death and as emotional stress or other circumstances require. The Program Director reserves the right to require verification of the death and relationship. The student must submit a request for additional bereavement time to the Program Director.

Leave of Absence
A leave of absence may only be taken after satisfactorily completing the first semester of the Radiography Program. If a student decides to withdraw from the Radiography Program before the successful completion of the first semester, he/she must reapply to the Program as a new student. In cases of extenuating circumstances such as extensive illness, hardship or emergency, a student may request a leave of absence from the Program for a period of no more than two semesters only AFTER successful completion of the first semester in the Program. This request must be made in writing to the Program Director. Students on leave who wish to re-enroll must comply with the Readmission Policy.

School Closing/Inclement Weather
The student should refer to area radio and television stations or the College web site for class delays, late openings, cancellations or school closings. In the event that College classes are cancelled, clinical experiences for that date will be cancelled. The clinical affiliate staff members do not have the authority to allow students to be excused from attending clinical due to inclement weather. Students can use their available CTO time if they are concerned about driving conditions. If the student chooses to use CTO time due to inclement weather before the College has made any official decisions regarding delays or cancellations, one full CTO day will be deducted from their CTO bank.
Standards for Program Progression

Students must meet all course requirements in order to progress to the next course. All Radiography and corequisite courses must be taken in the prescribed order according to the program of study. Students must maintain a minimum grade of C in each and all math and science courses. The student is required to maintain a minimum grade of 75 in all program specific courses. A student whose grades fall below the minimum requirement will be dismissed from the Program. Dismissed students, who wish to seek readmission, must comply with the Readmission procedure. Please note, if a student is granted readmission he/she will be required to repeat any course(s) where the grade did not meet the minimum requirement. Program faculty are available during office hours and by appointment to offer academic advisement to program students. Students are encouraged to seek counsel for academic, personal or financial issues. Counseling is available to students through the Student Services office.

Grading

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Academic Advising/Academic Improvement Guidelines

The Radiography Program provides academic advising and/or improvement as is necessary based on student performance outcomes. The procedure for academic advising and/or improvement is as follows:

Academic Advising/Academic Improvement Procedures

The following procedure shall govern the enforcement of the Academic Advising/Academic Improvement Procedures based on the minimum grade requirement of 75 or higher.

1. The Program Director, or designee, will provide academic advising to the student as needed and at mid-semester. An academic improvement plan will be developed. If, at mid semester, the student’s course grade is below the minimum grade requirement, the student will be placed on Academic Probation until the end of the semester.

2. The Program Director, or designee, will refer the student to the Allied Health and Nursing Division Advisor. The student must set up an appointment with the ALH/NUR Advisor within (3) working days of initial meeting with Program Director.

3. The Program Director, or designee, will submit an Academic Concern Report through the Counseling and Student Success Department as needed and within (3) days of initial meeting with student.

4. If the student does not meet the minimum grade requirement of 75 or higher in any program course, the student will meet with the Program Director and be dismissed from the Program.

5. If the student is not satisfied with the final semester grade, the student can initiate the College Student Grievance Procedure as outlined in the College Student Handbook.

Readmission Procedures

Readmission to the Radiography Program is based on a review of, but not limited to, past academic and clinical evaluations, and evidence of interim efforts to strengthen areas of weakness. A student is eligible for readmission to the Radiography Program once. Consideration for readmission to the program can only be granted if there are available openings, clinical resources and faculty. In the event there are more readmission applicants than available openings, a ranking system will be applied. Readmission requests are evaluated on an individual basis. The Program Director reserves the right to deny readmission to those students who do not complete the requirements of the exit plan.

Readmission Requirements

All applicants for readmission must:

- Have successfully completed the first semester of the Radiography Program;
- Be in good clinical standing at the time of leaving the Program;
- Maintain a minimum GPA of 2.75;
- Schedule an exit interview with the Program Director within thirty (30) days of leaving the Program;
- Submit a request for readmission to the Program Director within 12 months of withdrawing;
- Submit current health assessment forms prior to the start of the semester in which they will be readmitting;

Students who withdraw because of personal or health-related problems and who are in good academic and clinical standing are eligible to reapply to the Program the following year. Applications for readmission should be accompanied by a physician’s release certifying suitability for class and clinical attendance and participation. Students may be required to repeat/audit Radiography courses previously taken.

Readmission Process

The student must:

- Meet with the Program Director to complete exit interview
- Successfully complete an Independent Study to maintain their clinical skills. This must be completed during the semester prior to the semester he/she wishes to be considered for readmission. The student will be required to attend eight (8) hours of clinical per week. The clinical rotation schedule will be determined by the Clinical Coordinator. The student must pass a clinical skills evaluation conducted by the Clinical Coordinator and/or Program Director to be eligible for clinical reentry.
- Submit a request for readmission letter to the Program Director by April 1st for the fall semester, November 1st for the spring semester or January 1st for the summer session.
- Notification will be given to the student prior to the start of the semester in which they are requesting readmission.

Ineligibility for Readmission

- A student who receives a final grade of F (Fail) in any RAD clinical practicum or internship
- The student has been readmitted once
- Any applicant for readmission who has previously withdrawn or been dismissed from the Radiography Program for more than 12 months.
HEALTH AND SAFETY STANDARDS

**Health Requirements**

All students are required to submit a current health assessment completed by a primary care provider within the last twelve (12) months. Documentation of specific student health requirements is mandatory prior to participation in any clinical experiences. The health assessment, including all supporting documentation, must be uploaded through the Castle Branch website by July 14th. Failure to complete the required health assessment form by the specified dates may result in dismissal from the Radiography program. Certain items may require additional follow-up procedures during the course of the Program (i.e., Hepatitis B series, Influenza Vaccination, Tuberculin testing). The student is required to follow all instructions for documentation of immunization status with required lab reports and to obtain the signature of the health care provider as indicated. Clinical affiliate contracts state the student must be in good physical and emotional health and free of communicable diseases. The student is strongly encouraged to receive the Hepatitis B immunization series; any student who refuses to receive the immunization is required to sign and submit the Hepatitis B waiver. Tuberculin tests (PPD) must be updated annually and supporting documentation must be submitted through Castle Branch. Students who have a history of positive PPD must submit one of the following: CXR report within the past two years or Quantiferon Gold lab test. In addition, all students are required to have an annual influenza vaccination as required by the clinical affiliates. Non-compliance without proper documentation will result in removal from the clinical affiliate, and may result in disciplinary action.

Please Note: The student is responsible for all fees associated with this.

**Criminal Background Checks & Toxicology Screening**

Due to clinical learning affiliate requirements, criminal background checks and toxicology (drug) screening is required for all Radiography students prior to participation in clinical experiences. Due to this requirement, student refusal of either the background check or drug screening, will result in dismissal from the Radiography program due to the inability to complete clinical learning requirements. Students must follow all instructions for obtaining criminal background checks and toxicology screenings. Students who are found guilty of having committed a felony, misdemeanor and/or are found to have a positive toxicology screen may be prevented from participating in clinical experiences. **Please note, in accordance with federal law, a positive toxicology screen for legally prescribed marijuana may prohibit a student from being placed in a clinical setting that accepts federal funding.**

Please note: The student is responsible for all fees associated with this.
Procedures and Guidelines for Student Toxicology (Drug) Screening and Criminal Background Checks

Confidential toxicology (drug) screening and/or criminal background checks will be required for Radiography students prior to participation in their clinical rotations utilizing the vendor(s) adopted by the College (i.e. Castle Branch, Connecticut League for Nursing/CLN, etc.). The following guidelines are applicable to Toxicology Screening and/or Criminal Background Checks for any student:

1. Fees for all screenings must be paid by the student;
2. The need for additional screening/assessment beyond the initial screening/assessment is related to clinical affiliate requirements and/or results of the initial screening/assessment;
3. Notification and recordkeeping of toxicology screening results and/or criminal background checks are performed in a manner that insures the integrity, accuracy and confidentiality of the information;
4. Students are not allowed to hand-deliver results of either toxicology screening or criminal background checks;
5. Students are required to sign a release for results of toxicology screenings and criminal background checks to be sent to the Radiography program; and
6. Results of toxicology screenings and criminal background checks are NOT a part of the student’s “educational record” as defined by the Family Educational Rights and Privacy Act (“FERPA”).

Toxicology Screening Standards and Guidelines

The following guides the response to a positive Toxicology Screening for any student:

1. All specimens identified as non-negative/positive on the initial test shall be confirmed, reviewed, and interpreted by the vendor;
2. The student is required to provide documentation by a healthcare provider in the event there is a medical explanation for a positive test result (i.e. a result of a legally prescribed medication).

Toxicology Screening that requires Retesting:

1. Vendor reports that the screening specimen was diluted;
2. If a student challenges a result, only the original sample can be retested.

Response to a Confirmed Positive Toxicology Screen

If a student tests positive for drugs that are illegal substances, non-prescribed legal substances, or the student is deemed unsafe for the clinical setting by a healthcare provider, the student will be immediately dismissed from the Radiography Program. Students will be given an opportunity to discuss the results of the non-negative/positive screen with the Radiography program director or designee.
Readmission following dismissal from the Program in response to a confirmed positive toxicology screen is guided by the following conditions:

1. The student provides documentation from a qualified healthcare professional indicating status of abuse, addiction or recovery and/or documented rehabilitation related to the alcohol/drug abuse;
2. A confirmed negative toxicology screen is documented immediately prior to readmission and
3. The student meets all other requirements for readmission.

Reasonable Suspicion Screening

Students may also be required to submit to additional toxicology screening during the Radiography program in accordance with clinical affiliate contracts when reasonable suspicion of impairment exists. Reasonable suspicion testing may include, but not be limited to, the following:

1. Physical symptoms such as slurred speech, unsteady gait, confusion or other manifestations of drug/alcohol use;
2. Presence of an odor of alcohol or illegal substance;
3. Abnormal conduct or erratic behavior during clinical or on-campus learning activities, chronic absenteeism, tardiness, or deterioration of performance regardless of any threat to patient safety;
4. Suspected theft of medications including controlled substances while at the clinical facility; and
5. Evidence of involvement in the use, possession, sale, solicitation or transfer of illegal or illicit drugs while enrolled in the Radiography Program.

Criminal Background Checks Standards and Guidelines

Students who are found guilty of committing a felony will be prevented from participating in clinical experiences by clinical learning facility policy. If a student cannot participate in a clinical rotation at an assigned facility, s/he will not be able to complete the objectives of the course and program. If a criminal background check reveals that a student has been found guilty or convicted as a result of an act which constitutes a felony and the student is unable to be placed at a clinical learning site, then the student is unable to meet the clinical objectives/outcomes of the course. The Program Director notifies the student and the student is provided with the opportunity to withdraw from the program. Should the student refuse to withdraw, the student will be terminated from the program.

Latex Allergies

Most clinical sites as well as the College Radiography lab are not latex-free. Program Students who have a known latex sensitivity/allergy must notify the Program Director and/or Clinical Coordinator to develop a plan of action.
Personnel Radiation Monitors

Students occupationally exposed to ionizing radiation are expected to wear their personnel monitoring device at all times during clinical practice. Monitors should be worn at collar level and on the outside of any lead apron. Please see the section on Personnel Monitors for Radiology Students Occupationally Exposed to Ionizing Radiation on pages 24 – 27 of this handbook for more information.

Health and Safety Training

Students are required to complete the online Connecticut Hospital Association (CHA) Health and Safety Training course prior to participation in the clinical experience. The course is available at: http://www.cthosp.org/career/healthcourse2010/index.html.

Basic Life Support Certification

Students are required to provide documentation of current professional level certification in Basic Life Support for adult, child and infant. Certification can only be earned through the American Heart Association or the American Red Cross and must remain current throughout the Program.

Courses meeting this requirement are:

- The American Heart Association Basic Life Support (BSL) for Healthcare Providers
- The American Red Cross CPR/AED for the Professional Rescuer

A copy of the current certification card must be uploaded to Castle Branch prior to the start of the first semester in the Program. Failure to comply will result in exclusion from the clinical learning experience. Online certifications will not be accepted.

Please note: The student is responsible for all fees associated with this.

Venipuncture Training

All students must participate in venipuncture training provided by the Radiography program and/or the clinical affiliate, regardless of previous certifications or training.

Liability Insurance

Professional liability insurance is provided through the College and is valid for a period of one year. Professional liability insurance must be purchased at the beginning of each academic year at the time of each fall registration. Students may also purchase additional professional liability insurance on their own. Please note: The student is responsible for all fees associated with this.
**Smoking Guidelines**

Gateway Community College is a smoke free campus/workplace. Students are required to follow hospital policy regarding smoking. Please be advised that we require all students to come to clinical free from any tobacco product odor. If a student smells of tobacco products they will be asked to leave clinical immediately and will lose CTO time.

Any student looking for smoking cessation resources may visit the following website for further information: [http://www.cdc.gov/tobacco/campaign/tips/quit-smoking/](http://www.cdc.gov/tobacco/campaign/tips/quit-smoking/) or call 1-800-Quit-Now.

**Health Insurance Portability and Accountability Act (HIPAA)**

Students enrolled in the Radiography Program will adhere to all standards and procedures concerning Standard Precautions and Infectious Disease Policies and Health Insurance Portability and Accountability Act of 1996 (HIPAA) as practiced at the assigned clinical affiliate.

Students must never disclose confidential information including anything pertaining to the medical history, diagnosis, treatment, and prognosis to anyone not directly involved in the care of the patient. In addition, students are required to follow HIPAA regulations on “Protected Health Information” which includes any “individually identifiable health information”. This includes information such as the individual’s past, present or future physical or mental health or condition, the provision of health care to the individual, or the past, present, or future payment for the provision of health care to the individual, and that identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual. Individually identifiable health information includes many common identifiers (e.g., name, address, birth date, Social Security Number).

Please visit [http://www.hhs.gov/hipaa/for-professionals/index.html](http://www.hhs.gov/hipaa/for-professionals/index.html) for more information. Failure to adhere to this code constitutes a violation of the “Right to Privacy Act,” as well as HIPAA and is professionally unacceptable, as well as potentially compromising from a medical/legal standpoint.

**Incident/Accident Reports**

Students must report any incident or accident that occurs at the clinical affiliate immediately to the Clinical Instructor and Clinical Coordinator. An incident or accident report for each occurrence must be completed according to the guidelines of the clinical affiliate site. Students must provide a copy of the incident report from the clinical affiliate site to the Program Director within 24 hours. Failure to report an occurrence to the Clinical Instructor, Clinical Coordinator, and Program Director will result in a disciplinary sanction. (See appendix E for incident report form.) For any incidents or accidents that occur while on the Gateway Community College campus, the student should follow the guidelines outlined in the Gateway Community College student handbook.
Should the student have an incident/accident while on the College campus, the student should follow the guidelines outlined in the Gateway Community College Student Handbook.

**Pregnancy Procedure – Voluntary Notification**

The pregnancy procedure is a voluntary program intended to provide an option for pregnant students who are considered to be occupationally exposed to ionizing radiation. In the event of a suspected or confirmed pregnancy, it is the responsibility of the student to advise her program director in writing of her condition if she wants to declare her pregnancy. Pregnancy during the course of the Program may present problems for completion of objectives/competencies in the expected time frame due to the number and variety of courses in the Program curriculum and the necessary clinical assignments required of students in meeting the clinical education objectives for each clinical course. If the student has difficulty maintaining the routine schedule of the Program, progression and completion can be jeopardized. All program requirements must be completed in order for a student to graduate. The program director cannot sign the ARRT certification exam application and/or graduation verification form until the student has met all requirements and has graduated from the Program. In the event, however, that a student becomes pregnant, she has the option to declare or not declare her pregnancy.

Declaration of pregnancy is a voluntary option and may be withdrawn at any time. The student has the right to not declare pregnancy and remain in the program with no modifications. The student may revoke a declaration of pregnancy at any time and must be submitted in writing. Choosing not to declare a pregnancy will result in exemption from the specific radiation protection regulations limiting the exposure to the embryo/fetus. Whether or not pregnancy is declared, the pregnant student is advised to consult with her physician. The program will not assume liability in any case of pregnancy.

Pregnancy will not affect the student’s enrollment in the academic courses in the Program, however, due to the physical requirements placed upon the student in the clinical courses and assignments, and in order to comply with 10 CFR Part 20.1208 to keep the radiation exposure to the fetus as low as reasonably achievable (no more than 500 mrem and 50 mrem per month during the gestation period), the following procedures will apply:

1. The student may voluntarily report a suspected or confirmed pregnancy to the program’s Radiation Safety Officer (Michael Bohan 203-688-2950)
2. The RSO will determine the estimated radiation dose from the time of conception to the date of declaration based on dosimetry records and calculate the permissible remaining dose to the embryo/fetus for the remainder of the pregnancy.
3. Upon review of the findings and recommendations of the RSO, clinical assignments will be reviewed by the program faculty. Clinical assignments will be altered if the fetus received the maximum permissible dose as stated by 10 CFR Part 20.1208. Any clinical competencies not completed for reasons related to pregnancy must be successfully completed prior to graduation.

4. If a student voluntarily decides to declare her pregnancy she must complete and sign the Declaration of Pregnancy Form (Appendix E). The original will remain with the RSO. A copy will be provided to the student, and a copy must be submitted to the Program Director.

5. Within 1 week of voluntary declaration of pregnancy, the declared pregnant student must provide the Program Director with written indication of intent to:
   a. Continue in the Program with or without modifications, or
   b. Take a medical leave of absence with intent to complete the Program, or
   c. Withdraw from the Program

6. The declared pregnant student must provide the Program Director with written consent from her physician including the estimated date of conception and estimated date of delivery as well as providing medical advice for:
   a. Continuing in the Program as a full-time student, and/or
   b. Any limitations placed upon the student while enrolled in the Program.

Note: Experience shows that the radiation workers in this program generally receive to the whole body well below 500 mrem per year, 50 mrem per month, and it is most unlikely that there will be any problems adhering to the fetal exposure limits.

Through proper instruction, strict adherence to safety precautions and through personnel monitoring, it is possible to limit occupational exposure to less than 0.5rem during the period of gestation.

The pregnant student will be expected to complete all the requirements for any sequential, didactic course(s) in which she is enrolled prior to enrolling in the next semester’s coursework. Prerequisite courses must be completed prior to the beginning of the next course. All clinical days/hours missed by the student must be made up prior to graduation.

If a leave of absence is taken, the student must then comply with the Readmission Policy. If the student wishes to return to the Program within six weeks after the pregnancy is complete, she must submit verification of clearance from her physician.
Personnel Monitors for Radiology Students Occupationally Exposed to Ionizing Radiation

I. Policy
It is the policy of all clinical affiliates to adhere to both State and Federal regulations regarding the bioassay services and use of personnel monitoring devices by students occupationally exposed to ionizing radiation. The information gained through their use will be used to keep individual and collective exposures As Low As Reasonably Achievable (ALARA).

II. Application
This policy applies to any Gateway Community College Radiology student occupationally exposed to ionizing radiation who, in any calendar quarter, receives or is likely to receive, a dose greater than 10% of the applicable maximum permissible dose limit as recommended by the National Council on Radiation Protection and Measurements (NCRP), and incorporated in State and Federal regulations (see Table I). Personnel monitors will be issued on a monthly or quarterly basis as determined by the Yale- New Haven Hospital Radiation Safety Officer (RSO), according to expected exposure levels.

III. Administrative Guidelines
A. Radiation monitors will be issued and bioassays performed by the Hospital’s Radiation Safety Officer (RSO) to:
   1. All Radiology students who in the course of their work may receive external or internal radiation exposures greater than 10% of the maximum permissible limit.
   2. Bioassay services will be provided to students when necessary as determined by the Radiation Safety Officer (RSO).
   3. Internal doses received will be modified according to the weighting factors identified in Table II and the summed with external doses to determine the Total Effective Dose Equivalent (TEDE).
   4. All occupational dosimetry results will be kept on permanent file by the Radiation Safety Office. Duplicate copies of the monthly or quarterly monitoring results will be distributed to the Clinical Coordinator for review with students to keep them informed of their personal personal exposure history. Individual exposure summaries will be provided to each monitored student who exceeds 0.1 REM annually and upon request.
   5. Quarterly exposures that exceed 10% of the quarterly maximum permissible limit will be highlighted in yellow on the duplicate reports and a summary of the results will be presented at the quarterly Radiation Safety Committee meeting. Quarterly exposure levels that exceed 30% of the quarterly maximum permissible limit will be highlighted in red on the duplicate reports and reported to the individual involved and the Clinical Coordinator and Program Director. The RSO will investigate these exposures to determine their cause and implement measures to reduce such exposures, consistent with the ALARA policy. The results of these ALARA investigations will be presented at the quarterly Radiation Safety Committee meeting.

B. Students, who believe that they are occupationally exposed to levels greater than 10% of the applicable maximum, may request an assessment of their situation by the Radiation Safety Officer. If, in the Radiation Safety Officer’s judgment, these students are potentially exposed to more than 10% of the applicable maximum, radiation monitors will be issued for a three-month trial period. At the end of the trial period, the RSO will determine if the exposures received indicate that permanent monitoring is necessary.
C. The RSO may terminate existing monitoring if the student’s exposure history indicates that he/she is not likely to be exposed to radiation in excess of 10% of the applicable maximum.

D. It is recommended that occupationally exposed students, i.e. those who are monitored for radiation exposure, who become pregnant, should notify the RSO as soon as their condition is confirmed. The RSO will then schedule a meeting with the student to discuss her radiation-exposure history, the risks to the fetus, and measures that can be taken to minimize the dose to the fetus.

If the student’s previous radiation history indicates that her occupational exposure may exceed 0.5 Rem during the gestation period, she may voluntarily decide to formally declare her pregnancy to the Program and clinical affiliates by signing a letter that includes her name and estimated date of conception. If a student formally declares pregnancy, the Program/clinical affiliates will take reasonable steps to avoid substantial variation above a uniform monthly exposure rate to assure that fetal exposure will not exceed 0.5 Rem during the gestation period. If the dose to the fetus is found to have exceeded 0.5 Rem or is within 0.05 Rem of this dose by the time the student declares her pregnancy, the Program/clinical affiliates will limit additional dose to no more than 0.05 Rem during the remainder of the pregnancy. This may be accomplished by a modified clinical training schedule, withdrawal from the Program, or by a leave of absence.

If the student chooses to not make a formal declaration of her pregnancy, she may remain in her present position, and will be subject to the normal occupational dose limits (see Table 1), and the program/clinical affiliates will not be required to limit the exposure to the embryo/fetus to 0.5 Rem.

IV. Responsibility

A. Radiation Safety Officer (RSO)
   Shall be responsible for the issuance, collection, termination and record keeping requirements of the radiation monitoring program. The RSO will investigate unusual or unexpected exposures to ensure that ionizing radiation exposure is kept As Low As Reasonably Achievable (ALARA). The RSO will consult with students, supervisors, management and others as necessary to assist them to make informed decisions regarding occupational exposure and keeping exposure ALARA.

B. Occupationally Monitored Students
   Shall be responsible for wearing their radiation monitors as instructed during all scheduled work hours. Students shall not engage in any radiation procedures without wearing their radiation monitors. Monitors should not be worn while the student is off duty or during medical treatments or examinations requiring exposure to radiation. To assure the quick and efficient exchange and reading of monitors, they should be returned to the RSO within one week after receipt of replacement monitors.

C. Program Director/Clinical Coordinator
   The Program Director/Clinical Coordinator will make a reasonable effort to find a suitable accommodation for declared pregnant students who have exceeded the 0.5 Rem during their gestation period. This may be accomplished by a modified clinical training schedule, withdrawal from the Program or by a leave of absence.
D. **Contact Persons:**
   Yale-New Haven Hospital - Mike Bohan – (203) 688-2950
   Bridgeport Hospital - Mark Kovalsky – (203) 384-3168

V. **DISCIPLINARY ACTION**

A. Failure to return the radiation monitor to the Clinical Coordinator or RSO within one week after the receipt of a replacement monitor shall be considered a **minor** offense in accordance with Program Policy O located in this Student Handbook and may result in a disciplinary sanction. Late return of monitors and/or loss of monitors may result in a disciplinary sanction.

B. Tampering with the radiation monitor or exposing it to ionizing so as to cause a false positive reading shall be considered a **serious** offense in accordance with Program Policy O and will result in immediate dismissal from the Program.
### TABLE I
MAXIMUM PERMISSIBLE OCCUPATIONAL RADIATION EXPOSURE LIMITS

<table>
<thead>
<tr>
<th></th>
<th>Quarterly Limit</th>
<th>Annual Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total Effective Dose Equivalent (TEDE) including Weighted Internal Doses</td>
<td>1.25 Rem</td>
<td>5 Rem</td>
</tr>
<tr>
<td>2. Lens of Eye</td>
<td>3.75 Rem</td>
<td>15 Rem</td>
</tr>
<tr>
<td>3. Extremity, Skin or Individual Organ Dose</td>
<td>12.5 Rem</td>
<td>50 Rem</td>
</tr>
<tr>
<td>4. Skin of the whole body</td>
<td>12.5 Rem</td>
<td>50 Rem</td>
</tr>
<tr>
<td>5. Embryo/Fetal Dose (Declared Pregnancy)</td>
<td>0.05 Rem</td>
<td>0.5 Rem</td>
</tr>
</tbody>
</table>

### TABLE II
ORGAN DOSE WEIGHTING FACTORS

<table>
<thead>
<tr>
<th>Organ or Tissue</th>
<th>Weight Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gonads</td>
<td>0.25</td>
</tr>
<tr>
<td>Breast</td>
<td>0.15</td>
</tr>
<tr>
<td>Red Bone Marrow</td>
<td>0.12</td>
</tr>
<tr>
<td>Lung</td>
<td>0.12</td>
</tr>
<tr>
<td>Thyroid</td>
<td>0.03</td>
</tr>
<tr>
<td>Bone Surfaces</td>
<td>0.03</td>
</tr>
<tr>
<td>Remainder</td>
<td>0.30*</td>
</tr>
<tr>
<td>Whole Body</td>
<td>1.00</td>
</tr>
</tbody>
</table>

*Remainder – 0.30 results from 0.06 for each of 5 “remainder” organs (excluding the skin and lens of the eye) that receive the highest doses.
Yale-New Haven Hospital

INSTRUCTIONS TO FILM BADGE USERS

Film badges are an important part of the radiation safety program at Yale-New Haven Hospital. The results from the film badges are used to measure your personal exposure, and also to identify radiation exposure trends within your department and in the hospital as a whole. In order to maintain a safe radiological environment, your cooperation with the film badge program is essential. If you are issued a film badge or other dosimeter, please follow the instructions below.

1. Radiation monitoring badges are distributed on the first of the month to all Hospital departments. Identify the person in your department who distributes the film badges. You should exchange your film badge with them within a week after the arrival of new badges.

2. Wear your radiation monitor AT ALL TIMES DURING DUTY. Your monitor is supposed to measure your exposure at work. If you don't wear it at all times, it will not represent a true measure of your occupational exposure. You may not always anticipate when exposures may occur.

3. The monitor must be placed in the holder so it can be worn properly. Make sure the monitor is clipped into the holder properly. The two notches in the badge must be aligned with the two clips on the holder.

4. Radiation monitors are sensitive to heat, moisture, and light. Do not allow your monitor to go through the laundry, be left in a hot car on a sunny day, or puncture the protective packet. All these may effect the accuracy of results.

5. Do not share your monitor with someone else. If someone needs a new monitor or has lost their’s, contact the Radiation Safety Officer (RSO) at (203)688-2950 for a replacement.

6. Do not wear your monitor if you personally undergo a diagnostic or therapeutic procedure. The monitor is meant to measure your occupational exposure only. If you wish to know what doses you may receive from a medical procedure, contact the RSO. The RSO can supply average dose estimates for these studies.

7. If you are involved in fluoroscopic procedures and are issued only one monitor, wear it at the collar outside of your protective apron. If you are issued two monitors, the monitor designated "WAIST" should be worn under the apron at the waist, the other monitor should be worn at the collar outside of the apron.

8. Ring monitors are issued to people who may receive exposures to the hands. If you are issued one ring it should be worn on the hand which is closest to the source of radiation for the longest time. The face of the ring badge should be worn so it points toward radiation source if possible. Please be consistent in wearing your ring monitors, they can provide the RSO with clues as to where exposures are occurring so protective measures can be improved. Rings should be worn under gloves to prevent them from becoming contaminated. If you need sterile rings, they can soaked in a liquid sterilizing solution and rinsed in sterile water before use.

9. The radiation monitor results are examined monthly by the RSO for evidence of excessive or unusual exposures. The results are examined quarterly by the Radiation Safety Committee to maintain exposures As Low As Reasonably Achievable (ALARA). If your exposure is greater...
than expected you will be notified by the RSO and an investigation into the circumstances of the exposure will be conducted. Depending on the results of the investigation, new equipment or procedures may be recommended to keep exposures ALARA.

10. Copies of the monitor results are distributed to the individual departments for posting. Exposures greater than 10% of the quarterly limits are highlighted in yellow. Exposures greater than 30% of the quarterly limits are highlighted in orange or red. On the back of the report, you will find information explaining the report and the information it contains. You may also request your cumulative exposure history at any time from the RSO directly.

11. Yale-New Haven Hospital follows the recommendations of the National Council on Radiation Protection and Measurements (NCRP) and the regulations of the United States Nuclear Regulatory Commission, Title 10, Part 20, concerning maximum permissible doses.

12. The ALARA program tries to maintain exposures below 10% of the limits listed above. Within the Hospital, these levels are generally easily achievable with proper techniques and use of protective equipment. Past experience at Yale-New Haven Hospital has shown that 96% of all badged personnel receive less than 10% of the annual limits.

13. If you are actively planning a pregnancy or become pregnant, notify the RSO as soon as possible. Request an appointment with the RSO so you can review your past exposure history to determine if further measures are needed to minimize dose to the fetus.

14. If you are not familiar with radiation safety techniques, contact the RSO. The RSO can provide you with the information you need to minimize your exposure.

15. You can contact the RSO at (203)688-2950 or at Winchester Bldg. Rm. 204

MJB (Jul07)
Keeping Your Own Records
Students are strongly advised to keep “hard copies” of their completed clinical documentation in a three ring binder. While our clinical documentation system is online, computer errors do sometimes occur. Students are encouraged to make copies on a continuous basis, and are responsible for making the copies at their own expense.

Guidelines for Student Supervision in the Clinical Education Setting
Students are required to perform radiographic procedures under direct supervision until the student has achieved competency in the procedure being performed. Once competency has been achieved the student can perform the procedure under indirect supervision. Students are never to perform any radiographic exams without the appropriate level of supervision.

Direct Supervision: Student supervision under the following parameters:

a. A qualified Radiographer reviews the procedure in relation to the student’s achievement;
b. A qualified Radiographer evaluates the condition of the patient in relation to the student’s knowledge;
c. A qualified Radiographer is present during the conduct of the procedure;
d. A qualified Radiographer reviews and approves the procedure/images;
e. A qualified Radiographer is present during student performance of any repeat of any unsatisfactory radiograph.

Indirect Supervision: Student supervision under the following parameters:

a. A qualified Radiographer must be immediately available to assist the student regardless of the level of student achievement. Immediately available is interpreted as the presence of a qualified radiologic technologist adjacent to the room or location where a radiographic procedure is being performed. Contact via electronic devices such as cell phones or pagers is not acceptable. This availability applies to all areas where ionizing radiation equipment is in use;
b. A qualified Radiographer reviews and approves the procedure/images;
c. A qualified Radiographer is present during student performance of any repeat of any unsatisfactory radiograph.
**Imaging Sign Off**

No student, regardless of competency level, will perform any imaging procedure without first reviewing the request with a qualified Radiographer. All images must be reviewed and approved by a qualified Radiographer before the image can be sent to the radiologist for interpretation. There are no exceptions.

**Guidelines for Repeating Images**

No student will repeat a radiograph without the direct consultation and supervision of a qualified Radiographer. There are no exceptions.

**Radiography Program Uniform Requirements**

Students are required to purchase the uniform designated for the Radiography program. It consists of navy blue scrub pants and navy blue, embroidered scrub top. Scrub tops without the proscribed Program embroidery are not acceptable. The scrubs must be purchased from the specified vendor (Appendix F). There are no other uniform colors/combinations to be worn. The student must wear white, closed toe, closed back leather uniform shoes or white leather low-top sneakers. Sneakers should be all white - no colored stitching or colored laces. High top sneakers are not allowed. Students may wear a short white lab jacket or smock while in the clinical setting or a plain white tee shirt or a long sleeved white shirt can be worn underneath the navy blue, embroidered scrub top. The following general uniform guidelines must be followed at all times:

- Uniforms should be clean, pressed and properly maintained. Shoes should be clean, well-constructed and practical.
- Tattoos should be covered at all times.
- Hair longer than shoulder length must be securely tied back to keep from coming in contact with patients. Appropriate hairstyles and accessories are to be conducive to the professional atmosphere of the clinical affiliate.
- Appropriate levels of daily personal hygiene **suitable for patient contact** should be maintained including bodily cleanliness. Facial hair must be trimmed.
- For purposes of safety and protection, earrings must not extend beyond ear lobes and ornamental rings are not permitted in direct patient care areas. Necklaces, excessive rings and ornamental jewelry of any kind (**including any type of facial piercing**) are not permitted. These can be hazardous to the patient as well as the student.
- Fingernails must be kept at a length of no more than ¼ inch as recommended.
by the CDC, clean and well-manicured. Nail polish, if worn, must be neatly maintained (free of cracks and chips). A single color is recommended. Rhinestones, sparkles, designs or foreign bodies/nail jewelry are not permitted. Artificial nails and nail tips are NOT permitted in the clinical setting.

- Cosmetics, including perfume and/or cologne are to be used in moderation.
- Chewing Gum is not allowed
- Radiation monitors, hospital ID tags and GCC student ID tags must be worn in all clinical affiliates at all times. Lanyards are not allowed. All ID’s must be visible and attached to the uniform or lab coat.

**Change in Student Information**

It is very important that the Program Director has the most up-to-date contact information for each student. Any change in name, address, phone number or email address should be given to the Program Director, Clinical Coordinator and College Registrar’s Office immediately.

**Program Fees**

The student is responsible for all fees associated with the following Program requirements:

- Textbooks - $800
- Uniforms - $200
- Clinical Markers - $30
- Toxicology Screening - $65
- Background Check - $65
- Trajecsys online clinical documentation system - $150
- Castle Branch online health management system - $35
- Pin for pinning ceremony - $30
- Transportation and associated costs – Variable
- Health care immunizations and titers – Variable
- BLS or CPR/AED – Variable

*These fees are approximate and subject to change. If a student takes a leave of absence from the program, they will need to cover additional program fees as needed.
**Guidelines for Clinical/Lab Practice**

Students are expected to be able to perform all clinical requirements within the scope of the Radiography Program Technical Standards. If a student is unable to meet these technical standards at any time in the Program, they will be required to submit written documentation from their healthcare provider stating such. The student is required to use clinical time off while they are unable to attend clinical and/or lab. Once the student is able to meet the technical standards and can return to clinical and/or lab, written medical clearance must be provided by the healthcare provider. Any time owed must be made up prior to the completion of the program and must be scheduled and approved by the Program Director and Clinical Coordinator.
CLINICAL EDUCATION – THE EVALUATION SYSTEM

The clinical aspect of the Radiography Program is of the utmost importance. Clinical skills must be performed routinely in an accurate, professional and caring manner. The GCC Radiography Program has developed general task objectives as well as objectives specific to each rotation area and an evaluation system to ensure that the student is meeting the required objectives. Clinical education is broken down into specific categories:

- Technical skills
- Patient care skills
- Clinical skills
- Behavioral skills

The student is instructed and gains knowledge in a logical, sequential manner. Basic skills are taught and learned before more complex ones are introduced. Once these individual skills are mastered and documented in the Daily Clinical Log, the student then proceeds to be tested in an orderly manner. Competency testing occurs only after the student has obtained and/or successfully met the following requirements:

1. Lecture on subject matter
2. Energized simulation laboratory
3. Lab evaluation
4. Documentation of observation and knowledge of specific skills through Knowledge Assessments and the Daily Clinical Log
5. Knowledge Assessment corrected and documented by program faculty in Daily Clinical Log

Once the student attains competency in any area or procedure, he/she shall maintain and practice these skills. At the completion of the Program, the student will have demonstrated and documented entry level clinical skills through an exit competency evaluation/interview given by the Clinical Coordinator, Program Director or his/her designee.
**Method of Training**

The student will rotate through the radiology department of the clinical affiliate in such a manner so as to provide for sufficient exposure to a variety of radiographic examinations and procedures. During each rotation the student will observe, assist and demonstrate each skill as it is taught and acquired. Each assigned area is considered a clinical learning lab and each area is assigned a clinical instructor. Strengths are discussed and weaknesses are addressed. Students are afforded ample opportunity to complete all assigned task objectives and competencies.

The clinical training is correlated with the didactic education. The clinical training is broken down into three (3) levels of mastery:

- **Level I** training consists of the very basic examinations learned in Radiographic Anatomy & Procedures I and II and will take the student the entire first and second didactic semesters to complete.

- **Level II** training begins at the beginning of Clinical Internship II (summer) and will take the student through the second fall academic semester to complete.

- **Level III** training begins during the second winter intersession and will be completed when the student completes all required program tasks and competencies.

<table>
<thead>
<tr>
<th>Area</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Department/Trauma</td>
<td>I</td>
</tr>
<tr>
<td>General Radiography</td>
<td>II</td>
</tr>
<tr>
<td>Portable</td>
<td>III</td>
</tr>
<tr>
<td>Fluoroscopy</td>
<td>*I</td>
</tr>
<tr>
<td>Pediatric/Newborn</td>
<td>*II</td>
</tr>
<tr>
<td>Gastro-Intestinal</td>
<td>*I</td>
</tr>
<tr>
<td>Operating Room and Cysto</td>
<td>*II</td>
</tr>
<tr>
<td>Interventional Radiography</td>
<td></td>
</tr>
<tr>
<td>MRI (optional)</td>
<td></td>
</tr>
<tr>
<td>CT (optional)</td>
<td></td>
</tr>
<tr>
<td>Mammography (optional)</td>
<td></td>
</tr>
</tbody>
</table>

*Introductory rotation only
Utilizing the Evaluation System

The rotation evaluation forms contain general and specific task objectives which are to be used to assess the student’s progress in each clinical area. During the last week of the rotation, the student is evaluated on the expected clinical performance objectives for the rotation. These evaluations are to be discussed with the student pointing out strengths as well as weaknesses. Failed objectives are documented and addressed through action plans and follow up. Failed rotation evaluations will be reviewed on a case by case basis and could result in a semester grade of F. Evaluation forms are submitted to the Clinical Coordinator for review and the documentation. Students are encouraged to copy any forms submitted for review and evaluation in the event that a document gets lost. Students will meet with the Clinical Coordinator monthly to review evaluations, competencies and all other pertinent clinical documentation.

While in the clinical setting, the student must complete and document all performance objectives prior to the last day of each rotation to earn a passing grade. To remain eligible for continuance of clinical studies, students must show progressive and consistent advancement of skills. This is a competency based program so the student must master and maintain all past performance objectives through the final rotation.

The clinical rotation evaluations are set up so that the first component contains behavioral skills as they pertain to patient care, technical skills, professionalism and organization.

The clinical behavioral objectives will be scored as follows:
Y - Meets Objectives
U - Needs improvement
N - Does not meet objective
N/A - Not applicable

The second component pertains to specific tasks required for each area of training. The clinical task objectives (Levels I, II, III) are scored pass or fail.

Clinical Grade

The clinical grade consists of the following task objectives:

- Clinical rotation evaluations
- Maintenance of daily clinical log book
- Completion of expected competencies
- Attendance and Punctuality
Failure to achieve competence in any task objective will result in failing at any level will result in a failure for that rotation. A student may request an incomplete for the semester with a given period of time (not to overlap a succeeding clinical practicum) to make up the task(s).

**Method of Competency**

As required by the American Registry of Radiologic Technologists, students must demonstrate competence in all 36 procedures identified as mandatory (M). Candidates must demonstrate competence in 15 of the 34 elective (E) procedures. Candidates must select one elective procedure from the head section. Candidates must select either Upper GI or Barium Enema plus one other elective from the fluoroscopy section (Appendix G).

Institutional protocol will determine the positions or projections used for each procedure. Demonstration of competence includes requisition evaluation, patient assessment, room preparation, patient management, equipment operation, technique selection, positioning skills, radiation safety, image processing, and image evaluation.

At each level of training, the student will be responsible for completing a certain number of competencies for the respective clinical semester.

During the student’s clinical education, the Clinical Coordinator or instructors will provide the students with laboratory demonstration of exams and procedures being taught in the academic classroom. Each semester, new exams/procedures will be taught. The student will be responsible for obtaining competence in these examinations prior to moving on to the next level of training.

The competencies are to be acquired in a timely manner, as follows:

- **Fall Semester I/Winter Intersession I**: 2 competencies minimum
- **Spring Semester I**: 10 competencies minimum
- **Summer Internship**: 15 competencies minimum
- **Fall Semester II**: 12 competencies minimum
- **Winter Intersession II**: 2 competencies minimum
- **Spring Semester II**: 10 competencies minimum

Should the student fail to meet the required amount of competencies needed at any point in the Program, he/she may request an incomplete grade for the respective clinical practicum with a specified time frame to complete the requirements. This time frame will not extend into the succeeding clinical practicum. If a student does not fulfill these requirements, he/she will be removed from the clinic and must repeat the clinical semester.
Students are expected to master and document competency in all procedures identified on the Program’s Procedure Checklist. The student is responsible for reinforcing the materials presented in classroom lecture and lab practical through active participation in the clinical setting. Once a student has documented thorough knowledge of a procedure, he/she must demonstrate that knowledge to a qualified clinical instructor. The instructor evaluates the student’s ability according to the Program’s criteria for performance evaluation. The Clinical Coordinator will record the competency evaluation for each student in the master file. The daily clinical log book is also maintained. The student is required to document every procedure in which he/she participates, prior to and following achievement of competency.

This document verifies that a student has met the following criteria in preparation for being tested for competency:

1. Attended lecture on subject matter.
2. Attended and participated in energized simulation laboratory on subject matter.
3. Performed procedure under direct supervision with limited assistance from technologist.
4. Performed procedure under direct supervision with no assistance and completes a Knowledge Assessment of the procedure.
5. Once the Knowledge Assessment is corrected and signed by the Clinical Coordinator or instructor, the student may test for competency under direct supervision at the next opportunity.

Once tested for competency and evaluated, the exam is recorded on the Clinical Coordinator’s master procedure checklist. Should the student fail to maintain competence in any exam/procedure throughout the duration of the Program, the student may be required to extend their clinical education in order to receive remediation as necessary. The student cannot exit the Program until such time that all stated performance objectives and competencies are met to the satisfaction of the Clinical Coordinator and Program Director.
**Documentation and Records**

Orientation Sign-Off Sheet

Student has read and understands all program policies and requirements.

Clinical Evaluation Instrument

Patient Care Skills

Behavior Skills

Overall Performance

Technical Skills

Task Objectives

Clinical Log Book

  - Record of Clinical Experience, Practice and Knowledge Assessment

Clinical Lab Evaluation

Clinical Competency Form

Equipment In-Service Checklist

Radiographic Procedure Checklist

  - Exam and procedures to accomplish prior to graduation

Exit Competency Guideline/Evaluation

  - Assessment to establish the student’s final competence of all aspects of clinical training
*GCC Radiography Program Clinical Instructors

<table>
<thead>
<tr>
<th>Reg Body</th>
<th>Daniel Oliver</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heather Choquette</td>
<td>Jacqueline Peccerillo</td>
</tr>
<tr>
<td>Jennifer Fritzche</td>
<td>Keri Smolinsky</td>
</tr>
<tr>
<td>Gina Genovese</td>
<td>Kelly Thomas</td>
</tr>
<tr>
<td>Gregory Getman</td>
<td>Donna Travali</td>
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</table>

*The clinical instructors listed above are part-time employees of the College and work with students at all clinical affiliates. They report directly to the Clinical Coordinator and are available for hands-on remediation for all students. If a student would like to set up time for remediation, they must make arrangements with the Clinical Coordinator directly.

**Bridgeport Hospital Clinical Instructors**

Gina Foote
Jacqueline Peccerillo
Trisha Pitcher
Cindy Rodrigues
Donna Travali

**Bridgeport Hospital Clinical Evaluators**

<table>
<thead>
<tr>
<th>Janice Caserta</th>
<th>Margaret McGovern</th>
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<tbody>
<tr>
<td>Timea Czimadea</td>
<td>Nancy O’Brien</td>
</tr>
<tr>
<td>Donna Colby</td>
<td>Olga Ovcharenko</td>
</tr>
<tr>
<td>Linda Egan</td>
<td>Valerie Sandor</td>
</tr>
<tr>
<td>Diane Grady</td>
<td>Elizabeth Sorensen</td>
</tr>
<tr>
<td>Sandra Hawker</td>
<td>John Tartaglia</td>
</tr>
<tr>
<td>Frank Kalson</td>
<td>Roberta Torselli</td>
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<tr>
<td>Scott Kudravy</td>
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</tbody>
</table>

**Griffin Hospital / IvyBrook Clinical Instructors**

Donna Costanzo
JoAnn Skelly
**VA Connecticut Healthcare System (West Haven) Clinical Instructors**

Jeffrey Rodriguez  
Bozena Zieba

**Yale- New Haven Health System Clinical Instructors**

<table>
<thead>
<tr>
<th>Name</th>
<th>Name</th>
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</thead>
<tbody>
<tr>
<td>Heather Choquette</td>
<td>Lisa O’Hare</td>
</tr>
<tr>
<td>Karen Crisci</td>
<td>Bianca Onofrio</td>
</tr>
<tr>
<td>Jennifer Fritzche</td>
<td>Nikki Sacco</td>
</tr>
<tr>
<td>Kathy Halligan</td>
<td>Michele Schusky</td>
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<tr>
<td>Jahmil Joseph</td>
<td>Michael Sporacio</td>
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<tr>
<td>Erin Levison</td>
<td>Kelly Thomas</td>
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<tr>
<td>James Monroe</td>
<td>Elizabeth Turley</td>
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**Yale – New Haven Health System Clinical Evaluators**

<table>
<thead>
<tr>
<th>Name</th>
<th>Name</th>
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<tbody>
<tr>
<td>Ellen Aub</td>
<td>Linda Mucci</td>
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<tr>
<td>Louise Coppola</td>
<td>Donna Riccitelli</td>
</tr>
<tr>
<td>Kristine Jacinski</td>
<td>Christina Risk - Adams</td>
</tr>
<tr>
<td>Adrienne Keeler</td>
<td>Stacy Stuart</td>
</tr>
<tr>
<td>Gail Mitchell</td>
<td>Dana Vilella</td>
</tr>
</tbody>
</table>
APPENDICES
Appendix A

Radiography Plan of Study

**Freshman Year, Fall Semester:**

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Credits</th>
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<tbody>
<tr>
<td>ENG*101</td>
<td>English Composition</td>
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<tr>
<td>MAT*172</td>
<td>Math for Science and Technology</td>
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<tr>
<td>RAD*104</td>
<td>Introduction to Radiography</td>
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<tr>
<td>RAD*105</td>
<td>Radiographic Anatomy &amp; Procedures I</td>
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<td>RAD*193</td>
<td>Clinical Practicum I</td>
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**Total Credits:** 14

**Freshman Year, Winter Intersession:**

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<tr>
<td>RAD*187</td>
<td>Clinical Internship I</td>
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</table>

**Total Credits:** .5

**Freshman Year, Spring Semester:**

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<th>Title</th>
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</thead>
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<tr>
<td>ENG*102</td>
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</tr>
<tr>
<td>Or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ENG*200</td>
<td>Advanced Composition</td>
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</tr>
<tr>
<td>RAD*194</td>
<td>Clinical Practicum II</td>
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</tr>
<tr>
<td>RAD*204</td>
<td>Radiographic Anatomy &amp; Procedures II</td>
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</tr>
<tr>
<td>RAD*116</td>
<td>Physics in Radiography</td>
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</tr>
</tbody>
</table>

**Total Credits:** 11

**Freshman Year, Summer Session:**

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>RAD*188</td>
<td>Clinical Internship II</td>
<td>4</td>
</tr>
</tbody>
</table>

**Total Credits:** 4
**Sophomore Year, Fall Semester:**

- PSY*111 General Psychology I 3 credits
- RAD*196 Radiographic Anatomy & Procedures III 3 credits
- RAD*203 Principles of Radiographic Exposure 3 credits
- RAD*215 Radiographic Pathology 3 credits
- RAD*222 Radiobiology and Protection 3 credits
- RAD*291 Clinical Practicum III 3 credits

  Total Credits 18

**Sophomore Year, Winter Intersession:**

- RAD*286 Clinical Internship III .5 credit

  Total Credits .5

**Sophomore Year, Spring Semester:**

- RAD*205 Computers in Medical Imaging 3 credits
- RAD*206 Quality Assurance 3 credits
- RAD*218 Senior Seminar 3 credits
- RAD*292 Clinical Practicum IV 3 credit

  Total Credits 12

**Total Program Credits** 60
APPENDIX B

Standards for an Accredited Educational Program in Radiography

EFFECTIVE JANUARY 1, 2014

Adopted by:
The Joint Review Committee on Education in Radiologic Technology - October 2013

The Joint Review Committee on Education in Radiologic Technology (JRCERT) is dedicated to excellence in education and to the quality and safety of patient care through the accreditation of educational programs in the radiologic sciences.

The JRCERT is the only agency recognized by the United States Department of Education (USDE) and the Council on Higher Education Accreditation (CHEA) for the accreditation of traditional and distance delivery educational programs in radiography, radiation therapy, magnetic resonance, and medical dosimetry. The JRCERT awards accreditation to programs demonstrating substantial compliance with these STANDARDS.

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48 Radiography
Introductory Statement

The Joint Review Committee on Education in Radiologic Technology (JRCERT) Standards for an Accredited Educational Program in Radiography are designed to promote academic excellence, patient safety, and quality healthcare. The STANDARDS require a program to articulate its purposes; to demonstrate that it has adequate human, physical, and financial resources effectively organized for the accomplishment of its purposes; to document its effectiveness in accomplishing these purposes; and to provide assurance that it can continue to meet accreditation standards.

The JRCERT accreditation process offers a means of providing assurance to the public that a program meets specific quality standards. The process helps to maintain program quality and stimulates program improvement through program assessment.

There are six (6) standards. Each standard is titled and includes a narrative statement supported by specific objectives. Each objective, in turn, includes the following clarifying elements:

- **Explanation** - provides clarification on the intent and key details of the objective.
- **Required Program Response** - requires the program to provide a brief narrative and/or documentation that demonstrates compliance with the objective.
- **Possible Site Visitor Evaluation Methods** - identifies additional materials that may be examined and personnel who may be interviewed by the site visitors at the time of the on-site evaluation to help determine if the program has met the particular objective. Review of additional materials and/or interviews with listed personnel is at the discretion of the site visit team.

Following each standard, the program must provide a **Summary** that includes the following:
- Major strengths related to the standard
- Major concerns related to the standard
- The program’s plan for addressing each concern identified
- Describe any progress already achieved in addressing each concern
- Describe any constraints in implementing improvements

The submitted narrative response and/or documentation, together with the results of the on-site evaluation conducted by the site visit team, will be used by the JRCERT Board of Directors in determining the program’s compliance with the STANDARDS.
Standards for an Accredited Educational Program in Radiography

Table of Contents

Standard One: Integrity ........................................................................................................4
The program demonstrates integrity in the following: representations to communities of interest and the public, pursuit of fair and equitable academic practices, and treatment of, and respect for, students, faculty, and staff.

Standard Two: Resources ..................................................................................................23
The program has sufficient resources to support the quality and effectiveness of the educational process.

Standard Three: Curriculum and Academic Practices ..................................................35
The program’s curriculum and academic practices prepare students for professional practice.

Standard Four: Health and Safety ......................................................................................47
The program’s policies and procedures promote the health, safety, and optimal use of radiation for students, patients, and the general public.

Standard Five: Assessment ................................................................................................57
The program develops and implements a system of planning and evaluation of student learning and program effectiveness outcomes in support of its mission.

Standard Six: Institutional/Programmatic Data .................................................................64
The program complies with JRCERT policies, procedures, and STANDARDS to achieve and maintain specialized accreditation.

Awarding, Maintaining, and Administering Accreditation ............................................73
Standard One

Integrity

Standard One: The program demonstrates integrity in the following:
- Representations to communities of interest and the public,
- Pursuit of fair and equitable academic practices, and
- Treatment of, and respect for, students, faculty, and staff.

Objectives:

In support of Standard One, the program:

1.1 Adheres to high ethical standards in relation to students, faculty, and staff.

1.2 Provides equitable learning opportunities for all students.

1.3 Provides timely, appropriate, and educationally valid clinical experiences for each admitted student.

1.4 Limits required clinical assignments for students to not more than 10 hours per day and the total didactic and clinical involvement to not more than 40 hours per week.

1.5 Assures the security and confidentiality of student records, instructional materials, and other appropriate program materials.

1.6 Has a grievance procedure that is readily accessible, fair, and equitably applied.

1.7 Assures that students are made aware of the JRCERT Standards for an Accredited Educational Program in Radiography and the avenue to pursue allegations of non-compliance with the STANDARDS.

1.8 Has publications that accurately reflect the program’s policies, procedures, and offerings.

1.9 Makes available to students, faculty, and the general public accurate information about admission policies, tuition and fees, refund policies, academic calendars, clinical obligations, grading system, graduation requirements, and the criteria for transfer credit.

1.10 Makes the program’s mission statement, goals, and student learning outcomes readily available to students, faculty, administrators, and the general public.

1.11 Documents that the program engages the communities of interest for the purpose of continuous program improvement.

1.12 Has student recruitment and admission practices that are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, national origin, and any other protected class.

1.13 Has student recruitment and admission practices that are consistent with published policies of the sponsoring institution and the program.
1.14 Has program faculty recruitment and employment practices that are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, national origin, and any other protected class.

1.15 Has procedures for maintaining the integrity of distance education courses.
1.1 Adheres to high ethical standards in relation to students, faculty, and staff.

Explanation:
High ethical standards help assure that the rights of students, faculty, and staff are protected. Policies and procedures must be fair, equitably applied, and promote professionalism.

Required Program Response:
- Describe the procedure for making related policies and procedures known.
- Provide copies of policies and procedures that assure equitable treatment of students, faculty, and staff.

Possible Site Visitor Evaluation Methods:
- Review of student handbook
- Review of employee/faculty handbook
- Review of course catalog
- Review of student records
- Interviews with faculty
- Interviews with students
- Interviews with staff
1.2 Provides equitable learning opportunities for all students.

Explanation:
The provision of equitable learning activities promotes a fair and impartial education and reduces institutional and/or program liability. The program must provide equitable learning opportunities for all students regarding learning activities and clinical assignments. For example, if an opportunity exists for students to observe or perform breast imaging, then all students must be provided the same opportunity. If evening and/or weekend rotations are utilized, this opportunity must be equitably provided for all students.

Required Program Response:
Describe how the program assures equitable learning opportunities for all students.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of master plan of education
- Review of course objectives
- Review of student clinical assignment schedules
- Interviews with faculty
- Interviews with clinical instructors
- Interviews with clinical staff
- Interviews with students
1.3 Provides timely, appropriate, and educationally valid clinical experiences for each admitted student.

Explanation:
Programs must have a process in place to provide timely, appropriate, and educationally valid clinical experiences to all students admitted to the program. Students must have sufficient access to clinical settings that provide a wide range of procedures for competency achievement including mobile, surgical, and trauma examinations. Clinical settings may include hospitals, clinics, specialty/imaging centers, orthopedic centers, and other facilities. With the exception of observation site assignments, students must be provided the opportunity to complete required program competencies during clinical assignments. Clinical placement must be non-discriminatory in nature and solely determined by the program.

A meaningful clinical education plan assures that activities are educationally valid and prevents the use of students as replacements for employees. The maximum number of students assigned to a clinical setting must be supported by sufficient human and physical resources. The number of students assigned to the clinical setting must not exceed the number of clinical staff assigned to the radiography department. The student to radiography clinical staff ratio must be 1:1. However, it is acceptable that more than one student may be temporarily assigned to one technologist during uncommonly performed procedures.

Students assigned to advanced imaging modalities, such as computed tomography, magnetic resonance, angiography, and sonography, are not included in the calculation of the authorized clinical capacity (unless the clinical setting is recognized exclusively for advanced imaging modality rotations). Once the students have completed the advanced imaging assignments, the program must assure that there are sufficient clinical staff to support the students upon reassignment to the radiography department.

The utilization of clinical assignments such as file room, reception area, and patient transportation should be limited.

Additionally, traditional programs that require students to participate in clinical education during evenings and/or weekends must assure that:
- students’ clinical clock hours spent in evening and/or weekend assignments must not exceed 25% of the total clinical clock hours.
- program total capacity is not increased through the use of evening and/or weekend assignments.

The JRCERT defines the operational hours of traditional programs as Monday - Friday, 5:00 a.m. - 7:00 p.m.

Programs may permit students to make up clinical time during term or scheduled breaks; however, they may not be assigned to clinical settings on holidays that are observed by the sponsoring institution. Program faculty need not be physically present; however, students must be able to contact program faculty during makeup assignments. Also, the program must assure that its liability insurance covers students during these makeup assignments.

Required Program Response:
- Describe the process for student clinical placement.
- Provide current student assignment schedules in relation to student enrollment.
- Describe how the program assures a 1:1 student to radiography clinical staff ratio at all clinical settings.
- Describe how the program assures that all students have access to a sufficient variety and volume of procedures to achieve program competencies.
- Submit evening and/or weekend rotation(s) calculations, if applicable.
Possible Site Visitor Evaluation Methods:

- Review of published program materials
- Review listing of enrolled students in relation to clinical assignments, including evening and/or weekend, if applicable
- Review of clinical placement process
- Review of student clinical records
- Interviews with faculty
- Interviews with clinical instructors
- Interviews with students
1.4 Limits required clinical assignments for students to not more than 10 hours per day and the total didactic and clinical involvement to not more than 40 hours per week.

Explanation:
This limitation helps assure that students are treated ethically. For the safety of students and patients, not more than ten (10) clinical hours shall be scheduled in any one day. Scheduled didactic and clinical hours combined cannot exceed forty (40) hours per week. Hours exceeding these limitations must be voluntary on the student’s part.

Required Program Response:
- Describe the process for assuring that time limitations are not exceeded.
- Provide documentation that required student clinical assignments do not exceed ten (10) hours in any one day and the total didactic and clinical involvement does not exceed forty (40) hours per week.

Possible Site Visitor Evaluation Methods:
- Review of master plan of education
- Review of published program materials
- Review of student schedules
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with clinical staff
- Interviews with students
1.5 Assures the security and confidentiality of student records, instructional materials, and other appropriate program materials.

Explanation:
Appropriately maintaining the security and confidentiality of student records and other program materials protects the student’s right to privacy. Student records must be maintained in accordance with the Family Education Rights and Privacy Act (Buckley Amendment). If radiation monitoring reports contain students’ dates of birth and/or social security numbers, this information must be maintained in a secure and confidential manner.

Required Program Response:
Describe how the program maintains the security and confidentiality of student records and other program materials.

Possible Site Visitor Evaluation Methods:
- Review of institution’s/program’s published policies/procedures
- Review of student academic and clinical records
- Tour of program offices
- Tour of clinical setting(s)
- Interviews with administrative personnel
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with clinical staff
- Interviews with students
1.6 Has a grievance procedure that is readily accessible, fair, and equitably applied.

**Explanation:**
A grievance is defined as a claim by a student that there has been a violation, misinterpretation, or inequitable application of any existing policy, procedure, or regulation. The program must have procedures to provide students an avenue to pursue grievances. The procedure must outline the steps for formal resolution of any grievance. The final step in the process must not include any individual(s) directly associated with the program (e.g., program director, clinical coordinator, clinical instructors, diagnostic imaging department director). The procedure must assure timely resolution. The program must maintain a record of all formal grievances and their resolution. Records must be retained in accordance with the institution’s/program’s retention policies/procedures. The records must include information on how the grievance was resolved and assurance that there are no trends that could negatively affect the quality of the educational program.

Additionally, the program must have a procedure to address any complaints apart from those that require invoking the grievance procedure. The program must determine if a pattern of complaint exists that could negatively affect the quality of the educational program (e.g., cleanliness of the classroom).

**Required Program Response:**
Describe the nature of any formal grievance(s) that would jeopardize the program’s ability to meet its mission.
Describe the nature of any complaint(s) that would jeopardize the program’s ability to meet its mission.
Provide a copy of the grievance procedure.
Provide a copy of any formal grievance(s) resolution.

**Possible Site Visitor Evaluation Methods:**
- Review of institutional catalog
- Review of student handbook
- Review of formal grievance(s) record(s), if applicable
- Review of complaint(s) record(s), if applicable
- Interviews with faculty
- Interviews with students
1.7 Assures that students are made aware of the JRCERT Standards for an Accredited Educational Program in Radiography and the avenue to pursue allegations of non-compliance with the STANDARDS.

Explanation:
The program must assure students are cognizant of the STANDARDS and must provide contact information for the JRCERT.

Students have the right to submit allegations against a JRCERT-accredited program if there is reason to believe that the program has acted contrary to JRCERT accreditation standards or that conditions at the program appear to jeopardize the quality of instruction or the general welfare of its students.

Contact of the JRCERT should not be a step in the formal institutional/program grievance procedure. The individual must first attempt to resolve the complaint directly with institution/program officials by following the grievance procedures provided by the institution/program. If the individual is unable to resolve the complaint with institution/program officials or believes that the concerns have not been properly addressed, he or she may submit allegations of non-compliance directly to the JRCERT.

Required Program Response:
- Describe the procedure for making students aware of the STANDARDS.
- Describe how students are provided contact information for the JRCERT.

Possible Site Visitor Evaluation Methods:
- Review of program publications
- Interviews with faculty
- Interviews with students
1.8 Has publications that accurately reflect the program’s policies, procedures, and offerings.

Explanation:
Maintaining published information regarding the program’s current policies, procedures, and offerings provides interested parties with an accurate overview of program requirements and expectations.

Required Program Response:
Provide program publications that reflect program policies, procedures and offerings.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of student handbook
- Interviews with faculty
- Interviews with students
1.9 Makes available to students, faculty, and the general public accurate information about admission policies, tuition and fees, refund policies, academic calendars, clinical obligations, grading system, graduation requirements, and the criteria for transfer credit.

**Explanation:**
The institutional and/or program policies must be published and made readily available to students, faculty, and the general public on the institution’s/program’s Web site to assure transparency and accountability of the educational program. For example, requiring the general public to contact the institution/program to request program information is not adequate. Policy changes must be made known to students, faculty, and the general public in timely fashion. It is recommended that revision dates be identified on program publications.

The institution and/or program must establish and publicly disclose the criteria used when determining the transfer of credit earned from other institutions and/or programs. Also, programs must publicly disclose a list of institutions with which the program has established an articulation agreement.

The program’s academic calendar must be published and, at a minimum, identify specific start and end dates for each term, holidays recognized by the sponsoring institution, and breaks.

Student clinical obligations (e.g., drug screening, background checks, and associated fees) must be clearly identified in appropriate program publications. Additionally, if evening and/or weekend clinical assignments are required or if students must travel to geographically-dispersed clinical settings, this information must also be included.

**Required Program Response:**
- Describe how institutional and/or program policies are made known to students, faculty, and the general public.
- Provide publications that include these policies.

**Possible Site Visitor Evaluation Methods:**
- Review of institutional materials
- Review of published program materials
- Review of institutional and/or program Web site
- Interviews with faculty
- Interviews with Admissions personnel
- Interviews with Registrar
- Interviews with students
1.10 Makes the program’s mission statement, goals, and student learning outcomes readily available to students, faculty, administrators, and the general public.

Explanation:
Program accountability is enhanced by making its mission statement, goals, and student learning outcomes available to the program’s communities of interest on the institution’s/program’s Web site to assure transparency and of the educational program. Requiring the general public to contact the institution/program to request program information is not adequate.

Example:

Mission:
The mission of the radiography program is to prepare competent, entry-level radiographers able to function within the healthcare community.

Goal: Students will be clinically competent.
Student Learning Outcomes: Students will apply positioning skills. Students will select technical factors. Students will utilize radiation protection.

Goal: Students will demonstrate communication skills.
Student Learning Outcomes: Students will demonstrate written communication skills. Students will demonstrate oral communication skills.

Goal: Students will develop critical thinking skills.
Student Learning Outcomes: Students will adapt standard procedures for non-routine patients. Students will critique images to determine diagnostic quality.

Goal: Students will model professionalism.
Student Learning Outcomes: Students will demonstrate work ethics. Students will summarize the value of life-long learning.

Required Program Response:
- Describe how the program makes its mission statement, goals, and student learning outcomes available to students, faculty, administrators, and the general public.
- Provide copies of publications that contain the program’s mission statement, goals, and student learning outcomes.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of institutional and/or program Web site
- Interviews with administrative personnel
- Interviews with faculty
- Interviews with students
1.11 Documents that the program engages the communities of interest for the purpose of continuous program improvement.

Explanation:
Communities of interest are defined as institutions, organizations, groups, and/or individuals interested in educational activities in radiography. Obtaining formal feedback on program operations, student progress, employer needs, etc. from communities of interest allows the program to determine if it is meeting expectations and assures continuous program improvement. The program can use a variety of tools to obtain this feedback.

Required Program Response:
- Describe the process of obtaining feedback.
- Provide representative samples of appropriate meeting minutes, evaluations (e.g., course and faculty), and surveys (e.g., graduate and employer).

Possible Site Visitor Evaluation Methods:
- Review of meeting minutes
- Review of evaluations
- Review of surveys
- Interviews with members of various communities of interest
1.12 Has student recruitment and admission practices that are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, national origin, and any other protected class.

Explanation:
Non-discriminatory practices assure applicants have equal opportunity for admission. Statistical information such as race, color, religion, gender, age, disability, national origin, and any other protected class may be collected; however, this information must be voluntarily provided by the student. Use of this information in the student selection process is discriminatory.

Required Program Response:
- Describe how admission practices are non-discriminatory.
- Provide institutional and/or program admission policies.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of student records
- Interviews with faculty
- Interviews with Admissions personnel
- Interviews with students
1.13 Has student recruitment and admission practices that are consistent with published policies of the sponsoring institution and the program.

**Explanation:**
Defined admission practices facilitate objective student selection. In considering applicants for admission, the program must follow published policies and procedures.

**Required Program Response:**
- Describe the implementation of institutional and program admission policies.
- Provide institutional and program admission policies.

**Possible Site Visitor Evaluation Methods:**
- Review of published program materials
- Interviews with faculty
- Interviews with Admissions personnel
- Interviews with students
1.14 Has program faculty recruitment and employment practices that are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, national origin, and any other protected class.

**Explanation:**
Recruitment and employment practices that are non-discriminatory assure fairness and integrity. Equal opportunity for employment must be offered to each applicant. Employment practices must be applied equitably to all faculty.

**Required Program Response:**
- Describe how non-discriminatory employment practices are assured.
- Provide copies of employment policies and procedures that assure non-discriminatory practices.

**Possible Site Visitor Evaluation Methods:**
- Review of employee/faculty handbook
- Review of employee/faculty application form
- Review of institutional catalog
- Interviews with faculty
1.15 Has procedures for maintaining the integrity of distance education courses.

**Explanation:**
Programs that offer distance education must have processes in place that assure that the students who register in the distance education courses are the same students that participate in, complete, and receive the credit. Programs must verify the identity of students by using methods such as, but not limited to: secure log-ins, pass codes, and/or proctored exams. These processes must protect the student’s privacy. Student costs associated with distance education must be disclosed.

**Required Program Response:**
- Describe the process for assuring the integrity of distance education courses.
- Provide published program materials that outline procedures for maintaining integrity of distance education courses.
- Provide published program materials that identify associated fees for students enrolled in distance education courses.

**Possible Site Visitor Evaluation Methods:**
- Review of published program materials
- Review the process of student identification
- Review of student records
- Interviews with faculty
- Interviews with students
1. List the major strengths of Standard One, in order of importance.

2. List the major concerns of Standard One, in order of importance.

3. Provide the program’s plan for addressing each concern identified.

4. Describe any progress already achieved in addressing each concern.

5. Describe any constraints in implementing improvements.
Standard Two: 
**Resources**

Standard Two: The program has sufficient resources to support the quality and effectiveness of the educational process.

Objectives: 

In support of **Standard Two**, the program:

**Administrative Structure**

2.1 Has an appropriate organizational structure and sufficient administrative support to achieve the program’s mission.

2.2 Provides an adequate number of faculty to meet all educational, program, administrative, and accreditation requirements.

2.3 Provides faculty with opportunities for continued professional development.

2.4 Provides clerical support services, as needed, to meet all educational, program, and administrative requirements.

**Learning Resources/Services**

2.5 Assures JRCERT recognition of all clinical settings.

2.6 Provides classrooms, laboratories, and administrative and faculty offices to facilitate the achievement of the program’s mission.

2.7 Reviews and maintains program learning resources to assure the achievement of student learning.

2.8 Provides access to student services in support of student learning.

**Fiscal Support**

2.9 Has sufficient ongoing financial resources to support the program’s mission.

2.10 For those institutions and programs for which the JRCERT serves as a gatekeeper for Title IV financial aid, maintains compliance with United States Department of Education (USDE) policies and procedures.
2.1 Has an appropriate organizational structure and sufficient administrative support to achieve the program’s mission.

Explanation:
The program’s relative position in the organizational structure helps facilitate appropriate resources and assures focus on the program. To operate effectively, the program must have sufficient institutional administrative support. Both organizational structure and administrative support enable the program to meet its mission and promote student learning.

Required Program Response:
- Describe the program’s relationship to the organizational and administrative structures of the sponsoring institution and how this supports the program’s mission.
- Provide institutional and program organizational charts.

Possible Site Visitor Evaluation Methods:
- Review of organizational charts of institution and program
- Review of meeting minutes
- Review of published program materials
- Review of master plan of education
- Interviews with faculty and institutional officials
- Interviews with clinical instructor(s)
2.2 Provides an adequate number of faculty to meet all educational, program, administrative, and accreditation requirements.

Explanation:
An adequate number of faculty promotes sound educational practices. A full-time program director is required. Faculty teaching loads and release time must be consistent with those of comparable faculty in other health science (allied health) programs in the same institution.

Additionally, a full-time equivalent clinical coordinator is required if the program has more than five (5) active clinical settings or more than thirty (30) students enrolled in the clinical component. The clinical coordinator position may be shared by no more than four (4) appointees. If a clinical coordinator is required, the program director may not be identified as the clinical coordinator. The clinical coordinator may not be identified as the program director.

The program director and clinical coordinator may perform clinical instruction; however, they may not be identified as clinical instructors.

A minimum of one clinical instructor must be designated at each recognized clinical setting. The same clinical instructor may be identified at more than one site as long as a ratio of one full-time equivalent clinical instructor for every ten (10) students is maintained.

Required Program Response:
- Provide, if available, institutional policies in relation to teaching loads and release time.
- Describe faculty teaching loads and release time in relation to a comparable health science (allied health) program within the institution.
- Describe the adequacy of the number of faculty and clinical staff to meet identified accreditation requirements and program needs.

Possible Site Visitor Evaluation Methods:
- Review institutional policies in relation to teaching loads and release time
- Review of master plan of education
- Review of position descriptions
- Review of clinical settings
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with students
2.3 Provides faculty with opportunities for continued professional development.

Explanation:
Continued professional development results in more knowledgeable, competent, and proficient faculty. Opportunities that enhance and advance educational, technical, and professional knowledge must be available to program faculty.

Required Program Response:
Describe how continued professional development opportunities are made available to faculty.

Possible Site Visitor Evaluation Methods:
- Review of institutional and program policies
- Review of program budget or other fiscal appropriations
- Review of evidence of faculty participation in professional development activities
- Interviews with administrative personnel
- Interviews with faculty
2.4 Provides clerical support services, as needed, to meet all educational, program, and administrative requirements.

Explanations:
Clerical support services necessary to assist in meeting educational, program, and administrative requirements of the program must be provided as appropriate.

Required Program Response:
Describe the availability and use of clerical support services.

Possible Site Visitor Evaluation Methods:
- Review of program’s staffing plan
- Interviews with administrative personnel
- Interviews with faculty
- Interviews with students
2.5 Assures JRCERT recognition of all clinical settings.

**Explanation:**
JRCERT recognition helps assure an appropriate learning environment for student clinical education. All clinical settings must be recognized by the JRCERT. Recognition of a clinical setting must be obtained prior to student placement. A minimum of one (1) clinical instructor must be identified for each recognized clinical setting.

An observation site is used for student observation of the operation of equipment and/or procedures. If the program uses observation sites, these sites do not require recognition by the JRCERT. These sites provide opportunities for observation of clinical procedures that may not be available at recognized clinical settings. Students may not assist in, or perform, any aspects of patient care during observational assignments.

Facilities where students are participating in service learning projects or community-based learning opportunities do not require recognition.

**Required Program Response:**
- Assure all clinical settings are recognized by the JRCERT.
- Describe how observation sites, if used, enhance student clinical education.

**Possible Site Visitor Evaluation Methods:**
- Review of JRCERT database
- Review of clinical records
- Interviews with faculty
- Interviews with clinical instructors
- Interviews with clinical staff
- Interviews with students
2.6 Provides classrooms, laboratories, and administrative and faculty offices to facilitate the achievement of the program’s mission.

Explanations:
Learning environments are defined as places, surroundings, or circumstances where knowledge, understanding, or skills are studied or observed such as classrooms and laboratories. Learning environments must be consistent with those of comparable health science programs in the same institution. Provision of appropriate learning environments facilitates achievement of the program’s mission. Although a dedicated classroom and/or laboratory are not required, scheduled accessibility to facilities conducive to student learning must be assured. Faculty office space should be conducive to planning and scholarly activities. Space should be made available for private student advisement.

Required Program Response:
Describe how classrooms, laboratories, and administrative and faculty offices facilitate the achievement of the program’s mission.

Possible Site Visitor Evaluation Methods:
- Tour of the classroom, laboratories, and administrative and faculty offices
- Interviews with faculty
- Interviews with students
2.7 Reviews and maintains program learning resources to assure the achievement of student learning.

Explanation:
The review and maintenance of learning resources promotes student knowledge of current and developing imaging technologies. The program must provide learning resources to support and enhance the educational program. These resources must include:

- a print or electronic library with a variety of materials published within the last five years,
- computer access, and
- additional learning aids (e.g., educational software, classroom/laboratory accessory devices, etc.).

The JRCERT does not endorse any specific learning resources.

Required Program Response:
- Describe the available learning resources.
- Describe the procedure for review and maintenance of learning resources.

Possible Site Visitor Evaluation Methods:
- Tour of learning facilities
- Review of learning resources
- Review of surveys
- Review of meeting minutes
- Interviews with faculty
- Interviews with students
2.8 Provides access to student services in support of student learning.

Explanation:
The provision of appropriate student services promotes student achievement. At a minimum, the program must provide access to information for:

- personal counseling,
- requesting accommodations for disabilities as defined by applicable federal (Americans with Disabilities Act) and state laws, and
- financial aid.

Additional student services may be provided at the discretion of the program. These services should be sufficient to assure student learning.

All services provided must be made known to students and the general public.

Required Program Response:

- Describe the students’ access to student services.
- Provide published program materials that outline accessibility to student services.

Possible Site Visitor Evaluation Methods:

- Review of published program materials
- Interviews with faculty
- Interviews with students
2.9 Has sufficient ongoing financial resources to support the program’s mission.

Explanation:
Adequate, ongoing funding is necessary to accomplish the program’s mission and to support student learning. The sponsoring institution must demonstrate ongoing financial commitment to the program and its students by providing adequate human and physical resources.

Required Program Response:
- Describe the adequacy of financial resources.
- Provide copies of the program’s budget and/or expenditure records.

Possible Site Visitor Evaluation Methods:
- Review of program budget and/or other fiscal appropriations
- Interviews with administrative personnel
- Interviews with faculty
2.10 For those institutions and programs for which the JRCERT serves as gatekeeper for Title IV financial aid, maintains compliance with United States Department of Education (USDE) policies and procedures.

Explanation:
A gatekeeper is defined as an agency holding responsibility for oversight of the distribution, record keeping, and repayment of Title IV financial aid. The program must comply with USDE requirements to participate in Title IV financial aid.

If the program has elected to participate in Title IV financial aid and the JRCERT is identified as the gatekeeper, the program must: maintain financial documents including audit and budget processes confirming appropriate allocation and use of financial resources, have a monitoring process for student loan default rates, have an appropriate accounting system providing documentation for management of Title IV financial aid and expenditures, and inform students of responsibility for timely repayment of Title IV financial aid.

Required Program Response:
- Provide evidence that Title IV financial aid is managed and distributed according to the USDE regulations to include:
  - recent student loan default data and
  - results of financial or compliance audits.
- Describe how the program informs students of their responsibility for timely repayment of financial aid.

Possible Site Visitor Evaluation Methods:
- Review of records
- Interviews with administrative personnel
- Interviews with faculty
- Interviews with students
Summary for Standard Two

1. List the major strengths of Standard Two, in order of importance.

2. List the major concerns of Standard Two, in order of importance.

3. Provide the program’s plan for addressing each concern identified.

4. Describe any progress already achieved in addressing each concern.

5. Describe any constraints in implementing improvements.
Standard Three
Curriculum and Academic Practices

Standard Three: The program’s curriculum and academic practices prepare students for professional practice.

Objectives:

In support of Standard Three, the program:

3.1 Has a program mission statement that defines its purpose and scope and is periodically reevaluated.

3.2 Provides a well-structured, competency-based curriculum that prepares students to practice in the professional discipline.

3.3 Provides learning opportunities in current and developing imaging and/or therapeutic technologies.

3.4 Assures an appropriate relationship between program length and the subject matter taught for the terminal award offered.

3.5 Measures the length of all didactic and clinical courses in clock hours or credit hours.

3.6 Maintains a master plan of education.

3.7 Provides timely and supportive academic, behavioral, and clinical advisement to students enrolled in the program.

3.8 Documents that the responsibilities of faculty and clinical staff are delineated and performed.

3.9 Evaluates program faculty and clinical instructor performance and shares evaluation results regularly to assure instructional responsibilities are performed.
3.1 Has a program mission statement that defines its purpose and scope and is periodically reevaluated.

*Explanation:*
The program’s mission statement should be consistent with that of its sponsoring institution. The program’s mission statement should clearly define the purpose or intent toward which the program’s efforts are directed. Periodic evaluation assures that the program’s mission statement is effective.

*Required Program Response:*
- Provide a copy of the program’s mission statement.
- Provide meeting minutes that document periodic reevaluation of the mission statement.

*Possible Site Visitor Evaluation Methods:*
- Review of published program materials
- Review of meeting minutes
- Review of master plan of education
- Interviews with faculty
3.2 Provides a well-structured, competency-based curriculum that prepares students to practice in the professional discipline.

Explanation:
The well-structured curriculum must be comprehensive, appropriately sequenced, include current information, and provide for evaluation of student achievement. A competency-based curriculum allows for effective student learning by providing a knowledge foundation prior to performance of procedures. Continual refinement of the competencies achieved is necessary so that students can demonstrate enhanced performance in a variety of situations and patient conditions. In essence, competency-based education is an ongoing process, not an end product.

Programs must follow a JRCERT-adopted curriculum. An adopted curriculum is defined as:
- the latest American Society of Radiologic Technologists professional curriculum and/or
- another professional curriculum adopted by the JRCERT Board of Directors following review and recommendation by the JRCERT Standards Committee.

Use of a standard curriculum promotes consistency in radiography education and prepares the student to practice in the professional discipline. At a minimum, the curriculum should promote qualities that are necessary for students/graduates to practice competently, make good decisions, assess situations, provide appropriate patient care, communicate effectively, and keep abreast of current advancements within the profession. Expansion of the curricular content beyond the minimum is at the discretion of the program.

The program must submit the latest curriculum analysis grid (available at www.jrcert.org).

Required Program Response:
- Describe how the program’s curriculum is structured.
- Describe the program’s competency-based system.
- Submit current curriculum analysis grid.
- Describe how the program’s curriculum is delivered, including the method of delivery for distance education courses.
- Identify which courses, if any, are offered via distance education.
- Describe alternative learning options, if applicable (e.g., part-time, evening and/or weekend curricular track).

Possible Site Visitor Evaluation Methods:
- Review of master plan of education
- Review of didactic and clinical curriculum sequence
- Review of analysis of graduate and employer surveys
- Interviews with faculty
- Interviews with students
- Observation of a portion of any course offered via distance delivery
- Review of part-time, evening and/or weekend curricular track, if applicable
3.3 Provides learning opportunities in current and developing imaging and/or therapeutic technologies.

Explanation:
The program must provide learning opportunities in current and developing imaging and/or therapeutic technologies. It is the program’s prerogative to decide which technologies should be included in the didactic and/or clinical curriculum. Programs are not required to offer clinical rotations in developing imaging and/or therapeutic technologies; however, these clinical rotations are strongly encouraged to enhance student learning.

Required Program Response:
Describe how the program provides opportunities in developing technologies in the didactic and/or clinical curriculum.

Possible Site Visitor Evaluation Methods:
- Review of master plan of education
- Interviews with faculty
- Interviews with students
3.4 Assures an appropriate relationship between program length and the subject matter taught for the terminal award offered.

Explanation:
Program length must be consistent with the terminal award. The JRCERT defines program length as the duration of the program, which may be stated as total academic or calendar year(s), total semesters, trimesters, or quarters.

Required Program Response:
Describe the relationship between the program length and the terminal award offered.

Possible Site Visitor Evaluation Methods:
- Review of course catalog
- Review of published program materials
- Review of class schedules
- Interviews with faculty
- Interviews with students
3.5 Measures the length of all didactic and clinical courses in clock hours or credit hours.

**Explanation:**
Defining the length of didactic and clinical courses facilitates student transfer of credit and the awarding of financial aid. The formula for calculating assigned clock/credit hours must be consistently applied for all didactic and all clinical courses, respectively.

**Required Program Response:**
- Describe the method used to award credit hours for lecture, laboratory and clinical courses.
- Provide a copy of the program’s policies and procedures for determining credit hours and an example of how such policy has been applied to the program’s coursework.
- Provide a list of all didactic and clinical courses with corresponding clock or credit hours.

**Possible Site Visitor Evaluation Methods:**
- Review of published program materials
- Review of class schedules
- Interviews with faculty
- Interviews with students
3.6  Maintains a master plan of education.

Explanation:
A master plan provides an overview of the program and allows for continuity among, and documentation of, all aspects of the program. In the event of new faculty and/or leadership to the program, the master plan provides the information needed to understand the program and its operations.

The plan should be evaluated annually, updated, and must include the following:
- course syllabi (didactic and clinical courses) and
- program policies and procedures.

While there is no prescribed format for the master plan, the component parts should be identified and readily available. If the components are not housed together, the program must list the location of each component. If the program chooses to use an electronic format, the components must be accessible by all program faculty.

Required Program Response:
- Identify the location of the component parts of the master plan of education.
- Provide a Table of Contents for the program’s master plan.

Possible Site Visitor Evaluation Methods:
- Review of master plan of education
- Interview with program director
- Interviews with faculty
3.7 Provides timely and supportive academic, behavioral, and clinical advisement to students enrolled in the program.

**Explanation:**
Appropriate advisement promotes student achievement. Student advisement should be formative, summative, and must be shared with students in a timely manner. Programs are encouraged to develop written advisement procedures.

**Required Program Response:**
- Describe procedures for advisement.
- Provide sample records of student advisement.

**Possible Site Visitor Evaluation Methods:**
- Review of students’ records
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with students
3.8 Documents that the responsibilities of faculty and clinical staff are delineated and performed.

- **Full-time Program Director:**
  - Assures effective program operations,
  - Oversees ongoing program assessment,
  - Participates in budget planning,
  - Maintains current knowledge of the professional discipline and educational methodologies through continuing professional development, and
  - Assumes the leadership role in the continued development of the program.

- **Full-time Clinical Coordinator:**
  - Correlates clinical education with didactic education,
  - Evaluates students,
  - Participates in didactic and/or clinical instruction,
  - Supports the program director to help assure effective program operation,
  - Coordinates clinical education and evaluates its effectiveness,
  - Participates in the assessment process,
  - Cooperates with the program director in periodic review and revision of clinical course materials,
  - Maintains current knowledge of the discipline and educational methodologies through continuing professional development, and
  - Maintains current knowledge of program policies, procedures, and student progress.

- **Full-time Didactic Program Faculty:**
  - Prepares and maintains course outlines and objectives, instructs and evaluates students, and reports progress,
  - Participates in the assessment process,
  - Supports the program director to help assure effective program operation,
  - Cooperates with the program director in periodic review and revision of course materials, and
  - Maintains appropriate expertise and competence through continuing professional development.

- **Part-time Didactic Program Faculty:**
Prepares and maintains course outlines and objectives, instructs and evaluates students, and reports progress,
Participates in the assessment process, when appropriate,
Cooperates with the program director in periodic review and revision of course materials, and
 Maintains appropriate expertise and competence through continuing professional development.

- Clinical Instructor(s):

  Is knowledgeable of program goals,
  Understands the clinical objectives and clinical evaluation system,
  Understands the sequencing of didactic instruction and clinical education,
  Provides students with clinical instruction and supervision,
  Evaluates students’ clinical competence,
  Maintains competency in the professional discipline and instructional and evaluative techniques through continuing professional development, and
  Maintains current knowledge of program policies, procedures, and student progress.

- Clinical Staff:

  Understand the clinical competency system,
  Understand requirements for student supervision,
  Support the educational process, and
  Maintain current knowledge of program policies, procedures, and student progress.

Explanation:
The clear delineation of responsibilities facilitates accountability. Faculty and clinical staff responsibilities must be clearly delineated and must support the program’s mission.

Full- and part-time status is determined by, and consistent with, the sponsoring institution’s definition. At all times when students are enrolled in didactic and/or clinical components, the program director and/or clinical coordinator must assure that their program responsibilities are fulfilled.

Required Program Response:
Provide documentation that faculty and clinical staff positions are clearly delineated.

Possible Site Visitor Evaluation Methods:
- Review of position descriptions
- Review of handbooks
- Interviews with faculty and clinical staff to assure responsibilities are being performed
- Interviews with students
3.9 Evaluates program faculty and clinical instructor performance and shares evaluation results regularly to assure instructional responsibilities are performed.

Explanation:
The performance of program faculty and clinical instructor(s) must be evaluated minimally once per year. Evaluation assures that instructional responsibilities are performed and provides administration and faculty with information to evaluate performance. Evaluation promotes proper educational methodology and increases program effectiveness. Evaluation results must be shared minimally once per year with the respective program faculty and clinical instructor(s) being evaluated to assure continued professional development. Any evaluation results that identify concerns must be discussed with the respective individual(s) as soon as possible.

Required Program Response:
- Describe the evaluation process.
- Describe how evaluation results are shared with program faculty and clinical instructor(s).
- Provide samples of evaluations of program faculty.
- Provide samples of evaluations of clinical instructor(s).

Possible Site Visitor Evaluation Methods:
- Review of program evaluation materials
- Review of clinical instructor evaluation
- Interviews with administrative personnel
- Interviews with program faculty
- Interviews with clinical instructor(s)
- Interviews with students
Summary for Standard Three

1. List the major strengths of Standard Three, in order of importance.

2. List the major concerns of Standard Three, in order of importance.

3. Provide the program’s plan for addressing each concern identified.

4. Describe any progress already achieved in addressing each concern.

5. Describe any constraints in implementing improvements.
Standard Four

Health and Safety

Standard Four: The program’s policies and procedures promote the health, safety, and optimal use of radiation for students, patients, and the general public.

Objectives:

In support of Standard Four, the program:

4.1 Assures the radiation safety of students through the implementation of published policies and procedures that are in compliance with Nuclear Regulatory Commission regulations and state laws as applicable.

4.2 Has a published pregnancy policy that is consistent with applicable federal regulations and state laws, made known to accepted and enrolled female students, and contains the following elements:
   - Written notice of voluntary declaration,
   - Option for student continuance in the program without modification, and
   - Option for written withdrawal of declaration.

4.3 Assures that students employ proper radiation safety practices.

4.4 Assures that medical imaging procedures are performed under the direct supervision of a qualified radiographer until a student achieves competency.

4.5 Assures that medical imaging procedures are performed under the indirect supervision of a qualified radiographer after a student achieves competency.

4.6 Assures that students are directly supervised by a qualified radiographer when repeating unsatisfactory images.

4.7 Assures sponsoring institution’s policies safeguard the health and safety of students.

4.8 Assures that students are oriented to clinical setting policies and procedures in regard to health and safety.
4.1 Assures the radiation safety of students through the implementation of published policies and procedures that are in compliance with Nuclear Regulatory Commission regulations and state laws as applicable.

Explanation:
Appropriate policies and procedures help assure that student radiation exposure is kept as low as reasonably achievable (ALARA). The program must maintain and monitor student radiation exposure data. This information must be made available to students within thirty (30) school days following receipt of data. The program must have a published protocol that identifies a threshold dose for incidents in which dose limits are exceeded. Programs are encouraged to identify a threshold dose below those identified in NRC regulations.

Required Program Response:
- Describe how the policies are made known to enrolled students.
- Describe how radiation exposure data is made available to students.
- Provide copies of appropriate policies.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of student records
- Review of student dosimetry reports
- Interviews with faculty
- Interviews with students
4.2 Has a published pregnancy policy that is consistent with applicable federal regulations and state laws, made known to accepted and enrolled female students, and contains the following elements:

- Written notice of voluntary declaration,
- Option for student continuance in the program without modification, and
- Option for written withdrawal of declaration.

Explanation:
Appropriate radiation safety practices help assure that radiation exposure to the student and fetus are kept as low as reasonably achievable (ALARA). The policy must include appropriate information regarding radiation safety for the student and fetus. The program must allow for student continuance in the clinical component of the program without modification. The program may offer clinical component options such as: (1) clinical reassignments and/or (2) leave of absence.

Required Program Response:
- Describe how the pregnancy policy is made known to accepted and enrolled female students.
- Provide a copy of the program’s pregnancy policy.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of student records
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with students
4.3 Assures that students employ proper radiation safety practices.

Explanation:
The program must assure that students are instructed in the utilization of imaging equipment, accessories, optimal exposure factors, and proper patient positioning to minimize radiation exposure to patients, selves, and others. These practices assure radiation exposures are kept as low as reasonably achievable (ALARA).

Students must understand basic radiation safety practices prior to assignment to clinical settings. Students must not hold image receptors during any radiographic procedure. Students should not hold patients during any radiographic procedure when an immobilization method is the appropriate standard of care. As students progress in the program, they must become increasingly proficient in the application of radiation safety practices.

The program must also assure radiation safety in energized laboratories. Students’ utilization of energized laboratories must be under the supervision of a qualified radiographer who is readily available. If a qualified radiographer is not readily available to provide supervision, the radiation exposure mechanism must be disabled. Programs are encouraged to develop policies regarding safe and appropriate use of energized laboratories by students.

Required Program Response:
- Describe how the curriculum sequence and content prepares students for safe radiation practices.
- Provide the curriculum sequence.
- Provide policies/procedures regarding radiation safety.

Possible Site Visitor Evaluation Methods:
- Review of program curriculum
- Review of radiation safety policies/procedures
- Review of student handbook
- Review of student records
- Review of student dosimetry reports
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with clinical staff
- Interviews with students
4.4 Assures that medical imaging procedures are performed under the direct supervision of a qualified radiographer until a student achieves competency.

Explanation:
Direct supervision assures patient safety and proper educational practices. The JRCERT defines direct supervision as student supervision by a qualified radiographer who:
- reviews the procedure in relation to the student’s achievement,
- evaluates the condition of the patient in relation to the student’s knowledge,
- is physically present during the conduct of the procedure, and
- reviews and approves the procedure and/or image.

Students must be directly supervised until competency is achieved.

Required Program Response:
- Describe how the direct supervision requirement is enforced and monitored in the clinical setting.
- Provide documentation that the program’s direct supervision requirement is made known to students, clinical instructors, and clinical staff.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of student records
- Review of meeting minutes
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with clinical staff
- Interviews with students
4.5 Assures that medical imaging procedures are performed under the indirect supervision of a qualified radiographer after a student achieves competency.

Explanation:
Indirect supervision promotes patient safety and proper educational practices. The JRCERT defines indirect supervision as that supervision provided by a qualified radiographer immediately available to assist students regardless of the level of student achievement. “Immediately available” is interpreted as the physical presence of a qualified radiographer adjacent to the room or location where a radiographic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use on patients.

Required Program Response:
- Describe how the indirect supervision requirement is enforced and monitored in the clinical setting.
- Provide documentation that the program’s indirect supervision requirement is made known to students, clinical instructors, and clinical staff.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of student records
- Review of meeting minutes
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with clinical staff
- Interviews with students
4.6 Assures that students are directly supervised by a qualified radiographer when repeating unsatisfactory images.

Explanation:
The presence of a qualified radiographer during the repeat of an unsatisfactory image assures patient safety and proper educational practices. A qualified radiographer must be physically present during the conduct of a repeat image and must approve the student’s procedure prior to re-exposure.

Required Program Response:
- Describe how the direct supervision requirement for repeat images is enforced and monitored in the clinical setting.
- Provide documentation that the program’s direct supervision requirement for repeat images is made known to students, clinical instructors, and clinical staff.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of student records
- Review of meeting minutes
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with clinical staff
- Interviews with students
4.7 Assures sponsoring institution’s policies safeguard the health and safety of students.

Explanation:
Appropriate sponsoring institutional policies and procedures assure that students are protected. These policies must, at a minimum, address emergency preparedness, harassment, communicable diseases, and substance abuse. Policies and procedures must meet federal and/or state requirements as applicable. Enrolled students must be informed of policies and procedures.

Required Program Response:
Provide program policies that safeguard the health and safety of students.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of student records
- Interviews with faculty
- Interviews with students
4.8 Assures that students are oriented to clinical setting policies and procedures in regard to health and safety.

Explanation:
Appropriate orientation assures that students are cognizant of clinical policies and procedures. The policies and procedures must, at a minimum, address the following: hazards (fire, electrical, chemical), emergency preparedness, medical emergencies, HIPAA, and Standard Precautions.

Required Program Response:
- Describe the process for orienting students to clinical settings.
- Provide documentation that students are apprised of policies and procedures specific to each clinical setting.

Possible Site Visitor Evaluation Methods:
- Review of orientation process
- Review of student records
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with students
Summary for Standard Four

1. List the major strengths of Standard Four, in order of importance.

2. List the major concerns of Standard Four, in order of importance.

3. Provide the program’s plan for addressing each concern identified.

4. Describe any progress already achieved in addressing each concern.

5. Describe any constraints in implementing improvements.
Standard Five
Assessment

Standard Five: The program develops and implements a system of planning and evaluation of student learning and program effectiveness outcomes in support of its mission.

Objectives:
In support of **Standard Five**, the program:

**Student Learning**

5.1 Develops an assessment plan that, at a minimum, measures the program’s student learning outcomes in relation to the following goals: clinical competence, critical thinking, professionalism, and communication skills.

**Program Effectiveness**

5.2 Documents the following program effectiveness data:
- Five-year average credentialing examination pass rate of not less than 75 percent at first attempt within six months of graduation,
- Five-year average job placement rate of not less than 75 percent within twelve months of graduation,
- Program completion rate,
- Graduate satisfaction, and
- Employer satisfaction.

5.3 Makes available to the general public program effectiveness data (credentialing examination pass rate, job placement rate, and program completion rate) on an annual basis.

**Analysis and Actions**

5.4 Analyzes and shares student learning outcome data and program effectiveness data to foster continuous program improvement.

5.5 Periodically evaluates its assessment plan to assure continuous program improvement.
5.1 Develops an assessment plan that, at a minimum, measures the program’s student learning outcomes in relation to the following goals: clinical competence, critical thinking, professionalism, and communication skills.

Explanation:
Assessment is the systematic collection, review, and use of information to improve student learning and educational quality. An assessment plan helps assure continuous improvement and accountability. Minimally, the plan must include a separate goal in relation to each of the following: clinical competence, critical thinking, professionalism, and communication skills. The plan must include student learning outcomes, measurement tools, benchmarks, and identify timeframes and parties responsible for data collection.

For additional information regarding assessment, please refer to www.jrcert.org.

Required Program Response:
Provide a copy of the program’s current assessment plan.

Possible Site Visitor Evaluation Methods:
- Review of assessment plan
- Review of assessment tools
- Interviews with faculty
5.2 **Documents the following program effectiveness data:**

- Five-year average credentialing examination pass rate of not less than 75 percent at first attempt within six months of graduation,
- Five-year average job placement rate of not less than 75 percent within twelve months of graduation,
- Program completion rate,
- Graduate satisfaction, and
- Employer satisfaction.

**Explanation:**
Credentialing examination, job placement, and program completion data must be reported annually to the JRCERT. Graduate and employer satisfaction data must be collected as part of the program’s assessment process.

Credentialing examination pass rate is defined as the number of student graduates who pass, on first attempt, the American Registry of Radiologic Technologists (ARRT) certification examination or an unrestricted state licensing examination compared with the number of graduates who take the examination within six months of graduation.

Job placement rate is defined as the number of graduates employed in the radiologic sciences compared to the number of graduates actively seeking employment in the radiologic sciences. The JRCERT has defined not actively seeking employment as: 1) graduate fails to communicate with program officials regarding employment status after multiple attempts, 2) graduate is unwilling to seek employment that requires relocation, 3) graduate is unwilling to accept employment due to salary or hours, 4) graduate is on active military duty, and/or 5) graduate is continuing education.

Program completion rate is defined as the number of students who complete the program within 150% of the stated program length. The program must establish a benchmark for its program completion rate. The program specifies the entry point (e.g., required orientation date, final drop/add date, final date to drop with 100% tuition refund, official class roster date, etc.) used in calculating program’s completion rate.

Graduate and employer satisfaction may be measured through a variety of methods. The methods and timeframes for collection of the graduate and employer satisfaction data are the prerogative of the program.

**Required Program Response:**
Provide actual outcome data in relation to program effectiveness.

**Possible Site Visitor Evaluation Methods:**
- Review of program effectiveness data
- Interviews with faculty
5.3 Makes available to the general public program effectiveness data (credentialing examination pass rate, job placement rate, and program completion rate) on an annual basis.

Explanation:
Program accountability is enhanced by making its effectiveness data available to the program’s communities of interest and the general public. In efforts to increase accountability and transparency, the program must publish, at a minimum, its five-year average credentialing examination pass rate, five-year average job placement rate, and program completion rate data on its Web site to allow the public access to this data. The program effectiveness data should clearly identify the sample size associated with each associated measure (i.e., number of first time test takers, number of graduates actively seeking employment, number of graduates).

Additionally, the JRCERT will post five-year average credentialing examination pass rate, five-year average job placement rate, and program completion rate data at www.jrcert.org. The program must publish the JRCERT URL (www.jrcert.org) to allow the public access to this data.

Required Program Response:
- Provide copies of publications that contain the program’s program effectiveness data (credentialing examination pass rate, job placement rate, and program completion rate).
- Provide samples of publications that document the availability of program effectiveness data via the JRCERT URL address from the institution’s/program’s Web site.

Possible Site Visitor Evaluation Methods:
- Review of program publications
- Review of institutional and/or program Web site
- Interviews with faculty
- Interviews with students
5.4 Analyzes and shares student learning outcome data and program effectiveness data to foster continuous program improvement.

**Explanation:**
Analysis of student learning outcome data and program effectiveness data allows the program to identify strengths and areas for improvement to bring about systematic program improvement. This analysis also provides a means of accountability to communities of interest. It is the program’s prerogative to determine its communities of interest.

The analysis must be reviewed with the program’s communities of interest. One method to accomplish this would be the development of an assessment committee. The composition of the assessment committee may be the program’s advisory committee or a separate committee that focuses on the assessment process. The committee should be used to provide feedback on student achievement and assist the program with strategies for improving its effectiveness. This review should occur at least annually and must be formally documented.

For additional information regarding assessment, please refer to [www.jrcert.org](http://www.jrcert.org).

**Required Program Response:**
- Describe how the program analyzes student learning outcome data and program effectiveness data to identify areas for program improvement.
- Describe how the program shares its student learning outcome data and program effectiveness data with its communities of interest.
- Describe examples of changes that have resulted from the analysis of student learning outcome data and program effectiveness data and discuss how these changes have led to program improvement.
- Provide a copy of the program’s actual student learning outcome data since the last accreditation award. This data may be documented on previous assessment plans or on a separate document.
- Provide documentation that student learning outcome data and program effectiveness data has been shared with communities of interest.

**Possible Site Visitor Evaluation Methods:**
- Review of student learning outcome data and program effectiveness data to support the assessment plan
- Review of representative samples of measurement tools used for data collection
- Review of aggregate data
- Review of meeting minutes related to the assessment process
- Interviews with faculty
5.5 Periodically evaluates its assessment plan to assure continuous program improvement.

Explanation:
Identifying and implementing needed improvements in the assessment plan leads to programmatic improvement and renewal. As part of the assessment cycle, the program should review its assessment plan to assure that assessment measures are adequate and that the assessment process is effective in measuring student learning outcomes. At a minimum, this evaluation must occur at least every two years and be documented in meeting minutes.

For additional information regarding assessment, please refer to www.jrcert.org.

Required Program Response:
- Describe how this evaluation has occurred.
- Provide documentation that the plan is evaluated at least once every two years.

Possible Site Visitor Evaluation Methods:
- Review of meeting minutes related to the assessment process
- Review of assessment committee meeting minutes, if applicable
- Interviews with faculty
Summary for Standard Five

1. List the major strengths of Standard Five, in order of importance.

2. List the major concerns of Standard Five, in order of importance.

3. Provide the program’s plan for addressing each concern identified.

4. Describe any progress already achieved in addressing each concern.

5. Describe any constraints in implementing improvements.
Standard Six

Institutional/Programmatic Data

Standard Six: The program complies with JRCERT policies, procedures, and STANDARDS to achieve and maintain specialized accreditation.

Objectives: In support of Standard Six, the program:

Sponsoring Institution

6.1 Documents the continuing institutional accreditation of the sponsoring institution.

6.2 Documents that the program’s energized laboratories are in compliance with applicable state and/or federal radiation safety laws.

Personnel

6.3 Documents that all faculty and staff possess academic and professional qualifications appropriate for their assignments.

Clinical Settings

6.4 Establishes and maintains affiliation agreements with clinical settings.

6.5 Documents that clinical settings are in compliance with applicable state and/or federal radiation safety laws.

Program Sponsorship, Substantive Changes, and Notification of Program Officials

6.6 Complies with requirements to achieve and maintain JRCERT accreditation.
6.1 Documents the continuing institutional accreditation of the sponsoring institution.

Explanation:
The goal of accreditation is to ensure that the education provided by institutions meets acceptable levels of quality. The sponsoring institution must be accredited by:

- an agency recognized by the United States Department of Education (USDE) and/or Council for Higher Education Accreditation (CHEA),
- The Joint Commission (TJC), or
- equivalent standards.

Required Program Response:
Provide documentation of current institutional accreditation for the sponsoring institution. This may be a copy of the award letter, certificate, or printout of the institutional accreditor’s Web page.
6.2 Documents that the program’s energized laboratories are in compliance with applicable state and/or federal radiation safety laws.

Explanation:
Compliance with applicable laws promotes a safe environment for students and others. Records of compliance must be maintained for the program’s energized laboratories.

Required Program Response:
Provide certificates and/or letters for each energized laboratory documenting compliance with state and/or federal radiation safety laws.
6.3 Documents that all faculty and staff possess academic and professional qualifications appropriate for their assignments.

- Full-time Program Director:

  Holds, at a minimum, a master’s degree,

  Is proficient in curriculum design, program administration, evaluation, instruction, and academic advising,

  Documents three years clinical experience in the professional discipline,

  Documents two years of experience as an instructor in a JRCERT-accredited program, and

  Holds American Registry of Radiologic Technologists current registration in radiography or equivalent (i.e., unrestricted state license for the state in which the program is located).

- Full-time Clinical Coordinator:

  Holds, at a minimum, a baccalaureate degree,

  Is proficient in curriculum development, supervision, instruction, evaluation, and academic advising,

  Documents two years clinical experience in the professional discipline,

  Documents a minimum of one year of experience as an instructor in a JRCERT-accredited program, and

  Holds American Registry of Radiologic Technologists current registration in radiography or equivalent (i.e., unrestricted state license for the state in which the program is located).

- Full-time Didactic Program Faculty:

  Holds, at a minimum, a baccalaureate degree,

  Is qualified to teach the subject,

  Is knowledgeable of course development, instruction, evaluation, and academic advising,

  Documents two years clinical experience in the professional discipline, and

  Holds American Registry of Radiologic Technologists current registration in radiography or equivalent (i.e., unrestricted state license for the state in which the program is located).
- Part-time Didactic Program Faculty

  Holds academic and/or professional credentials appropriate to the subject content area taught and

  Is knowledgeable of course development, instruction, evaluation, and academic advising.

- Clinical Instructor(s):

  Is proficient in supervision, instruction, and evaluation,

  Documents two years clinical experience in the professional discipline, and

  Holds American Registry of Radiologic Technologists current registration in radiography or equivalent (i.e., unrestricted state license for the state in which the clinical setting is located).

- Clinical Staff:

  Holds American Registry of Radiologic Technologists current registration in radiography or equivalent (i.e., unrestricted state license for the state in which the clinical setting is located).

**Explanation:**

Appropriate knowledge, proficiency, and certification (if appropriate) provide a foundation that promotes a sound educational environment.

Faculty and staff must possess academic and professional qualification(s) appropriate for their assignment. Clinical instructors and clinical staff supervising students’ performance in the clinical component of the program must document ARRT registration (or equivalent) or other appropriate credentials. Appropriate credentials, other than ARRT registration (or equivalent), may be used for qualified health care practitioners supervising students in specialty areas (e.g., registered nurse supervising students performing patient care skills, phlebotomist supervising students performing venipuncture, etc.).

**Required Program Response:**

- For all program officials not previously identified on the program’s database, submit a request for recognition of program officials including a current curriculum vitae and documentation of current registration by the American Registry of Radiologic Technologists* or equivalent.

- For all currently recognized program officials [program director, educational coordinator (if applicable), full-time didactic faculty, and all clinical preceptors], submit a current registration by the American Registry of Radiologic Technologists* or equivalent.

*These may be copies of current registration cards or “ARRT Identification” page available at www.arrt.org.
6.4 Establishes and maintains affiliation agreements with clinical settings.

Explanation:
Formalizing relations between the program and the clinical setting helps assure the quality of clinical education by delineating appropriate responsibilities of the program and the clinical setting. An appropriate termination clause assures that students will have an opportunity to complete the clinical education component. The JRCERT defines an affiliation agreement as a formal written understanding between an institution sponsoring the program and an independent clinical setting.

An affiliation agreement must identify the responsibilities of all parties and, specifically, must address student supervision, student liability, and provide adequate notice of termination of the agreement. An affiliation agreement is not needed for clinical settings owned by the sponsoring institution; however, a memorandum of understanding between the clinical setting and the sponsoring institution is recommended. At a minimum, the memorandum should address responsibilities of both parties and student supervision.

Required Program Response:
Provide copies of current, signed affiliation agreements with each clinical setting.
6.5 Documents that clinical settings are in compliance with applicable state and/or federal radiation safety laws.

Explanation:
Compliance with applicable laws promotes a safe environment for students and others. Records of compliance must be maintained for each clinical setting. Clinical settings may be recognized by The Joint Commission (TJC), DNV Healthcare, Inc., Healthcare Facilities Accreditation Program (HFAP), or an equivalent agency, or may hold a state-issued license.

Required Program Response:
Provide letters, certificates, or printouts of Web pages demonstrating the current recognition status of each clinical setting.
6.6 **Complies with requirements to achieve and maintain JRCERT accreditation.**

*Explanation:*
Programs must comply with JRCERT policies and procedures to maintain accreditation. JRCERT accreditation requires that the sponsoring institution has primary responsibility for the educational program and grants the terminal award.

Sponsoring institutions may include educational programs established in vocational/technical schools, colleges, universities, hospitals, or military facilities. The JRCERT also recognizes a consortium as an appropriate sponsor of an educational program. A consortium is two or more academic or clinical institutions that have formally agreed to sponsor the development and continuation of an educational program. The consortium must be structured to recognize and perform the responsibilities and functions of a sponsoring institution.

The JRCERT does not recognize branch campuses. The JRCERT requires that each program location have a separate accreditation award.

Additionally, the JRCERT will not recognize a healthcare system as the program sponsor. A healthcare system consists of multiple institutions operating under a common governing body or parent corporation. A specific facility within the healthcare system must be identified as the sponsor.

The JRCERT requires programs to maintain a current and accurate database. Updates should be reflected within thirty (30) days of effective change date. Additionally, the JRCERT requires notification of substantive changes within thirty (30) days of implementation.

*Required Program Response:*
- Report any database changes.
- Report any substantive change not previously submitted.
Summary for Standard Six

1. List the major strengths of **Standard Six**, in order of importance.

2. List the major concerns of **Standard Six**, in order of importance.

3. Provide the program’s plan for addressing each concern identified.

4. Describe any progress already achieved in addressing each concern.

5. Describe any constraints in implementing improvements.
A. Program/Sponsoring Institution Responsibilities

1. Applying for Accreditation

The accreditation review process conducted by the Joint Review Committee on Education in Radiologic Technology (JRCERT) can be initiated only at the written request of the chief executive officer or an officially designated representative of the sponsoring institution.

This process is initiated by submitting an application and self-study report, prepared according to JRCERT guidelines, to:

Joint Review Committee on Education in Radiologic Technology
20 North Wacker Drive, Suite 2850
Chicago, IL 60606-3182

2. Administrative Requirements for Maintaining Accreditation

a. Submitting the self-study report or a required progress report within a reasonable period of time, as determined by the JRCERT.

b. Agreeing to a reasonable site visit date before the end of the period for which accreditation was awarded.

c. Informing the JRCERT, within a reasonable period of time, of changes in the institutional or program officials, program director, clinical coordinator, full-time didactic faculty, and clinical instructor(s).

d. Paying JRCERT fees within a reasonable period of time.

e. Returning, by the established deadline, a completed Annual Report.

f. Returning, by the established deadline, any other information requested by the JRCERT.

Programs are required to comply with these and other administrative requirements for maintaining accreditation. Additional information on policies and procedures is available at www.jrcert.org.

Program failure to meet administrative requirements for maintaining accreditation will lead to being placed on Administrative Probationary Accreditation and result in Withdrawal of Accreditation.
B. JRCERT Responsibilities

1. Administering the Accreditation Review Process

The JRCERT reviews educational programs to assess compliance with the Standards for an Accredited Educational Program in Radiography.

The accreditation process includes a site visit.

Before the JRCERT takes accreditation action, the program being reviewed must respond to the report of findings.

The JRCERT is responsible for recognition of clinical settings.

2. Accreditation Actions

JRCERT accreditation actions for Probation may be reconsidered following the established procedure.

JRCERT accreditation actions for Accreditation Withheld or Accreditation Withdrawn may be appealed following the established procedure. Procedures for appeal are available at www.jrcert.org.

All other JRCERT accreditation actions are final.

A program or sponsoring institution may, at any time prior to the final accreditation action, withdraw its request for initial or continuing accreditation.

Educators may wish to contact the following organizations for additional information and materials:

accreditation: Joint Review Committee on Education in Radiologic Technology
20 North Wacker Drive, Suite 2850
Chicago, IL 60606-3182
(312) 704-5300
www.jrcert.org

curriculum: American Society of Radiologic Technologists
15000 Central Avenue, S.E.
Albuquerque, NM 87123-3909
(505) 298-4500
www.asrt.org

certification: American Registry of Radiologic Technologists
1255 Northland Drive
St. Paul, MN 55120-1155
(651) 687-0048
www.arrt.org
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JRCERT
20 North Wacker Drive
Suite 2850
Chicago, IL 60606-3182
(312) 704-5300
(312) 704-5304 (fax)
mail@jrcert.org (e-mail)
www.jrcert.org
1. The radiologic technologist acts in a professional manner, responds to patient needs and supports colleagues and associates in providing quality patient care.

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

3. The radiologic technologist delivers patient care and service unrestricted by the concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of sex, race, creed, religion or socio-economic status.

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

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

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

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

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

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

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

RADIOLOGIC TECHNOLOGY PROGRAMS

Request for CTO Hours

Today’s Date _______________________ Student’s Name __________________________

Number of CTO Hours to be used: ______________________________________________

Half Day (3.5hrs) or Full Day (7 hrs)

Date to be used: _________________________________

Student’s Signature ____________________________________________

Clinical Coordinator Signature ___________________________________

Forms must be filled out and handed in at least 48 hours prior to request date unless otherwise specified.

* CTO time may only be taken in half day or full day segments.
Declaración de Embarazo

(Student completion of this Declaration of Pregnancy form is voluntary.)

**Student Data:**
- **Name:**
- **Established Conception Date:**
- **Established Delivery Date:**
- **Department:**
- **Department Mail Address:**
- **Supervisor:**
- **Declaration Date:**
- **Film Badge #:**
- **Phone – Work:**
- **Home:**
- **Phone:**

**Radiation History Review:**
- **Radiation Sources:**
  - **Dx X-ray:**
  - **Rx X-ray:**
  - **Other?:**
- **Nuclear Medicine:**
- **Sealed Sources:**

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<th>Avg. (mRem)</th>
<th>Max. (mRem)</th>
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**Based on:**
- **Individual** records
- **Group**

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<tr>
<th>Fetal Dose Pre-Declaration</th>
<th>Fetal Dose Post-Declaration</th>
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**Total Before:**

**Total After:**

**Recommendation:**

**Declaration of Pregnancy:**
- **Student Signature:**
- **Date:**
- **RSO Signature:**
- **Date:**
APPENDIX F

UNIFORM INFORMATION

SCRUB WEAR HOUSE  
2409 Main Street  
Rocky Hill, CT 06067  
(860) 571-8966  
Scrubwearhouse.net

SCRUB WEAR HOUSE  
232 Boston Post Road  
Milford, CT 06460  
(203) 877-1293

SCRUB WEAR HOUSE  
625 Wolcott Street  
Waterbury, CT 06705  
(203) 527-4440

LEAD MARKERS

Pbmarker.com  
Item #13A  
Color: Red and Blue ONLY  
Must have 3 initials included
### APPENDIX G

**ARRT - Clinical Competency Requirements Checklist (Eff.1/17)**

<table>
<thead>
<tr>
<th>Radiologic Procedure</th>
<th>Mandatory or Elective</th>
<th>Knowledge Assessment</th>
<th>Patient or Simulated</th>
<th>Date of Competency Completion</th>
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<tbody>
<tr>
<td><strong>Chest and Thorax</strong></td>
<td></td>
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</tr>
<tr>
<td>Chest Routine</td>
<td>M</td>
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</tr>
<tr>
<td>Chest AP (wheelchair or stretcher)</td>
<td>M</td>
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</tr>
<tr>
<td>Ribs</td>
<td>M</td>
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<tr>
<td>Chest Lateral Decubitus</td>
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</tr>
<tr>
<td>Sternum</td>
<td>E</td>
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<tr>
<td>Upper Airway (soft-tissue neck)</td>
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<td><strong>Upper Extremity</strong></td>
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<td>Thumb or Finger</td>
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<tr>
<td>Elbow</td>
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<td>Humerus</td>
<td>M</td>
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<tr>
<td>Shoulder</td>
<td>M</td>
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<tr>
<td><strong>Trauma Shoulder (Scapular Y, Transthoracic or Axillary)</strong>*</td>
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<td>Clavicle</td>
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<td>AC joints</td>
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<td><strong>Trauma Upper Extremity (Non-Shoulder)</strong></td>
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<td><strong>Lower Extremity</strong></td>
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<td>Toes</td>
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<td>Knee</td>
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<td>Femur</td>
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<td><strong>Trauma Lower Extremity</strong></td>
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<td>Patella</td>
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<td>Skull</td>
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<td>Paranasal Sinuses</td>
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<td>Orbits</td>
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<td>Zygomatic Arches</td>
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<td><strong>Spine and Pelvis</strong></td>
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<td>X-table Lateral Spine</td>
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<td>Abdomen Supine (KUB)</td>
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<td>Contrast Enema (single or double contrast)</td>
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<td>Esophagus</td>
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<td>Cystography/Cystourethrography</td>
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<td>ERCP</td>
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<td><strong>Mobile C-Arm Studies</strong></td>
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<td>C-Arm Procedure (Requiring manipulation to obtain more than one projection)</td>
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<td><strong>Surgical Procedure (Requiring manipulation around a sterile field)</strong></td>
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<td>Orthopedic</td>
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<td><strong>Pediatrics (age 6 or younger)</strong></td>
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<td>Abdomen</td>
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<tr>
<td>Mobile Study</td>
<td>E</td>
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<td>Geriatrics (age 65 or older and physically or cognitively impaired as a result of aging)</td>
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<tr>
<td>Upper Extremity</td>
<td>M</td>
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**APPENDIX H**

Gateway Community College – Radiography
Student Evaluation of Clinical Instructor

5 – Very strongly AGREE 4 – Strongly AGREE 3 – AGREE 2 – DISAGREE 1 – Strongly DISAGREE

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<tr>
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<th>4</th>
<th>3</th>
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</thead>
<tbody>
<tr>
<td>1. gave the student opportunities to perform various radiographic exams</td>
<td></td>
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</tr>
<tr>
<td>2. offered direct and indirect supervision as outlined in the Radiography Program Student Handbook</td>
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<tr>
<td>3. was available to students on a regular basis</td>
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<tr>
<td>4. demonstrated support for Program policies and procedures</td>
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<tr>
<td>5. followed the competency evaluation procedure as written</td>
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<tr>
<td>6. offered constructive criticism in a timely manner as to support student learning</td>
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<tr>
<td>7. demonstrated a positive attitude toward students</td>
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<tr>
<td>8. demonstrated a positive attitude toward the College and Program faculty/staff</td>
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<tr>
<td>9. critiqued images after exam</td>
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<tr>
<td>10. Effectively handled student questions/concerns/problems</td>
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<table>
<thead>
<tr>
<th>THE STAFF TECHNOLOGISTS FOR THIS ROTATION WERE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. helpful</td>
</tr>
<tr>
<td>12. eager to work with students</td>
</tr>
<tr>
<td>13. supportive of the Program and students</td>
</tr>
<tr>
<td>14. eager to work with students</td>
</tr>
<tr>
<td>15. offered students constructive criticism</td>
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</table>

<table>
<thead>
<tr>
<th>THE PHYSICAL ASPECTS OF THIS ROTATION PROVIDED:</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. an adequate number of procedures for my educational experience</td>
</tr>
<tr>
<td>17. equipment in good working order</td>
</tr>
<tr>
<td>18. well defined procedure guidelines</td>
</tr>
<tr>
<td>19. exposure guidelines/technique chart</td>
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<tr>
<th>GENERAL INFORMATION:</th>
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<tbody>
<tr>
<td>20. My overall experience in this rotation was both educational and beneficial</td>
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</table>
**Evaluation of Clinical Affiliate/Rotation**

**Directions:** Answer the following questions based on your OWN assessment of the rotation and affiliate. Please answer ALL questions. If you mark a 1 or 2 for any question, please be sure to include an explanation for that answer in the comments section of this evaluation. The evaluation will be kept confidential and be used to help the Program identify areas where improvement is needed.

Date: ________________________________  
Affiliate: _____________________________

**Use the following key to answer the questions:**

5 – Very strongly AGREE   4 – Strongly AGREE   3 – AGREE   2 – DISAGREE  1 – Strongly DISAGREE

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<tr>
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<th>3</th>
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</thead>
<tbody>
<tr>
<td>1. gave the student opportunities to perform various radiographic exams</td>
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<tr>
<td>2. offered direct and indirect supervision as outlined in the Program Guide</td>
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<tr>
<td>3. was available to students on a regular basis</td>
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<td>4. demonstrated support for Program policies and procedures</td>
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<td>5. followed the competency evaluation procedure as written</td>
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<tr>
<td>6. offered constructive criticism in a manner that supports student learning</td>
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<tr>
<td>7. demonstrated a positive attitude toward students</td>
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<tr>
<td>8. demonstrated a positive attitude toward the College and Program</td>
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<tr>
<td>9. critiqued images after exam</td>
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<tr>
<td>10. Effectively handled student questions/concerns/problems</td>
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<tbody>
<tr>
<td>11. helpful</td>
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<tr>
<td>12. eager to work with students</td>
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<tr>
<td>13. supportive of the Program and students</td>
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<td>14. eager to work with students</td>
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<td>15. offered students constructive criticism</td>
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<td>16. an adequate number of procedures for my educational experience</td>
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<tr>
<td>17. equipment in good working order</td>
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<tr>
<td>18. well defined procedure guidelines</td>
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<tr>
<td>19. exposure guidelines/technique chart</td>
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**GENERAL INFORMATION:**

| 20. My overall experience in this rotation was educational and beneficial |   |   |   |   |   |
APPENDIX J

In addition to the written evaluation, the student will be expected to perform and/or answer the following:

Exit Interview

1. The student must perform one GI exam from beginning to end.
   a. Student sets up for exam
   b. Student gets patient ready for exam
   c. Student contacts Radiologist
   d. Student assists Radiologist throughout study
   e. Student does all imaging for entire case
   
   - Sets technical factors
   - Positions patient
   - Operates CR/DR system
   - Image critique and evaluation
   - Labels Images (if applicable)
   - Completes the case

2. Bring student to general radiographic area/room. Again have student draw various exams scheduled for that area and observe for the above criteria. Eliminate those steps that do not apply.

3. Have student perform portable examination from beginning to end.

4. Have student simulate or if possible, perform an OR procedure.

5. Have student write a short essay on a clinical topic chosen by the Clinical Coordinator and Program Director.

6. Assess the student’s communication and interpersonal skills:
   a. can they obtain information from appropriate people?
   b. how do they get along with all personnel involved in the procedures?
## Exit Competency

*Criteria based GCC Radiography Exit Competency Guidelines*

<table>
<thead>
<tr>
<th>Graduate:</th>
<th>Hospital: Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Task Inventory</strong></td>
<td>.25</td>
</tr>
<tr>
<td><strong>Perform diagnostic Radiographic examination to provide a source of information for interpretation by radiologist and viewing for referring physicians.</strong></td>
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<tr>
<td>1.1 Consistently verify physician’s orders on requisitions as observed by coordinator.</td>
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<tr>
<td>1.2 Identify correct patient for requested examination, 100% of the time as observed by coordinator.</td>
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<tr>
<td>1.3 Capable of performing specific examinations in assigned areas as observed by student evaluator or coordinator.</td>
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<tr>
<td>1.4 Consistently explain requested procedure to patients to alleviate fears and anxieties as observed by student evaluator.</td>
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<tr>
<td>1.5 Consistently position patients properly for requested examination as observed by Radiologist.</td>
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<tr>
<td>1.6 Select proper technical factors on an individual patient basis to produce optimal radiographic images consistently, as observed by student evaluator.</td>
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<tr>
<td>1.7 Process films to produce images for viewing and interpretation as needed as observed by student evaluator.</td>
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<tr>
<td>1.8 Evaluates radiographic images for appropriate positioning and image quality.</td>
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<tr>
<td>1.9 Routinely exhibits good planning and organizational skills to provide timely completion of examination schedule and facilitate examinations.</td>
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<tr>
<td>1.10 Consistently initials exam requisition as observed by student evaluator/coordinator.</td>
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<tr>
<td><strong>TOTAL SCORE FOR TASK 1 out of 10 points</strong></td>
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<tr>
<td>Operates Radiographic Equipment to ensure proper technical results.</td>
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<tr>
<td>2.1 Conduct daily inspection of Radiographic Equipment to ensure diagnostic quality of each procedure as observed by student evaluator.</td>
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</tbody>
</table>

**Task Inventory**  
2.2 Maintain clean work area to ensure safe operation of all equipment as observed by student evaluator.

2.3 Always demonstrate a positive, supportive and constructive behavior both inter- and intra- departmental communication as observed by student evaluator/coordinator.

2.4 Is familiar with and uses correct positioning devices as needed as observed by student evaluator or coordinator.

2.5 Sets up and adjusts radiation protection devices for patients 100% of the time as observed by student evaluator.

2.6 Uses provided equipment for Radiation protection to the operator 100% of the time as observed by student evaluator.

2.7 Is familiar with all contrast media used in specific diagnostic studies and is aware of reactions and reports of incidents to Radiologist and student evaluator.

2.8 Routinely uses lead markers to properly identify patient position on x-ray image as observed by student evaluator.

**TOTAL SCORE FOR TASK 2 out of 8 points**

<table>
<thead>
<tr>
<th>Prepares examination room ensuring cleanliness and supplies to assure proper and accurate performance of exams.</th>
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<tbody>
<tr>
<td>3.1 Replace any used supplies immediately after patient dismissed 95% of the time as observed by the student evaluator.</td>
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</table>

3.2 Execute cleaning of examination room before and after patient examination
100% of the time as observed by student evaluator.

3.3 Notify your Lead Technologist or Supervisor of assigned area of any needed supplies to ensure continual supply as needed.

3.4 Notify Lead Technologist or Supervisor of any malfunction in equipment to assure its proper use during patient care 100% of the time as observed by Supervisor.

3.5 Notify Lead Technologist or Supervisor of any need for environmental repair as needed.

3.6 Routinely sets up for examination to ensure efficiency in Radiographic procedures as observed by student evaluator.

3.7 Routinely checks medication and contrast material for expiration dates as observed by supervisor.

**TOTAL SCORE FOR TASK 3 out of 7 points**

<table>
<thead>
<tr>
<th>Task Inventory</th>
<th>Score</th>
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<tbody>
<tr>
<td>Performs various general support functions in department to ensure efficient utilization of time.</td>
<td>.25  .50  .75  1.0  Score</td>
</tr>
</tbody>
</table>

4.1 Consistently inspect patient’s radiographic file folder to assure proper assignment and procedure as observed by student evaluator/clinical coordinator.

4.2 Correlates procedures change with actual procedure performed as observed by student evaluator/coordinator.

4.3 Checks patient schedule to provide orderly flow of procedures through department as observed by supervisor.

4.4 Function in any position within assigned or other areas to ensure continuation of services to patients as needed as observed by student evaluator/clinical coordinator.

4.5 Works well with co-workers and is willing to assist them in performing radiographic procedures or other related...
<table>
<thead>
<tr>
<th>Task Inventory</th>
<th>.25</th>
<th>.50</th>
<th>.75</th>
<th>1.0</th>
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<tbody>
<tr>
<td>6.1 Graduate A.M.A. approved school of Radiologic Technology in accordance with program requirements for graduation.</td>
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<td>6.2 Pass simulated Registry given at end of second year, 75% +</td>
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<td>6.3 Maintain a 2.5 or better average in core courses.</td>
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<td>6.4 Complete competency in all aspects of general radiography.</td>
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<td>6.5 Maintains ethical conduct in accordance to program policy and ASRT code of ethics throughout the program.</td>
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<td>TOTAL SCORE FOR TASK 6 out of 5 points</td>
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<td>Demonstrates standards of behavior in accordance with hospital training to ensure a professional, responsive, and courteous hospital environment for patients, visitors, and fellow employees.</td>
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<td>7.1 Interacts with all others in a considerate, helpful and courteous manner as established by departmental practice and procedure as observed by supervisor or noted in reports or correspondence from concerned parties with no more than three variances in a review year.</td>
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<td>7.2 Maintains confidentiality of designated hospital and patient information with no violations of hospital policy or procedure as observed by supervisor and staff.</td>
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<td>7.3 Presents neat appearance in appropriate dress and identification as required by the position and department standards and/or hospital policy with no more than one variance in a six month period as observed by supervisor and staff.</td>
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<td>7.4 Conducts all work activities with respect for rights and wishes of others including the maintenance of a pleasant, quiet environment with no more than two legitimate documented variances per year.</td>
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<td>7.5 Fosters mature, professional relationships with fellow employees in a courteous, friendly manner at all times (as exhibited in such behaviors as remaining calm during stressful situations, admitting personal error and controlling emotions during frustrating or anger-provoking situations) as measured by supervisor observation and peer input.</td>
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<tr>
<td>Task Inventory</td>
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<td>7.6 Participates as effective team member by performing additional assignments not directly related to job description when workload requires, anticipating departmental need and flexibility in adapting to support these goals with no more than three variances in a year as noted by supervisor.</td>
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<td>7.7 When in the situation to do so, answers telephone, responds to inquiries and greets visitors in department in a polite and courteous manner 100% of the time as noted by peer input and management observation.</td>
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<tr>
<td><strong>TOTAL SCORE FOR TASK 7 out of 7 points</strong></td>
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<td>7.0</td>
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<tr>
<td>Follows established program and affiliate departmental precautions and procedures in the performance of all job duties to ensure a safe work environment for self and others.</td>
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<tr>
<td>8.1 Operates assigned equipment and performs duties in a safe manner by following all procedures as instructed during training and/or orientation, with no more than two non-serious variances, or one serious variance during the evaluation period as observed by supervisor.</td>
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<td>8.2 Demonstrates on a consistent basis the competent use of proper body mechanics, as trained, in all functions which require the movement of any object by not incurring any lost time injury as a result of improper techniques or procedures during the evaluation period as demonstrated in reports of injury.</td>
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<td>8.3 Follows all Student Health Services procedures as mandated by policy and/or task specific requirements with no variances as reported by supervisor or health service staff/records.</td>
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<td>8.4 Demonstrates a complete understanding of established and published emergency procedures with no</td>
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</table>
more than two observed or reported variances during any code (drill or real) as noted by supervisor.

8.5 Practices infection control and universal precautions as instructed for work area with no variances as observed by supervisor.

8.6 Demonstrates an understanding of and practices acceptable levels of personal hygiene and established standards of cleanliness in the work area as observed by supervisor.

<table>
<thead>
<tr>
<th>Task Inventory</th>
<th>.25</th>
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<th>.75</th>
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</thead>
<tbody>
<tr>
<td>8.7 On a regular basis maintains work area and equipment in the condition required by departmental standards, assists as required in the proper maintenance of the departmental work area and reports any malfunctioning equipment to the established authority as observed by supervisor with no more than three variances during the review period.</td>
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TOTAL SCORE FOR TASK 8 out of 7 points

Meets program attendance and punctuality requirements to ensure proper clinical training and consideration to patients, customers and co-workers.

9.1 Incurs no more than two incidents of unscheduled absences (UCTO) in a six month period or five in a program year as noted in attendance record.

9.2 Incurs no more than three incidents or unscheduled tardiness (as defined in department policy) in a six month period or five incidents in a program year as noted in attendance record.

9.3 Provides notification for unscheduled absences or tardiness in accordance with established program practices and procedures with no more than two variances in a program year as noted by supervisor.
9.4 Requests scheduled time off (CTO) in accord with established procedure with no more than two variances in a year as noted by supervisor.

9.5 Consistently observes sign-in and sign-out policy and procedures.

<table>
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<tr>
<th>TOTAL SCORE FOR TASK 9 out of 5 points</th>
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Completion and submission of clinical log book (worth 20 points)  

Essay (worth 15 points)  

TOTAL EXIT COMPETENCY SCORE  

Exit Comp Evaluator Signature: _________________________________
EMERGENCY
EVACUATION/LOCKDOWN PLAN

Date: January 1, 2013
EVACUATION PLAN

Everyone in the building must evacuate when an alarm sounds and/or upon verbal notification by authorized personnel.

All persons in classrooms should be directed to move in an orderly manner to the designated exits posted on the Emergency Action Plan chart located on the wall of the room’s egress.

If time and safety permits, close all doors.
If your assigned exit is blocked, keep calm and seek nearest exit.

When outside of building proceed away from the building and stay out of roadways and areas utilized by emergency personnel.
Remain outside of the building until the security staff authorizes re-entry.

2. The Early Learning Center evacuated to the Temple Street Garage.

3. Gateway Garage evacuated to the Crown Street sidewalk.

4. Persons with a physical/mobility disability, who cannot exit, should be accompanied to the rescue area and where they shall wait for the emergency personnel to arrive and evacuate them.
The rescue areas are as follows:

Second Floor Bridge-stairwell/escalator
Third Floor Bridge-stairwell
Fourth Floor Bridge-stairwell
EMERGENCY LOCK DOWN PROCEDURES

If a lockdown occurs, proceed to nearest office or classroom. If already in office or classroom, stay there.

If time and safety permits, close and lock all doors

Shut off lights and stay out of sight

Dial 911 (8-911 from college phone) or call GCC Security (203)285-2246/(203)285-2611 (x52246/x52611)

Do not leave your location until you are given an “all clear” sign by an authorized person – Police, Fire or Security Staff.

STAY: CALM, QUIET, WAIT
EMERGENCY REPORTING PROCEDURES

Reporting Procedures

Notify the Security Department of any emergency situations
Keep calm
Keep others calm

Campus Security Department:
ON CAMPUS dial x52246
OFF CAMPUS dial 203-285-2246

* In a medical or police emergency in which Security cannot be reached, dial 911(8-911 from college phone)

EMERGENCY PHONE NUMBERS

Emergency Operator (All life-threatening Emergencies) ............... 8-911

When calling, stay calm and carefully explain the problem and location to the Dispatcher. Do not hang up until told to do so.

Information to give to 911 and/or Public Safety:
Your Name
Emergency Location (Bldg. name & #, Floor #___, Room #___)
Size and Type of Emergency
Any Additional Information requested by the Operator

College Operator .................................................................203-285-2000 (x52000)
Security Department ..........................................................203-285-2246 (x52246)
Building Maintenance Supervisor ......................................203-285-2240 (x52240)
Facilities and Events Management Director .......................203-285-2223 (x52223)
APPENDIX L

Radiography Program Technical Standards

The Gateway Community College Radiography Program has established technical standards that must be met by each student admitted into the Program. Each student must be able to:

- Operate radiographic equipment which will include lifting, pushing and reaching.
- Verbally communicate in a clear and concise manner while operating equipment, positioning patients, and performing other duties as assigned.
- Read and apply appropriate instructions in treatment charts, procedure requisitions, treatment prescriptions, notes and records.
- Lift a minimum of forty (40) pounds of weight (treatment cones, cassettes, imaging receptors and ancillary aids used for patient procedures), up and over the level of the head.
- Move a patient and equipment into accurate positions to insure proper exposure/treatment.
- Move immobile patients from stretcher to radiographic table with assistance from departmental personnel.
- Understand and apply clinical instructions given.
- Enter clinical data into computer system for specified procedures.
- Monitor patients during radiographic procedures.
- Monitor audio and video equipment during radiographic procedures.
- Monitor equipment and background sounds during equipment operations.
- Complete all required competencies in a manner that demonstrates accuracy, consistency, and retention of learned skills and information.
This document replaced the “Patient’s Bill of Rights” in 2003, and is distributed to patients in the form of an easy to read brochure.

1. **High quality hospital care.** Our first priority is to provide you with the care you need, when you need it, with skill, compassion and respect. Tell your caregivers if you have concerns about your care or if you have pain. You have the right to know the identity of doctors, nurses and others involved in your care, and you have the right to know when they are students, residents or other trainees.

2. **A clean and safe environment.** Our hospital works hard to keep you safe. We use special policies and procedures to avoid mistakes in your care and keep you free from abuse and neglect. If anything unexpected and significant happens during your hospital stay, you will be told what happened, and any resulting changes in your care will be discussed with you.

3. **Involvement in your care.** You and your doctor often make decisions about your care before you go to the hospital. Other times, especially in emergencies, those decisions are made during your hospital stay. When decision-making takes place, it should include:

   a. **Discussing your medical condition and information about medically appropriate treatment choices.** To make informed decisions with your doctor, you need to understand:
      i. The benefits and risks of each treatment.
      ii. Whether your treatment is experimental or part of a research study.
      iii. What you can reasonably expect from your treatment and any long-term effects it might have on your quality of life.
      iv. What you and your family will need to do after you leave the hospital.
      v. The financial consequences of using uncovered services or out-of-network providers.
      vi. Please tell your caregivers if you need more information about treatment choices.

   b. **Discussing your treatment plan.** When you enter the hospital, you sign a general consent to treatment. In some cases, such as surgery or experimental treatment, you may be asked confirm in writing that you understand what is planned and agree to it. This process protects your right to consent to or refuse a treatment. Your doctor will explain the medical consequences of refusing recommended treatment. It also protects your right to decide if you want to participate in a research study.

   c. **Getting information from you.** Your caregivers need complete and correct information about your health and coverage so that they can make good decisions about your care. That includes:
      i. Past illnesses, surgeries or hospital stays.
      ii. Past allergic reactions.
iii. Any medicines or dietary supplements (such as vitamins and herbs) that you are taking.

iv. Any network or admission requirements under your health plan.

d. **Understanding your health care goals and values.** You may have health care goals and values or spiritual beliefs that are important to your well-being. They will be taken into account as much as possible throughout your hospital stay. Make sure your doctor, your family and your care team know your wishes.

e. **Understanding who should make decisions when you cannot.** If you have signed a health care power of attorney stating who should speak for you if you become unable to make health care decisions for yourself, or a “living will” or “advance directive” that states your wishes about end-of-life care; give copies to your doctor, your family and your care team. If you or your family need help making difficult decisions, counselors, chaplains and others are available to help.

4. **Protection of your privacy.** We respect the confidentiality of your relationship with your doctor and other caregivers, and the sensitive information about your health and health care that are part of that relationship. State and federal laws and hospital operating policies protect the privacy of your medical information. You will receive a Notice of Privacy Practices that describes the ways that we use, disclose and safeguard patient information and that explains how you can obtain a copy of information from our records about your care.

5. **Preparing you and your family for when you leave the hospital.** Your doctor works with hospital staff and professionals in your community. You and your family also play an important role in your care. The success of your treatment often depends on your efforts to follow medication, diet and therapy plans. Your family may need to help care for you at home. You can expect us to help you identify sources of follow-up care and to let you know if our hospital has a financial interest in any referrals. As long as you agree that we can share information about your care with them, we will coordinate our activities with your caregivers outside the hospital. You can also expect to receive information and, where possible, training about the self-care you will need when you go home.

6. **Help with your bill and filing insurance claims.** Our staff will file claims for you with health care insurers or other programs such as Medicare and Medicaid. They will also help your doctor with needed documentation. Hospital bills and insurance coverage are often confusing. If you have questions about your bill, contact our business office. If you need help understanding your insurance coverage or health plan, start with your insurance company or health benefits manager. If you do not have health coverage, we will try to help you and your family find financial help or make other arrangements. We need your help with collecting needed information and other requirements to obtain coverage or assistance.