SECTION I

GATEWAY COMMUNITY COLLEGE

ALLIED HEALTH PROGRAMS

POLICIES AND PROCEDURES
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ABOUT THIS STUDENT GUIDE

This Student Guide contains academic and general information and statements of policy in effect at Gateway Community College for the 2012-2013 year. All program students will receive the yearly student guide and it is each student’s responsibility to become thoroughly familiar with it. The student will be held accountable for the rules, regulations and program policies and requirements it contains. Students in all disciplines of the Allied Health Department are required at all times and wherever located to abide by the following: Policy on Student Conduct published in the Gateway Community College Student Handbook located on the College website (www.gwcc.commnet.edu), the Student Program Guide and the Gateway Community College Catalog; Affiliates’ code of conduct and department policies; and, the Code of Ethics of the pertinent professional organization (ARRT, NMTCB, ASRT, SNMTS, RDMS, etc.).

Student behavior with College and Clinical Affiliate faculty and staff, peers, technologists, physicians, patients, and members of the public must be courteous and appropriate for a professional in training. Students are expected to conduct themselves in a positive manner compatible with their desired profession and in accordance with the ASRT, SNMTS, ARRT, SDMS and NMTCB Codes of Ethics.

The College reserves the right to modify any statement contained herein. Students are responsible for compliance with all regulations contained in this Student Guide and the dates cited in the official academic calendar. Officially approved changes will be disseminated through the Student Handbook Supplement.

This handbook is not intended to cover all topics and circumstances. We reserve the right to respond to specific situations in a manner that we believe best suits the needs of the Program and the student(s) involved, and most closely follows our stated policies.
STATEMENT OF NON-DISCRIMINATION

Gateway Community College will not discriminate against any person on the grounds of race, color, religious creed, sex, age, national origin, ancestry, present or past history of mental disability, marital status, sexual orientation, learning disability, or physical disability, including, but not limited to, blindness, or the prior conviction of a crime, unless the provisions of sections 46a-60(b), of 46a-8(b), or 46a-81(b) of the Connecticut general statutes are controlling or there is a bona fide occupational or educational qualification excluding persons in one of the above protected groups. With respect to the foregoing, discrimination on the basis of sex shall include sexual harassment as defined in section 46a-60(8) of the Connecticut general statutes. Although it is recognized that there are bona fide occupational qualifications, which provide for exception from employment prohibitions, it is understood these exceptions are to be applied pursuant to section 46a-68-33 of the administrative regulations. Further, the college will not discriminate against any individual on the grounds of political beliefs or veteran status. The following individuals have been designated to handle inquiries regarding the non-discrimination policies:

Student Disability Services Office
S202
(230) 285-2231
ALLIED HEALTH PROGRAMS

MISSION AND GOALS

Mission Statement

The Division of Allied Health offers quality instruction in the following disciplines:

- Diagnostic Medical Sonography
- Dietetic Technology
- Exercise Science and Wellness
- Fitness Specialist Certificate
- Health Careers Pathway Certificate
- Nuclear Medicine Technology
- Pre-Dental Hygiene
- Radiation Therapy
- Radiography

According to the standards of our professional organizations, we prepare our students for entry-level positions and/or transfer. Our innovative programs and courses enhance career decisions and lifelong learning.

Goals

- Promote the profession of Allied Health and increase student enrollment.
- Collaborate with regional clinical education center to provide comprehensive learning opportunities within the Allied Health field.
- Provide developmental students with an individual course of study to enhance their academic skills in order to prepare for application to the program of their choice.
- Offer a curriculum that assures competence in written and oral communication, scientific and quantitative reasoning, problem solving, and the tools for lifelong learning.
- Integrate discipline specific didactic and clinical investigation to prepare students for an Allied Health career option.
- Articulate with four-year institutions to provide an educational ladder using the certificate as the foundation for an AS/BS degree.
- Promote ongoing professional development and lifelong learning through community education programs.
- Meet department policy requirements as a means to determine effectiveness.
## RAD PROGRAM ACADEMIC/CLINICAL CALENDAR*

**2012-2013**

### FALL 2012

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summer 2012</td>
<td>Affiliate and Program Orientations</td>
</tr>
<tr>
<td>August 28</td>
<td>Last Day of Extended Registration</td>
</tr>
<tr>
<td>September 3</td>
<td>Labor Day (College Closed), No Clinical</td>
</tr>
<tr>
<td>September 4</td>
<td>First Day of Classes, Fall Clinical Begins</td>
</tr>
<tr>
<td>September 11</td>
<td>Last Day to Add Classes (until 4:00PM)</td>
</tr>
<tr>
<td>October 8</td>
<td>Columbus Day (College Closed), No Clinical</td>
</tr>
<tr>
<td>October 26</td>
<td>Mid-Term Deficiency Reports Due from Faculty</td>
</tr>
<tr>
<td>November 9</td>
<td>Last Day to Make Up Incomplete Grades from Spring 2013</td>
</tr>
<tr>
<td>November 16</td>
<td>Last Day to Withdraw from Individual Classes</td>
</tr>
<tr>
<td>November 21</td>
<td>Faculty Planning Day, No Classes or Clinical</td>
</tr>
<tr>
<td>November 22</td>
<td>Thanksgiving (College Closed), No Clinical</td>
</tr>
<tr>
<td>November 22</td>
<td>Thanksgiving Recess, No Classes or Clinical</td>
</tr>
<tr>
<td>December 13</td>
<td>Last Day of Classes</td>
</tr>
<tr>
<td>December 14-20</td>
<td>Final Examinations, No Clinical</td>
</tr>
<tr>
<td>December 21-Jan 1</td>
<td>Christmas Break, No Clinical</td>
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<tr>
<td>December 23</td>
<td>Last Day to Submit Final Grades (By 12:00 Noon)</td>
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<tr>
<td>December 28</td>
<td>Semester Ends</td>
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### SPRING 2013

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<tr>
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<tr>
<td>January 2</td>
<td>Winter Clinical Internship Begins M-F, 40hrs per week</td>
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<tr>
<td>January 21</td>
<td>Martin Luther King Day (College Closed), No Clinical</td>
</tr>
<tr>
<td>January 22</td>
<td>Last Day of Extended Registration before Classes Begin</td>
</tr>
<tr>
<td>January 23</td>
<td>Professional Day, No Classes or Clinical</td>
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<tr>
<td>January 24</td>
<td>College Day, No Classes or Clinical</td>
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<tr>
<td>January 25</td>
<td>First Day of Classes/Clinical</td>
</tr>
<tr>
<td>February 1</td>
<td>Last Day to Add Classes (Until 4:00PM)</td>
</tr>
<tr>
<td>February 18</td>
<td>President’s Day (College Closed), No Clinical</td>
</tr>
<tr>
<td>March 5</td>
<td>Last Day to Make up Incompletes from Fall 2012</td>
</tr>
<tr>
<td>March 15</td>
<td>Mid-Term Deficiency Reports Due from Faculty</td>
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<tr>
<td>March 25-30</td>
<td>Spring Recess, No Classes or Clinical</td>
</tr>
<tr>
<td>April 12</td>
<td>Last Day to Withdraw from Individual Classes</td>
</tr>
<tr>
<td>May 9</td>
<td>Last Day of Classes/Clinical</td>
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<tr>
<td>May 10-16</td>
<td>Final Examinations, No Clinical</td>
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<tr>
<td>May 20</td>
<td>Summer Clinical Internship II Begins M-F, 40 hrs/week</td>
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<tr>
<td>May 23</td>
<td>Graduation</td>
</tr>
<tr>
<td>May 27</td>
<td>Memorial Day (College Closed), No Clinical</td>
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<tr>
<td>May 31</td>
<td>Semester Ends</td>
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<tr>
<td>July 4</td>
<td>Independence Day (College Closed), No Clinical</td>
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<tr>
<td>July 15-26</td>
<td>Summer Vacation Freshman Students</td>
</tr>
<tr>
<td>August 23</td>
<td>Freshman-Summer Clinical Internship Ends</td>
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</tbody>
</table>

*All dates are subject to change*
REPORTING ABSENCE OR TARDINESS:
Please follow procedure according to program policy*. In addition:
   1. Call within one half hour of the scheduled shift.
   2. Personally contact your Clinical Coordinator and Clinical Site.

Gateway Community College

Marcia Doran, Allied Health Dept. Chair
(203) 285-2390

Julie Austin, Program Director, Radiography
(203) 285-2382

Jaye Viola, Clinical Coordinator, Radiography
(203) 285-2385  (203) 996-5872
(203) 688-1100 – Yale office

*Students are not allowed to contact College or affiliate staff/faculty via their home telephones, personal cell phones or emails.

Please see Section II for a detailed list of Radiography program contact information
These policies apply to all students in any of the four disciplines: Radiography, Nuclear Medicine Technology, Radiation Therapy, and Diagnostic Medical Sonography.

A. **DRESS CODE** (See Section II for program-specific requirements for dress)

B. **STUDENT ATTENDANCE POLICY**
   1. Students are scheduled for eight (8) hours of clinical practicum per day. Please report to your clinical assignment **on time** and be ready to start when your shift begins. Assigned hours for daytime rotations are 8:00 am – 4:30 pm. Assigned hours for evening rotations are 4:00 pm – 10:00 pm. The student will take a one-half hour lunch/dinner break during their scheduled shift. **ANY variation in hours worked must be presented to the Clinical Coordinator who will approve or deny the request at his/her discretion.** The College personnel must approve any **permanent** change in hours worked. Request for a permanent change in hours must be made in writing and will be granted or denied at the discretion of the Program Director.

   2. Hours worked must be verified on a **daily basis** either by the Clinical Coordinator, Clinical Instructor or by the staff technologist in your assigned area (BPT, VA, Griffin, Guilford).

   The student’s daily record is an individual time card. It is the student’s responsibility to log in and out daily using Trajescys, 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 CTO (Clinical Time Off) hours for the rotation, as well as a failure for that rotation.

   At the end of each rotation, clinical hours are tallied and recorded on the Clinical Coordinator’s master clinical time sheet. If the student fails to record their time accurately, they will **not** receive credit for the hours of training and will lose CTO time. **Any inaccuracies entered on the online log in will be considered falsification of documents and will result in immediate dismissal from the Radiography program.** It is **your** responsibility to document the time when coming or leaving the hospital. It is strongly suggested that each student keep separate copies of his or her own records. Students are required to fulfill their clinical obligations. Therefore, no one is permitted to leave the affiliate before the shift ends unless the Clinical Coordinator/Program Director has granted approval. **ANY variation in hours worked without approval from the Clinical Coordinator or Program Director will result in a loss of CTO hours.** Chronic absenteeism and
tardiness will be dealt with in accordance with the disciplinary policy for the program.

3. Students MUST accrue their hours in their assigned area. Changes in scheduled rotations by a student, without permission from the Clinical Coordinator will result in loss of those hours. Because of the necessity to complete competencies in all areas, this ruling will be strictly enforced. The Program reserves the right to alter the rotation schedule as needed to insure all students have adequate rotations in all areas. Students are required to rotate through all clinical sites.

4. Students are assigned to clinical rotations based solely on educational objectives and affiliate staffing. Student requests for changes in clinical rotation assignments will not be considered. The Clinical Coordinator/Program Director reserves the right to change clinical rotation assignments due to educational and/or staffing concerns.

5. Reporting a Non-Scheduled Day-Off or Tardiness: Students who will be unable to report to clinical duty at the start of their scheduled shifts must notify their Clinical Coordinator and the technologist assigned to the clinical area within one half hour of the scheduled shift.

C. USE OF CTO AND UCTO TIME

1. Students will be allotted a total of five (5) CTO (Clinical Time-Off) days per year. Students may only take CTO time in four (4) or eight (8) hour increments. When a student wishes to use their CTO hours, they must schedule the time off with the Clinical Coordinator no later than 24 hours in advance. **No more than one (1) CTO day per rotation may be scheduled.** Should a student miss more than one (1) day in a rotation, **they will not be able to return to that rotation without providing a physician’s note.** Consecutive CTO days will be approved or denied at the discretion of the Clinical Coordinator AND Program Director based on:
   a. consistent progress and level of competency,
   b. the student’s previous and future rotations,
   c. the merit of the request.

2. Calling in sick or not showing up for the clinical shift or leaving early constitutes an unscheduled CTO day (UCTO) from the clinical setting. Students may not accrue more than two (2) UCTO days per term. UCTO days in excess of two (2) per semester must be made up before the end of the semester and may result in disciplinary action. In addition, the semester clinical grade may be affected if excess UCTO days are not made up by the end of the semester. Please refer to the course syllabi for Clinical Practicum I, II, III, IV and Clinical Internships I & II.
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 two (2) or more consecutive days requires a physician’s note before returning to your clinical assignment. A student absent without notification to, or approval by the Clinical Coordinator for three (3) consecutive days on which the student was scheduled for clinical duty is considered a voluntary resignation without notice.

If a student exceeds the allotted five (5) CTO days per year and/or two (2) UCTO days per term (including winter and summer sessions), the excess must be made up. The student must request permission from the Clinical Coordinator and receive an assigned date and area for the make-up day. Any owed time will be made up during scheduled time-off and the student will receive a failing grade for the attendance portion of the clinical grade for that semester. Students may **not** carry unused or owed clinical time from one year to the next.

D. **MAKE UP TIME**

1. Students who exceed five (5) CTO days in a given year **may** be afforded the opportunity to make up the excess time at the discretion of the Clinical Coordinator. The student must submit a written request for make-up time to the Clinical Coordinator, and receive approval and be assigned a date and clinical site. **Time cannot be made up without appropriate authorization.** Make up time is for the sole purpose of bringing the student back into compliance with program policies. **These hours will not be credited to the original five (5) CTO days.** Students cannot bank or add time to their CTO balance by “making up” hours in advance. At no time will a student be allowed to have a balance in excess of five (5) CTO days. **Any owed time must be made up before the student will be allowed to graduate.**

E. **BEREAVEMENT TIME**

1. 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.

   a. **Definitions**
      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.

   b. **Guidelines**
      Benefit Provisions - Death in Immediate Family
      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. Any additional bereavement time off may be granted by the Program Director.

F. **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 and will not be guaranteed readmission. 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. 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 (see Section R).

G. **SCHOOL CLOSINGS**
See GCC Student Handbook, Section II on Cancellation of classes. **Weather Hotline:** (203) 285-2049. In addition, cancellations are reported to the following radio and TV stations: WICC-AM 660, WEZN-FM 99.9, WELI-AM 960, WEBE-FM 107.9, WKCI-FM 101.3, WTNH Ch.8, WTIC Ch.3 & 30.

The first College class begins at 8:00am. For example, if there is a 90-minute delay, the College opens at 9:30am and all 8:00am classes are cancelled. The remainder of the classes will begin at their regularly scheduled time.

School Closings on Clinical Days: Students follow the GCC closing/delay schedule for academic and clinical days and should mark their time record accordingly. 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, a full 8 hours will be deducted from their CTO bank.**

H. **CLINICAL ROTATION EVALUATIONS**
1. Students must complete objectives and fulfill competencies in accordance with the program syllabi and Clinical Evaluation System as published in Section II of this Student Program Guide. Students will be evaluated on a regularly scheduled basis by the primary Clinical Evaluator in his or her assigned clinical area. The purpose of the evaluation is to measure the student’s clinical knowledge, problem solving skills, technical and behavioral skills. Signatures are required.

2. The completed rotation evaluation is next submitted to the Clinical Coordinator **within one (1) week after the completion of the rotation.** The
Clinical Coordinator may in turn review it with the student to assure understanding and to offer direction to improve areas of deficiency. Signatures are required.

3. All evaluations are then forwarded, reviewed and signed by the Program Director (or his/her designee) before being filed in the student’s clinical binder. All clinical binders are kept at the College.

4. A student who fails to fulfill the required objectives or competencies in any given term will receive a clinical grade of F. This may result in immediate dismissal from the Radiography program.

5. A student who fails any rotation will be given one (1) chance to repeat that rotation and successfully meet the required objectives. If the student fails again, they may be dismissed from the Program.

6. If a student who is on Clinical Probation receives 2 failing clinical evaluations in a semester/winter or summer intersession, he/she may be immediately dismissed from the program.

I. KEEPING YOUR OWN RECORDS
Students are strongly advised to keep a copy of their clinical evaluation sheets and recorded hours for their personal records. This concept is recommended for both verifying hours when original records are “lost” or misplaced and for reference when applying for employment. Students are encouraged to make copies on a continuous basis, and are responsible for making the copies at their own expense.

J. SUPERVISION POLICY
1. Direct Supervision - Student supervision under the following parameters:
   a. A qualified Radiographer/Radiation Therapist/Nuclear Medicine Technologist reviews the procedure in relation to the student's achievement;
   b. A qualified Radiographer/Radiation Therapist/Nuclear Medicine Technologist evaluates the condition of the patient in relation to the student’s knowledge;
   c. A qualified Radiographer/Radiation Therapist/Nuclear Medicine Technologist is present during the conduct of the procedure;
   d. A qualified Radiographer/Radiation Therapist/Nuclear Medicine Technologist reviews and approves the procedure;
   e. A qualified Radiographer is present during student performance of any repeat of any unsatisfactory radiograph.

2. Indirect Supervision
For radiography and nuclear medicine, supervision provided by a qualified radiographer/nuclear medicine technologist must be immediately available to
assist students 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.

K. **IMAGING/TREATMENT SIGN OFF**
No student, regardless of competency level, will perform any diagnostic or treatment procedure without first reviewing the request with an ARRT certified staff technologist/therapist. No student will pass a radiograph or scan, or complete a treatment without the written verification of an ARRT certified technologist/therapist. All radiographs, scans and treatments must be reviewed and initialed by the supervising technologist/therapist. **There are no exceptions.**

L. **REPEAT POLICY**
No student will repeat a radiograph or scan without the direct consultation and supervision of an ARRT certified staff technologist. **There are no exceptions.**

M. **VOLUNTARY PREGNANCY POLICY**
Pregnancy during the course of the program may present problems for program completion in the expected time. If the student has difficulty maintaining the routine schedule of the program, advancement and completion will be jeopardized. All program requirements must be completed in order for a student to graduate. The program director cannot sign the certification/registry board exam application(s) and/or graduation verification form until the student has met all requirements and has graduated from the program.

Due to the number and variety of courses in the program curriculum and the necessary clinical assignments required of students in meeting the clinical educational objectives for each clinical course, students enrolled in the program are encouraged not to become pregnant during the educational 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 (this 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.
The pregnancy policy 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 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.

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. 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 under 0.5 rem during the period of gestation.

All clinical days/hours missed by the student must be made up. This will result in a delay in the completion of the program.

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.

If a leave of absence is taken, the student must then comply with the Readmission Policy (see Section R). 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.
**Declaration of Pregnancy**

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

**Student Data:**

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<td>Established Conception Date:</td>
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<td>Phone – Work:</td>
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<td>Department:</td>
<td>Home:</td>
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<td>Department Mail Address:</td>
<td>Phone:</td>
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<td>Supervisor:</td>
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**Radiation History Review:**

Radiation Sources:

- Dx X-ray: [ ]
- Rx X-ray: [ ]
- Nuclear Medicine: [ ]
- Sealed Sources: [ ]
- Other?: [ ]

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<th>Min. (mRem)</th>
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<th>Max. (mRem)</th>
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Based on: Individual records

- Monthly: [ ]
- Quarterly: [ ]
- Annually: [ ]

**Fetal Dose Pre-Declaration**

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Total Before: [ ]

**Fetal Dose Post-Declaration**

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**Recommendation:**

Declaration of Pregnancy:

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N.  PERSONAL HEALTH REQUIREMENTS

N1. HEALTH SCREENING POLICY
All students are required to submit a current medical examination report, completed by a physician. This report must be submitted to the Program Director no later than July 16th. Clinical affiliate contracts state the student must be in good physical and emotional health and free of communicable diseases. Students will be required to participate in a drug screening for Bridgeport Hospital. In accordance with Bridgeport Hospital policy, any student who has not been cleared by the Bridgeport Hospital Industrial Medical Center for practice at the site will NOT be eligible to practice at that site. In order to meet Program requirements for graduation, all students are required to rotate through all clinical sites. Therefore, any student denied access to Bridgeport Hospital will not be eligible for graduation.

Each student must provide the Program Director, and in some cases the clinical affiliates, with documentation of a PPD (tuberculosis) test and the results on an annual basis. Each student must have current (within the last year) documentation of PPD results on file at the College. In addition, all students are required to have annual influenza vaccinations as required by the clinical affiliates. Non-compliance will result in removal from the clinical affiliate, and may result in disciplinary action.

N2. STANDARD PRECAUTIONS
Students enrolled in the Radiography Program will adhere to all policies 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. The defined policy is located in the office of the designated clinical instructor or through the Personnel Health Center at the clinical affiliate. Students will be provided with this information during the program orientation and may also have site specific orientation regarding these policies.

According to the Board of Trustees Policy Manual, Policy 2.10 (revised February, 1994), “students and employees involved in the direct delivery of health care services and those who might otherwise come in contact with blood and other body fluids (such as in science laboratories or allied health practica) shall at all times follow the guidelines regarding precautions to be taken in the handling of such fluids disseminated by the Department of Health Services or other approved guidelines.”

O. PROSCRIBED CONDUCT
In general:
Students in all disciplines of the Allied Health Division are required at all times and wherever located to abide by the following: Policy on Student Conduct published in the Gateway Community College Student Handbook on the College website (www.gwcc.commnet.edu), the Student Program Guide and the Gateway Community College Catalog; Affiliates’ code of conduct and department policies; and, the Code
of Ethics of the pertinent professional organization (ARRT, NMTCB, ASRT, SNMTS, RDMS, etc.).

Student behavior with College and Clinical Affiliate faculty and staff, peers, technologists, physicians, patients, and members of the public must be courteous and appropriate for a professional in training. Students are expected to conduct themselves in a positive manner compatible with their desired profession and in accordance with the ASRT, SNMTS, ARRT, SDMS and NMTCB Codes of Ethics.

**Clinical Affiliates:**
Allied Health 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 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 when a violation occurs, which may include dismissal from the Program.

The Board of Trustees of Community Colleges Policy on Student Discipline can be found in the Gateway Community College Student Handbook. For purposes of this policy, violence is defined as an overt act or threat of harm to a person or property. Premises is defined as any space owned or leased by the Community Colleges or any of its constituent units, including vehicles and any location where College or system business or activities are conducted. Conduct that may violate this policy includes, but is not limited to:

- Intimidating, harassing or threatening behaviors
- Physical abuse including hitting, slapping, poking, kicking, punching, grabbing, etc.
- Verbal abuse including yelling, shouting, use of sexually, racially or ethnically charged epithets, etc.
- Vandalism
- Carrying or possessing weapons or dangerous instruments of any kind on Gateway Community College or Affiliate premises, unless properly authorized as outlined in the Gateway Community College Student Handbook, “A weapon means any object, device, or instrument designed as a weapon or through its use is capable of threatening or producing bodily harm or which may be used to inflict self-injury including, but not limited to, any firearm whether loaded or unloaded; airguns; pellet guns; BB funs; all knives; blades; clubs; metal knuckles; numchucks; throwing stars; explosives; fireworks; incendiary devices; mace and other propellants; stunguns; ammunition; poisons; chains; arrows; incapacitation and audio alert devices; and objects that have been modified to serve as a weapon.”
- Using such weapons
- Any other act that a reasonable person would consider to constitute a threat of violence, including oral or written statements, gestures or expressions that communicate a direct or indirect threat of physical harm

Program rules of student behavior:

The following list of general Program rules of student behavior are by no means definitive and do not preclude a student from being required to comply with additional rules and standards as required by the Program and/or Clinical Affiliate to which they are assigned once notified of the additional rule or standard:

A. Conduct that damages, destroys or obstructs College property, College activities or the property or activities of others wherever located or conducted.
B. Unauthorized possession or attempted possession of College property or property of another person.
C. Acts of racism or harassment, including sexual harassment, which violate the Policy of the Board of Trustees on racism and acts of intolerance.
D. Falsification or misinterpretation of any type of documentation, including but not limited to: Program documents, College or education records, evaluations, reports, transcripts, or personnel/military records. The altering or falsifying clinical records, plagiarism and/or cheating will not be tolerated and will normally result in immediate dismissal from the Program.
E. Making a false statement or providing false testimony or evidence at any official College hearing or to any College official.
F. Violations of conditions of a sanction imposed through College and/or Program disciplinary procedures.
G. Conduct that constitutes a danger to the personal safety of other members of the College community including guests or licensees of the College, faculty, affiliate employees, students and patients. Intentionally causing or attempting to cause injury, threatening, intimidating or failure to behave in a respectful manner are included in the meaning of this provision.
H. Negligence and/or acts of omission that may harm a patient’s self and/or dignity.
I. Insubordination or refusal by a student to follow instructions concerning Program/Clinical matters, including failure to follow directions and instructions, and inappropriate response to constructive criticism.
J. Failure to abide by safety rules and policies (including the Health Insurance Portability and Accountability Act - HIPAA).
K. The use of profanity or abusive language towards faculty, staff, hospital staff, patients, and peers.
L. The use, possession or being under the influence of any illegal drug or alcohol.
M. Improper attire or inappropriate appearance.
N. Gateway Community College is a smoke free 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:
www.ucanquit2.org/.../healthprofessionals/CessationResources

**Program disciplinary procedures:**

Students must report any occurrence that results in the generation of an incident report at a Clinical Affiliate within 24 hours to the Program Director at the College. Failure to do so will result in a disciplinary sanction.

The Program disciplinary procedures may be initiated upon receipt by the Program Director of, but not limited to, the following: written evaluation, verbal report from Affiliate Clinical 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 time card, conference with College and/or Clinical Affiliate faculty/staff.

This is not an all-inclusive list. Other mechanisms not listed here may be used to begin disciplinary proceedings.

Upon receipt of the report of a violation by a student, the Program Director will provide the student an opportunity to meet. The purpose of the meeting is to inform the student of the reported violation and to provide the student an opportunity to submit information for the Program Director’s consideration of whether the student has committed the reported violation. The decision of the Program Director as to whether the student committed the reported violation and the appropriate sanction is final.

**Disciplinary sanctions** that may be imposed upon a finding that a violation of the Program rules of student behavior has occurred, include but are not limited to, the following:

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

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 direct dismissal, upon the determination of the Program Director.

In addition, in appropriate circumstances, the Director may recommend to the College’s Dean of Students that the reported behavior of the student be addressed under the Policy on Student Conduct, which my lead to the student’s suspension or expulsion from the College.
Behavior that Endangers:

In such cases where the continued presence of a student constitutes, in the judgment of the Clinical Affiliate, a danger to the health and safety of patients or staff, the Clinical Affiliate may remove the student from the patient area and refer the student immediately to the Program Director and Dean of Students at the College.

The Clinical Affiliate may temporarily or permanently remove a student from their site for unacceptable performance, impairment, health status or failure to comply with their policies. If the Clinical Affiliate does raise a concern about a student, that communication will go first to the Clinical Coordinator/Program Director who will share it with the appropriate Allied Health Division personnel.

An investigation by the Program/Division will ensue when a student has been temporarily or permanently removed from the Clinical Affiliate. The student must immediately deliver their film badge and hospital ID to the Clinical Coordinator/Program Director when they are removed from the Clinical Affiliate. The student will not be assigned to another clinical site during the investigation. The student will be afforded due process and can follow the College’s Student Grievance Procedure which can be found in the Gateway Community College Student Handbook.

A student who is removed from a Clinical Affiliate will normally be dismissed from the program, and will not be eligible for re-admittance to an Allied Health Program at any time.
P. **ACADEMIC STANDARDS**  
The program requires a minimum grade of C (75%) in each and all math, science and program specific courses to continue in the program. Further, the student will successfully complete all of the program’s published clinical competencies and course objectives for each given semester including winter and summer internships, as well as pass task objectives for each rotation.

**ALLIED HEALTH PROGRAMS**  
**GRADES AND QUALITY POINTS**

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Q. **CONTINUATION OF CLINICAL ASSIGNMENTS AND DIDACTIC EDUCATION**  
To remain eligible for continuation of program studies, students must maintain a minimum grade of C (75%) in each and all math, science and Program specific courses. A student whose GPA falls below the minimum requirement (2.0) will be dismissed from the Program. Dismissed students, who wish to seek readmission, must comply with the Readmission Policy (see Section R).

A student who earns an academic failure or withdraws from one or more RAD courses will be eligible for admission/readmission as a new student only once.

The Program Director reserves the right to deny readmission to those students whose academic and/or clinical performance does not meet prescribed program standards (see GCC Student Handbook, Academic Standards).
R. **READMISSION**

In order to be readmitted into the Radiography (RAD) Program:

- An application for readmission must be received by the Program within twelve (12) months of dismissal or withdrawal from the Program;
- All applicants for readmission must have successfully completed the first semester of the RAD Program; and
- All of the requirements of the standards for admission to the RAD Program and of the readmission policy (see below) must be satisfied at the time of re-entry.

**Readmission Policy:**

- Any applicant for readmission who has previously withdrawn or been dismissed from the RAD Program for more than twelve (12) months will not be considered for readmission. (However, an applicant for readmission who has withdrawn or been dismissed for more than twelve (12) months, may apply to the Program as a beginning student and, if admitted, will be required to repeat or audit all RAD and/or RST courses previously taken.)

- A student who receives a final grade of F (Fail) in any RAD clinical internship or practicum is ineligible for readmission to the Program.

**Eligibility for readmission:**

1. Consideration for readmission to the Program can only occur if there are available openings, clinical resources, and faculty.

2. Readmission applications must be submitted by April 1 for the fall and spring semesters and by November 1 for the summer session.

3. Readmission to the RAD Program is based on the faculty’s review of (but not limited to) the following:
   - past academic and clinical evaluations,
   - a current GPA of 2.75 or above,
   - successful fulfillment of the readmission procedure, and
   - a letter describing evidence of interim efforts made on the candidate's part to strengthen the areas of weakness.

4. Readmission applications are evaluated individually, and readmission may be made subject to special conditions to be met by readmitted students.

5. As outlined in the withdrawn/dismissed student’s academic advising plan, he/she must attend 8 hours of clinical practicum per week during the semester prior to the semester he/she wishes to be considered for readmission. The schedule will be determined by the Clinical Coordinator. A timecard must be maintained and signed by the supervising technologist every week.
6. Any applicant for readmission who has withdrawn or been dismissed due to academic deficiencies will be required to take a comprehensive exam for previously taken courses, and must score a minimum of 75% to be readmitted.

7. 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.

8. Students may only be readmitted once into the RAD Program. 

Upon readmission:
1. An applicant who was previously dismissed from the RAD Program due to academic failure (C- or less) in a RAD, Radiologic Science, math or science course and is readmitted will be required to repeat the course.

2. RAD courses may be repeated only once. A final grade of C- or less in a RAD course being repeated and/or failing a clinical internship or practicum may result in permanent dismissal from the RAD Program.

3. Students may be required to repeat/audit RAD courses previously taken.

S. REVIEW OF ACADEMIC STANDING (Appeal of Grade) 
Students in the Allied Health Programs will follow the policy as stated in the College Student Handbook, Policy on Student Rights for both didactic and clinical grades.

T. GRADUATION REQUIREMENTS 
In addition to the College’s general requirements for graduation, students of the Allied Health Programs must have completed all science and program specific courses with a C (75%) or better. Students who have not completed all clinical assignments, objectives and competencies required by the specific program or are on academic/clinical probation may not be allowed to participate in the Pinning Ceremony, be considered for program awards, and be considered registry eligible. See Section II of this guide for program specific criteria.

U. TELEPHONE/CELL PHONE USAGE 
Use of telephones at clinical education centers for personal matters should be limited. Personal pagers, if worn, must be set so that the alarm is inaudible while at the clinical education center. The use of cellular phones including texting is strictly prohibited due to the interference with patient monitors; therefore cellular phones should be kept off while in the clinical setting and classroom. The use of video/audio recording devices and all other electronic devices not identified herein may not be used at the clinical sites. All activities at the clinical sites are subject to these policies and failure to comply with these policies will subject the individual to disciplinary action up to and including termination from the program in accordance with due process. THERE ARE NO EXCEPTIONS.
V. **ALLEGATIONS OF NON-COMPLIANCE**

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

In order to maintain this accreditation, the program must strictly follow the
**Standards for an Accredited Educational Program in Radiologic Sciences** which
is published by the JRCERT. You will find these standards published in this student
program guide for your convenience. 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 Director of Allied Health. The allegation is then
forwarded to the Academic Standards Committee for further review. A
recommendation shall be rendered by the Academic Standards Committee within
thirty (30) days of submission of the allegation by the Program.

W. **INCIDENT/ACCIDENT REPORTS**

Students must report any occurrence that results in the generation of an
incident/accident report at any clinical affiliate within twenty-four (24) hours to
the Clinical Coordinator AND the Program Director. Failure to do so may result in
disciplinary action.
1. The radiologic technologist conducts herself or himself 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 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 purpose for which they were designed and employs procedures and techniques appropriately.

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

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

7. The radiologic technologist uses equipment and accessories, employs techniques and procedures, 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.

**AMERICAN HOSPITAL ASSOCIATION**

The Patient Care Partnership: Understanding Expectations, Rights and Responsibilities

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
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.

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### RADIOLOGIC TECHNOLOGY PROGRAMS

#### TECHNICAL STANDARDS

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

1. Operate treatment equipment that may include lifting and reaching.

2. Verbally communicate in a clear and concise manner while operating equipment, positioning patients, and performing other duties as assigned.

3. Read and apply appropriate instructions in treatment charts, procedure requisitions, treatment prescriptions, notes and records.

4. Lift a minimum of forty (40) pounds of weight (treatment cones, cassettes and ancillary aids used for patient treatment), up and over the level of the head.

5. Move a patient and equipment into accurate positions to insure proper exposure/treatment.

6. Move immobile patients from stretcher to treatment table with assistance from departmental personnel.

7. Understand and apply clinical instructions given.

8. Enter clinical data into treatment console and computers.

9. Monitor patients during treatment procedures.

10. Monitor audio and video equipment during treatment procedures.

11. Monitor equipment and background sounds during equipment operations.

12. Complete all required competencies in a manner that demonstrates accuracy, consistency, and retention of learned skills and information.
I. POLICY

It is the policy of all clinical affiliates to adhere to both State and Federal regulations regarding the use of 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 PERMISSABLE OCCUPATIONAL RADIATION EXPOSURE LIMITS

<table>
<thead>
<tr>
<th>Limit</th>
<th>Quarterly Limit</th>
<th>Annual</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.
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 affect the accuracy of results.

5. Do not share your monitor with someone else. If someone needs a new monitor or has lost their own, contact the Radiation Safety Officer (RSO) at 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 be 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 are 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. These limits are listed below:

**ALARA GOALS**

<table>
<thead>
<tr>
<th>Type of Exposure</th>
<th>Maximum Permissible Exposure (millirem/Quarter)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Effective Dose Equivalent</td>
<td>1,250 mRems/3 months or 5,000 mRems/year</td>
</tr>
<tr>
<td>(Includes deep whole body dose plus weighted single organ doses)</td>
<td>125</td>
</tr>
<tr>
<td>Lens of the Eye</td>
<td>3,750 mRems/3 months or 15,000 mRems/year</td>
</tr>
<tr>
<td>Individual Organ Limit</td>
<td>12,500 mRems/3 months or 50,000 mRems/year</td>
</tr>
<tr>
<td>(Includes hands, forearms, feet and ankles)</td>
<td>1,250</td>
</tr>
<tr>
<td>Declared Pregnant</td>
<td>500 mRems/9 months</td>
</tr>
<tr>
<td>Occupationally Exposed Personnel</td>
<td>less than 50 mR/month</td>
</tr>
</tbody>
</table>
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

(May05)
THE AMERICAN REGISTRY OF RADIOLOGIC TECHNOLOGISTS

GENERAL ELIGIBILITY FOR ARRT CERTIFICATION

*(Taken from the ARRT website at www.arrt.org 5/5/2011)*

* All ARRT certification categories have three basic requirements:
  1. Ethical Behavior
  2. Educational Preparation
  3. Examination

1. **Ethics**
   The ethical behavior eligibility requirement is the same for both ARRT certification categories: primary (radiography, nuclear medicine technology, radiation therapy) and post-primary (advanced-level and added qualifications).

   The requirements specify that every applicant for certification and every registrant must “be a person of good moral character and must not have engaged in conduct that is inconsistent with the ARRT Rules of Ethics,” and they must “agree to comply with the ARRT Rules and Regulations and the ARRT Standards of Ethics.”

   Issues addressed by the Rules of Ethics include convictions, criminal procedures, or military court martial as described below:
   - Felony;
   - Misdemeanor;
   - Criminal procedure resulting in a plea of guilty or nolo contendere (no contest), a verdict of guilty, withheld or deferred adjudication, suspended or stay of sentence, or pre-trial diversion.

   Juvenile convictions processed in juvenile court and minor traffic citations not involving drugs or alcohol DO NOT need to be reported.

   Additionally, candidates for certification are required to disclose any honor code violations that may have occurred while attending school.

   Further specific information can be found on the ARRT website at www.arrt.org and in the handbooks for each discipline.

2. **Educational Preparation**
   Eligibility for certification also specifies the satisfaction of educational preparation requirements.

   For the primary pathway certification, eligibility requires the successful completion of the respective program that is accredited by a mechanism acceptable to the ARRT. Candidates must also demonstrate competency in didactic coursework and an ARRT specified list of clinical procedures.

3. **Examination**
   Finally, eligibility requires candidates for certification, after having met all other qualifications, to pass an examination developed and administered by the ARRT. The exams assess the knowledge and cognitive skills underlying the intelligent performance of the tasks typically required of staff technologists practicing within the
respective disciplines. Exam content is specified on the ARRT website and in the respective handbook for each discipline.
SECTION II
RADIOGRAPHY
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.

GOAL 1:
Students will demonstrate skills in effective oral and written communication.

GOAL 2:
Students will demonstrate skills in critical thinking and problem solving in the principles and practices of Radiography.

GOAL 3:
Students will demonstrate clinical competence in the practice of Radiography.

GOAL 4:
The Program will prepare competent entry-level technologists.

GOAL 5:
Students (graduates) will achieve personal and professional growth.
GATEWAY COMMUNITY COLLEGE

RADIOGRAPHY PROGRAM OUTCOMES

Upon successful completion of all Program requirements, the student will:

- Competently perform procedures and tasks necessary to fulfill the responsibilities of an entry-level staff Technologist
- Consistently apply the principles of radiation safety and protection for patient, self and others
- Prepare examination rooms to ensure proper and accurate performance of exams as well as a safe environment for patients
- 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.
- Meet the criteria to apply for the American Registry of Radiologic Technologists (ARRT) certification exam
ALLIED HEALTH PROGRAMS
DRESS CODE

The reason for an established dress code is twofold:
1. It contributes to a professional atmosphere that ultimately leads to patient confidence.
2. It provides for and maintains staff and student safety.

General Requirements:

- **Attire:** Uniform attire should be clean, pressed and properly maintained. Shoes should be clean, well constructed and practical. Tattoos should be covered at all times.

- **Hair:** 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.

- **Personal Hygiene:** Appropriate levels of daily personal hygiene suitable for patient contact should be maintained including bodily cleanliness. Facial hair must be trimmed.

- **Jewelry:** 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 (this includes 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:** Cosmetics, including perfume and/or cologne are to be used in moderation.

- **Chewing Gum:** Not allowed!

- **Identification:** 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 uniform or lab coat.
Radiography Program Uniform Information

- **Navy blue uniform pants with a gray pique polo style shirt**
  Uniform shirts must be purchased through the College bookstore. All shirts must have the GCC logo and program name embroidered on them. Navy blue uniform pants can be purchased on your own or through the bookstore. There are to be no other uniform/color combinations worn.

- **White Uniform Shoes**
  White leather uniform shoes or white leather low-top sneakers can be worn. Sneakers should be all white - no colored stitching or colored laces. High top sneakers are not allowed. Open toed shoes are not allowed.

- **Hosiery**
  White socks/stockings are to be worn.

- **White Lab Jackets/Smocks**
  Students may wear a short white lab jacket or smock while in the clinical setting.
Reporting Absence or Lateness
When reporting absence or lateness, you must be sure to follow the following procedure:

1. Contact the Clinical Coordinator within one half hour of your scheduled shift.
2. Contact the designated area within one half hour of the scheduled shift.

Any absence that is not reported to the Clinical Coordinator will result in disciplinary action. Please see Proscribed Conduct in section I of this Radiography Student Program Guide for disciplinary procedure.

*Lateness is defined as reporting to your assigned area anytime later than the scheduled start time or returning late from your scheduled break. Lateness will not be tolerated. Three (3) incidents of lateness will result in a loss of 8 hours CTO time.

The following numbers should be used to contact the assigned area when necessary.

Bridgeport Hospital – (203) 384-3177 and (203) 384-3481 (Linda Rossetti)
Griffin Hospital – (203) 732-7300
Guilford Radiology – (203) 453-5123
VA – (203) 932-5711 ext. 5444 or ext. 7131

Yale – New Haven Hospital
   • Main Diagnostic Imaging Department – (203) 688-2358
   • ER – (203) 688-2355
   • GI/CXR/PORT/EVE – (203) 688-3515
   • Pediatrics – (203) 688-2941
   • YPB – (203) 688-6920
STUDENT ATTENDANCE POLICY

Clinical Time: All time spent in the diagnostic imaging department directly or indirectly involving clinical assignments.

Didactic Time: All time relating to formal classes at the College or in the hospital.

Clinical hours are 8:00 a.m. to 4:30 p.m. with a half hour break for lunch or 4p – 10p with a half hour break for dinner. Please report to your clinical site on time and be ready to start at 8:00 a.m. Student report directly to the clinical instructor or clinical evaluator in their assigned area. Students will work out the lunch/dinner break schedule with the technologist they are working with.

While your clinical shift is scheduled from 8:00a – 4:30p or 4p – 10p, there may be instances where a case you are directly involved with runs over your scheduled shift end time. As a student directly involved in a case, you should feel a responsibility to see that particular case through. The technologist will decide if the need for your assistance is required. This situation is of a give and take nature. There may be other times during your assignment that you might be able to complete your day a little early. Try to be adaptable.

Clinical Attendance

Absent and Late Procedures - When absent or late, please follow the procedure below.

1. Call the hospital one half hour prior to shift starting. (see telephone-listing page).
2. Ask for the Clinical Instructor or Evaluator. If unable to contact the instructor, the secretary answering the phone will take the pertinent information or leave a message on voicemail.
3. State the reason for your absence. Ask that your clinical assignment technologist be notified.
4. Call the Clinical Coordinator and leave a message on the phone voicemail.
5. An absence of two or more days requires a Physician’s note before returning to your clinical assignment.

When a student is assigned to a clinical rotation, he/she is expected to be on time and complete the daily expected hours of practicum. Only in an emergency will students be able to leave their assignment with approval of the clinical supervisor.

If it is absolutely necessary that the student needs time off during a clinical day, it must be taken in a four (4) or eight (8) hour block (a.m. or p.m.) and the clinical coordinator and clinical supervisor should be notified at least 24 hours prior to the scheduled absence.
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.

Withdrawal from the Program

Any student who wishes to withdraw from the Program will discuss his or her decision with the Program Director, as well as the College Counselor. (See College Handbook). If the decision is final, a written notice of withdrawal with explanation from the student is required.

Goals for Radiography Clinical

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 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 clinic. 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. Employers are reluctant to hire and the faculty will be hesitant to recommend those students who have a history of excessive absenteeism or tardiness. The student should remember this throughout his/her training period. In conclusion, the student’s attitude and dedication while in the Program will affect not only his/her grades, but also the student’s opportunities after graduation.

Clinical Hours/Assignments

Students are expected to follow the Clinical Rotation Schedules that are distributed by the Clinical Coordinator. Clinical rotation schedules are created at the discretion of the Program Director and Clinical Coordinator. These schedules are based solely on providing equitable education to all students. Students are expected to attend clinical practicum in 8-hour shifts on scheduled clinical days. CTO time can only be used in four (4) or eight (8) hour increments.

Clinical Practice Guidelines for Radiography Students

A. Lines of Authority
Respect lines of authority, recognizing that reliable execution of the physician’s orders for the patient is essential and a proper medical ethic. In the clinical setting, observe the appropriate line of authority with respect to clinical assignments and activities. The clinical instructor or the clinical evaluators are the immediate authority in the clinical setting. These individuals work with and under the guidance of the Clinical Coordinator and Program Director.
B. Confidentiality
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 www.hhs.gov/ocr/privacy/hipaa/understanding/summary/index.html for more information.
Failure to respect 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. Students may not discuss the diagnosis or prognosis with the patient, family members, family friends, fellow classmates, or anyone not directly involved in the case.

C. Radiation Protection and Safety
Make it your personal responsibility to practice all appropriate radiation protection procedures for yourself, the patient, and other members of the health care team. This includes utilizing personnel radiation monitoring devices, observing rules such as utilization of equipment safety devices, protective shielding and clothing, safety precautions with respect to radioactive materials, measures for protection of non-medical assisting personnel, and all other radiation protection measures.

In addition to radiation protection practices, observation of all appropriate general safety, fire regulations, and institutional regulations in effect for medical asepsis should be considered part of your personal responsibility in delivering safe, competent patient care. Make it your responsibility to know and understand these regulations.

D. Student Initiative
Some behaviors that demonstrate initiative and a willingness to participate include:

- Your attentiveness to those who are explaining procedures, case studies or other like situations to you or others in your vicinity.

- Asking questions pertinent to the clinical situation.

- Recognizing and learning the major duties and responsibilities applicable to your assigned clinical area, followed by consistent performance of these duties without the need for a constant reminder.

- Recognizing when your assistance is needed in an area other than your assigned area, and recognizing when it is appropriate for you to leave your assigned area to help others.
E. Following Instructions
Proper professional conduct calls for you to follow the instructions of your immediate instructors, evaluators and technologists. Questions, conflicts and concerns which you may have with respect to what is required of you in the clinical setting are never debatable in the presence of a patient. Should you have concerns about clinical requirements in affiliates, such matters should be brought to the attention of the clinical instructor, clinical evaluator or Clinical Coordinator in an orderly and professional manner as soon as possible after the immediate patient care requirements have been met.

F. Dependability/Accountability
Proper medical care depends upon all members of the health care team knowing their responsibilities and being in the right place at the right time. You are expected to be prompt or give advance notice if it is unavoidable that you’ll be late or absent from class or clinic. Steady and reliable attendance is expected. Keep your absence from your clinical experience to a minimum. Absence should only be for the most serious of reasons. Even as a student, you perform an important role in the department. You should recognize your responsibility to the department and inform them with sufficient advance notice of any expected absence or tardiness on your part. You will need to demonstrate a sense of responsibility and dependability with respect to the use of time, equipment, and materials at your disposal in the classroom, laboratories, and clinical affiliates.

G. Accepting Critique/Limitations
Since you will be in a learning capacity for some time, there is no need to feel hesitant about asking questions, seeking clarification, or advice and assistance at any time if it is necessary with any aspect of your training. Also, constructive critical analysis of your work and progress is an essential part of the educational process. You will have the opportunity to comment freely and respond to the periodic evaluative reports made by faculty and clinical instructors. Make an effort to take necessary constructive criticism in stride and benefit from it.

H. Medical Records
From an ethical and medical/legal standpoint, proper medical record notation and record keeping is a fundamental responsibility and obligation of the health care professional. Proper form, legibility, accuracy, correct terminology, avoidance of jargon and irrelevancy are all aspects of good record keeping.

I. Attitude Towards Patients
A patient must feel that those participating in his/her medical care are competent, confident, and otherwise worthy of the trust placed in them. The impression that you give to the patient as to your level of professionalism is an important factor in engendering a feeling of confidence and trust. The successful completion of a procedure, and to some extent, the probability of recovery of the patient is dependent upon the patient having faith in his/her ability to recover, and having faith in those he/she has entrusted to participate in his/her medical care. The patient’s estimation of your professionalism is a key factor in his/her development of faith. Your ability to recognize in yourself what your real feelings, attitudes, and motivations are, and your ability to correctly recognize how your behaviors are being interpreted by the patient are important tasks which you must master. Behaviors which patients interpret as earmarks of professionalism may include:
Let the patient know that you are fully aware of what is occurring. Explain each step of the procedure to the patient as you perform it.

Keep an interested expression on your face. Never underestimate the power and great value of a pleasant attitude and a smile. Focus on what is occurring here and now. Do not daydream or think about anything except the patient’s needs and the performance of the examination.

Maintain composure at all times. If you encounter a situation where you are not sure about what to do next, excuse yourself from the patient and ask for assistance in a manner which will not destroy the patient’s trust in you. Do not leave the patient alone; however make arrangements to have someone attend the patient in your absence.

Physical deformity, unsightly wounds, unpleasant odors, and the like are conditions over which the patient has little or no control. Thus, the patient’s physical appearance must be accepted with no visible display of distaste or displeasure. Perhaps it will help to remember that such patients are generally deeply embarrassed with respect to their personal appearance, and suffer greatly as a result of being the source of distaste and disgust.

**J. Communicating with Patients**

At all times provide your patients with the basic conditions which are their due as human beings as well as patients. Attention to important details, such as addressing the patient by name and introducing yourself and any other person participating in the procedure is your duty. With the possible exception of small children, patients are not to be called by their first names or familiar endearments. Use the prefix Mr., Mrs., Ms., etc. and the patient’s last name.

The patient should always be treated courteously and in a manner consistent with his or her age. Further, it is the patient’s right to have the procedure explained, and to know what is expected of him or her. Providing for maximum privacy, comfort and safety for the patient and his/her belongings and considerations should never be overlooked.

Patients frequently need to talk, and it is entirely appropriate for you to be an empathetic and encouraging listener. However, you should make an effort to avoid becoming involved in discussions of the relative merits or failures of various physicians, hospitals, nurses, clinics, and other health care professionals. It is unacceptable professional conduct to engage in gossip about other institutions or medical personnel.

You should not allow the patient to put you on the spot with respect to the details of his/her diagnosis or treatment. In such instances, admit honestly that you are not the doctor, and cannot assume that role.

Never put off a patient who has a desire to know what it is his/her right to know. If the information sought is within your power and authority to relate, then do so. If it is not, then assist the patient in knowing whom to contact and how to get the information and assistance he/she may need.
The limits and extent of your authority in these matters may vary from situation to situation, but the basic requirement for all of us is to be prepared to deal with the patient’s questions with honesty, tact, and humanity.

K. Personal Appearance
Be aware that your personal appearance is as important in good patient care as are your words and actions. Professional dress codes are designed to assure appropriate clothing for the work involved, as well as to project the necessary clean and professional image that is so valuable in building patient confidence. Don’t chew gum.

L. Honesty and Integrity
Nothing characterizes you more completely than the role of trust you assume when you assume the care of other human beings. In the personal therapeutic relationship that exists between caregiver and client, practitioner and patient, there is no room for small, medium, or large dishonesties of mind, spirit, or substance. From being honest with oneself with respect to one’s talents (and limitations), to the most exquisite honesty and care in making treatment records, or reporting events related to patient care, the onus is on us to be worthy of the trust placed in us as caregivers, and to exemplify the quality of character such a profession demands. Nothing characterizes us more, or serves us better in our professional lives as the quality of our honesty and integrity.

M. Additional Clinical Guidelines:
- Always ARRIVE A FEW MINUTES EARLY, or at least on time. Traffic, weather, broken alarm clocks, parking problems, etc. are not good excuses. You need to leave earlier in bad weather, listen to traffic reports in the morning, and investigate the parking situation at each affiliate before you arrive. You are not allowed to come in early just so you can leave early without obtaining permission from the Clinical Coordinator AND the Program Director in advance.

- You must always notify the area you are working in, the clinical instructor, AND the Clinical Coordinator when you are going to be late, leaving early, or absent. It is not the Clinical Coordinator's responsibility to notify the clinical affiliate when you have scheduled time-off, labs etc. The student is responsible for reminding/notifying the clinical staff.

- You must be a RELIABLE and DEPENDABLE student if you want a good job reference in the future. Be ready to begin work in the clinic immediately upon arrival.

- Be ORGANIZED!!! Buy a date book, and look ahead to the following week. Put all of your clinical assignments, deadlines, exam dates, meeting dates, etc. in the date book. You are responsible for knowing where you have to be at all times. Missing the first day of a rotation is unacceptable. The excuse, “I forgot that I was supposed to be in Bridgeport this rotation” is an unsatisfactory response.

- Show INITIATIVE!!! Check the schedule, set-up the room for the next procedure without being told, stock rooms (linens, supplies, etc.). Do anything that you can to make the day go smoother without being told, and don’t stop stocking rooms when you become more competent in other clinical tasks. Adequate supplies are an integral part of being able to run a room efficiently.
• Do not leave personal items in the rotation area. You should only use your lockers to store personal items.
• ASK the technologists to review with you during slow times if they are able.
• Don’t ask to leave early because it’s slow; find something to do.
• Schedule doctor appointments, etc. at the very beginning or the very end of the day. Notify the Clinical Coordinator well in advance. Try to make all appointments during your breaks on College days, evenings, or weekends if at all possible! You must also let your area know if the Clinical Coordinator has given you permission to arrive late or leave early.

• ALWAYS keep the technologist you are working with informed of your whereabouts.

• Take notes for area and study them the night before you begin your next rotation in that area. If you have trouble with a particular clinical task(s) that you know you should have mastered already, see the Clinical Coordinator about possible tutoring or extra help.

• You must RETAIN what you learn in all of your RAD courses and clinical labs and be able to apply the knowledge to the clinical setting.

• DO NOT LEAVE THE DEPARTMENT (to eat, study, etc.) except when you have been excused by the technologist you are working with.

• Eat breakfast at home!!! You are not allowed to arrive at 8:00am, ask if there’s anything to do, and then leave to have breakfast in the cafeteria.

• Constantly check your room’s schedule.

• Help out in other rooms, if needed, when your room is slow.

• DO NOT STUDY DURING CLINICAL TIME, unless there is absolutely nothing else to do and you have exhausted every option to learn something clinically related. You need to set aside time to study at home.

• Do not read novels, non-diagnostic imaging related magazines, etc. during clinical time.

• Always be PREPARED for clinic. There is no excuse for not having a pen, notebook, program guide, pocket Merrill’s, proper dress code, etc.

• You must complete a Knowledge Assessment and submit it to the Clinical Coordinator for approval BEFORE you can attempt a competency exam. Once the Clinical Coordinator has approved the knowledge assessment, you should notify the technologist you are working with when you are ready to attempt a competency exam on a case. Notification should take place BEFORE the exam is started.

• Negative discussions regarding the Program, the College, fellow students, Faculty, staff or clinical sites will not be tolerated. Disciplinary sanctions will be invoked if complaints are made by the clinical staff regarding inappropriate discussions.
• All students are required to rotate to all clinical affiliates. Students are also responsible for transportation and parking expenses.

N. Trajecsys
All Radiography students must purchase access to the online clinical documentation system Trajecsys from the Follett bookstore at the North Haven campus. The bookstore will keep a hard copy of the proof of payment and all students must give the clinical coordinator a copy to become activated on the system. After purchase the student must register @ www.trajecsys.com and you will be activated at that time. This system is a requirement for your Clinical Practicum documentation. Students can only access this system while they are in the Program. Please read the following:

Policies Governing the Use of the Online Clinical Documentation System

1. Some clinical affiliates will allow students to access www.trajecsys.com in order to enter the times that they enter and exit the clinical site (time card).
2. Students are only allowed to enter www.trajecsys.com at these sites. They are NOT allowed to use the Internet for any other purpose.
3. Students who are assigned to a clinical affiliate that does not allow them to access the Internet must enter their entry and exit times from another computer by the end of each day. The Clinical Instructor at each site will be approving the students’ time cards online on a weekly basis.
4. All students should keep a hard copy of their time card in their clinical notebook at all times. The hard copies do not need to be submitted to the Clinical Coordinator, but the students must keep these as a back-up and to assist in the solving any discrepancies between the online timecard and the hard copy.
5. All students must sign the form on the next page, and submit it to the Clinical Coordinator before entering the clinical setting in the first semester of the RAD Program.
6. Students who do not enter their clinical time daily may lose CTO time.
7. Disciplinary sanctions may be applied if a student does not abide by this policy.

Students will only be able to access the Online Clinical Documentation System (Trajecsys) while they are an active student in the RAD Program. Students are encouraged to copy their Trajecsys records prior to their graduation date or withdrawal from the RAD Program.
Student Instructions for using the online clinical documentation system:

1. Go to http://trajecsys.com/
2. Click on System Log In
3. Enter your Username and Password
4. Click on Clock in/out to clock in or out in “real-time” while at the clinical site.
5. Choose your clinical site by clicking on the arrow to the right of the Site box.
6. When you Clock In or Clock Out at the clinical site, the system will automatically log you out. If you need to get back in to work on your Daily Logsheet, you’ll need to log in again.
7. Click on Clock In or Clock Out as appropriate
   a. If you are not allowed on the Internet at your clinical site, if you make a mistake, or you can’t get to the computer to clock in/out:
      i. Click on Time Exception
      ii. Choose the appropriate clinical Site
      iii. Click on the arrow to the right of the Exception for box, and choose clock IN or clock OUT, as appropriate
      iv. Enter the appropriate Time in or out using the 24 hour format without any spaces or colons (hmm), for example: 1:00pm is 1300; 7:30am is 0730.
      v. Click in the box in front of the Reason you needed to use the Time Exception.
      vi. Enter an explanation if appropriate.
5. Click Submit
8. Click Daily Logsheet to begin entering procedures.
   a. Choose your clinical Site
   b. Click on the arrow to the right of the Major Study Area to choose either Imaging, Simulation, Intent Form, Checklist, Radiopharmacy, etc.
   c. Click on the arrow to the right of the Skill box to choose the specific procedure.
   d. Click on the arrow to the right of the Participation Level box to choose the appropriate level of participation.
   e. Click on the arrow to the right of the Amount box to choose the number of procedures that you performed that day at that participation level.
   f. Click on the arrow to the right of the Repeats box to choose the number of procedures you had to repeat, if appropriate.
   g. Select a Date by clicking on the little calendar icon to the right of the date box, and then clicking on the appropriate date.
      i. If you are entering the procedures on the same day that you performed them, you will not have to change the date.
   h. Click Submit
9. Site Evaluation—at the end of each semester you will be asked to complete a site evaluation for each site that you attended. You simply click on Site Evaluation, choose the Site, click Next, choose the rotation ending date, complete the survey by clicking in the appropriate Y, N or N/A buttons, and click Submit.
10. Click on Reports to see reports on your time, logsheets, evaluations, etc.
11. Click on Comp Evals to see the objectives for each competency, checklist, student intent form, etc.
12. Click on Change Password during your initial log in to change it to a more secure password. Make sure you write it down somewhere!
13. Don’t forget to Logout.
RADIOGRAPHY PROGRAM
Agreement to Abide by Internet Use Policy at Clinical Affiliates

I have read the Policies Governing the Use of the Online Clinical Documentation System in the Gateway Community College Radiography Program Student Guide.

I agree to only access the online clinical documentation system (www.trajecsys.com) to enter my entry and exit times at the clinical affiliates that allow students to use the Internet for this purpose.

I will not use the Internet for any other purpose at any clinical affiliate.

I will enter my entry and exit times from another computer on a daily basis if I am assigned to a clinical affiliate that does not allow students to access the Internet at their institution.

I acknowledge that I may be subject to disciplinary sanctions if I deviate from this policy.

Print Name: _____________________________________________________
Signature: ______________________________________________________
Date: _____________________________
Rationale

The clinical aspect of the Radiography Program is of utmost importance. Clinical skills must be performed routinely in an accurate, professional and caring manner. The GCC Radiography Program has developed task objectives and an evaluation system to meet these standards. Clinical education is broken down into specific categories.

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

In addition, clinical objectives specific to each rotation have been developed. Areas included are:

<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>I</td>
</tr>
<tr>
<td>Portable</td>
<td>I</td>
</tr>
<tr>
<td>Fluoroscopy</td>
<td>*I</td>
</tr>
<tr>
<td>Pediatric/Newborn</td>
<td>*I</td>
</tr>
<tr>
<td>Gastro-Intestinal</td>
<td>*I</td>
</tr>
<tr>
<td>Operating Room and Cysto</td>
<td>*I</td>
</tr>
<tr>
<td>Interventional Radiography (optional)</td>
<td>*III</td>
</tr>
<tr>
<td>MRI (optional)</td>
<td>*III</td>
</tr>
<tr>
<td>CT (optional)</td>
<td>*III</td>
</tr>
</tbody>
</table>

*Introductory rotation only

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 (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 and quizzes
4. Documentation of observation and knowledge of specific skills (Daily Clinical Log and Knowledge Assessments)
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 or Program Director.
I. 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 consists of the very basic examinations (non-invasive) 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.

Failure to achieve competence in any task objective will result in failing the clinical practicum for any given semester. 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).

II. Guidelines for Supervision

All students will be assigned only to areas with adequate coverage by registered technologists. Under no circumstances is a student technologist to be left in charge of a clinical room or area. Students are to report directly to area clinical instructors or the Clinical Coordinator. All students will adhere to the Imaging sign-off and Repeat policies.

Imaging Sign-Off Policy

No student will perform any diagnostic procedure without first reviewing the requisition with an ARRT certified staff technologist. No student will pass a radiograph without the written verification of an ARRT certified technologist. All radiographs/cases must be reviewed and initialed by the supervising technologist. There are no exceptions. Any deviation from this policy can result in immediate Program dismissal.

Repeat Policy

No student will repeat a radiograph or procedure without the permission and direct supervision of an ARRT certified staff technologist and without a clear explanation of why the exam is being repeated. There are no exceptions. Any deviation from this policy can result in immediate Program dismissal.
III. 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. Original evaluation forms are sent to the Clinical Coordinator for review and placed in the student’s file. Students are encouraged to copy any forms handed in for review and evaluation in the event that a document gets lost.

IV. Clinical Grade

A. Clinical Rotation Evaluation

Clinical Practicum I, II, III, and IV are each worth one (1) credit. Clinical Internship I and III are each worth one (1) credit. Clinical Internship II is worth two (2) credits. The grade consists of the following:

- Clinical rotation evaluations
- Maintenance of daily clinical log book
- Completion of expected competencies
- Laboratory performance
- Attendance and Punctuality

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 behavioral objectives will be scored as follows:

- Y - Meets Objectives
- U - Needs improvement
- N - Does not meet objective
- N/A - Not applicable

The clinical task objectives (Levels I, II, III) are scored pass or fail.

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 second component pertains to specific tasks required for each area of training.
B. Method of Competency

As required by the American Registry of Radiologic Technologists, students must demonstrate competence in all 31 procedures identified as mandatory (M).

Candidates must demonstrate competence in 15 of the 35 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.

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:

<table>
<thead>
<tr>
<th>Semester</th>
<th>Competencies Minimum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall Semester I</td>
<td>4</td>
</tr>
<tr>
<td>Winter Intersession I</td>
<td>1</td>
</tr>
<tr>
<td>Spring Semester I</td>
<td>8</td>
</tr>
<tr>
<td>Summer Internship</td>
<td>12</td>
</tr>
<tr>
<td>Fall Semester II</td>
<td>11</td>
</tr>
<tr>
<td>Winter Intersession II</td>
<td>1</td>
</tr>
<tr>
<td>Spring Semester II</td>
<td>10</td>
</tr>
</tbody>
</table>

47 competencies total

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 competency evaluation is recorded and placed in the student’s clinical file. A 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.

**Level I Competencies**

These exams and procedures are taught in RAD*105, Radiographic Anatomy and Procedures I; RAD*193, Clinical Practicum I; RAD*204, Radiographic Anatomy and Procedures II and RAD*194, Clinical Practicum II. At the completion of Clinical Practicum I, the student must have obtained four (4) competencies. At the completion of Clinical Internship I, the student must have obtained another one (1) competency and an additional eight (8) competencies by the end of Clinical Practicum II for a total of thirteen (13).

**Level II Competencies**

This training will begin when the student has successfully and consistently passed all Level I task objectives and met the requirements of RAD*105, RAD*193, the first half of RAD*204 and RAD*194. Level II competencies are those exams and procedures taught in the second half of RAD*204, RAD*196 and RAD*291. (See course syllabi)

Throughout the summer internship, the student will complete an additional twelve (12) competencies for a subtotal of twenty four (25). During the second fall semester an additional eleven (11) competencies must be completed so that by the completion of Clinical Practicum III, a total of thirty seven (35) competencies will be completed.

**Level III Competencies**

Training incorporates the technology and procedures performed in the specialized areas of Radiography as well as allowing the student to reinforce all other general areas. Level III training will require the acquisition of eleven (11) competencies for a total of 46. Clinical Training will be complete when the student has successfully and skillfully completed all rotational task objectives and required competencies for the Program.

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.

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.
<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>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chest and Thorax</strong></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Chest Routine</td>
<td>M</td>
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<td></td>
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</tr>
<tr>
<td>Chest AP(wheelchair or stretcher)</td>
<td>M</td>
<td></td>
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<tr>
<td>Ribs</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest Lateral Decubitus</td>
<td>E</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Sternum</td>
<td>E</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upper Airway (soft-tissue neck)</td>
<td>E</td>
<td></td>
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<tr>
<td><strong>Upper Extremity</strong></td>
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<tr>
<td>Thumb or Finger</td>
<td>M</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Hand</td>
<td>M</td>
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<tr>
<td>Wrist</td>
<td>M</td>
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<tr>
<td>Forearm</td>
<td>M</td>
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<tr>
<td>Elbow</td>
<td>M</td>
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<tr>
<td>Humerus</td>
<td>M</td>
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<tr>
<td>Shoulder</td>
<td>M</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Trauma Shoulder (Scapular Y, Transthoracic or Axillary)*</td>
<td>M</td>
<td></td>
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</tr>
<tr>
<td>Clavicle</td>
<td>E</td>
<td></td>
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<tr>
<td>Scapula</td>
<td>E</td>
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<tr>
<td>AC joints</td>
<td>E</td>
<td></td>
<td></td>
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<tr>
<td>Trauma Upper Extremity (Non-Shoulder)</td>
<td>M</td>
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<tr>
<td><strong>Lower Extremity</strong></td>
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<tr>
<td>Toes</td>
<td>E</td>
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</tr>
<tr>
<td>Foot</td>
<td>M</td>
<td></td>
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<tr>
<td>Ankle</td>
<td>M</td>
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<tr>
<td>Tib/Fib</td>
<td>M</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Knee</td>
<td>M</td>
<td></td>
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<tr>
<td>Femur</td>
<td>M</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Trauma Lower Extremity*</td>
<td>M</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Patella</td>
<td>E</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calcaneus (Os-Calcis)</td>
<td>E</td>
<td></td>
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<tr>
<td><strong>Head</strong> – Students must select at least one elective from this section.</td>
<td></td>
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<tr>
<td>Skull</td>
<td>E</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Paranasal Sinuses</td>
<td>E</td>
<td></td>
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<tr>
<td>Facial Bones</td>
<td>E</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orbits</td>
<td>E</td>
<td></td>
<td></td>
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<tr>
<td>Zygomatic Arches</td>
<td>E</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Medical Areas</td>
<td>Position(s)</td>
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<tr>
<td>Nasal Bones</td>
<td>E</td>
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<tr>
<td>Mandible</td>
<td>E</td>
<td></td>
<td></td>
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<tr>
<td><strong>Spine and Pelvis</strong></td>
<td></td>
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<tr>
<td>Cervical Spine</td>
<td>M</td>
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</tr>
<tr>
<td>Trauma C-Spine (X-table Lateral)</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thoracic Spine</td>
<td>M</td>
<td></td>
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<tr>
<td>Lumbar Spine</td>
<td>M</td>
<td></td>
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</tr>
<tr>
<td>Pelvis</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hip</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trauma Hip (X-table Lateral)</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sacrum and/or Coccyx</td>
<td>E</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scoliosis Series</td>
<td>E</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sacroiliac Joints</td>
<td>E</td>
<td></td>
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<tr>
<td><strong>Abdomen</strong></td>
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<tr>
<td>Abdomen Supine (KUB)</td>
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<tr>
<td>Abdomen Upright</td>
<td>M</td>
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<tr>
<td>Abdomen Decubitus</td>
<td>E</td>
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<tr>
<td>Intravenous Urography</td>
<td>E</td>
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<tr>
<td><strong>Fluoroscopy Studies – Students must select either Upper GI or Barium Enema plus one other elective procedure from this section.</strong></td>
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<tr>
<td>Upper GI Series (single or double contrast)</td>
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<tr>
<td>Barium Enema (single or double contrast)</td>
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<tr>
<td>Small Bowel Series</td>
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<tr>
<td>Esophagus</td>
<td>E</td>
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<tr>
<td>Cystography/Cystourethrography</td>
<td>E</td>
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<td>ERCP</td>
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<td>Myelography</td>
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<td>Arthrography</td>
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<td><strong>Surgical Studies</strong></td>
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<tr>
<td>C-Arm Procedure (orthopedic)</td>
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<tr>
<td>C-Arm Procedure (non-orthopedic)</td>
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<tr>
<td><strong>Mobile Studies</strong></td>
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<tr>
<td>Chest</td>
<td>M</td>
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<tr>
<td>Abdomen</td>
<td>M</td>
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<tr>
<td>Orthopedic</td>
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<tr>
<td><strong>Pediatrics (age 6 or younger)</strong></td>
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<tr>
<td>Chest Routine</td>
<td>M</td>
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<tr>
<td>Upper Extremity</td>
<td>E</td>
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<tr>
<td>Lower Extremity</td>
<td>E</td>
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<tr>
<td>Abdomen</td>
<td>E</td>
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<tr>
<td>Mobile Study</td>
<td>E</td>
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</tbody>
</table>

*Trauma is considered a serious injury to the body. Modifications may include variations in positioning, minimal movement of the body part, etc.*

- ARRT2012 Exam Handbook
Redress of Grades Policy

Any student desiring to appeal a didactic or clinical grade received must comply with the Board of Trustees Policy on Student Rights, which can be found in the College’s Student Handbook or on-line at www.gwcc.commnet.edu.

V. 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 Performance Sheet

  Competency Evaluation form for specific procedures

- 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
GATEWAY COMMUNITY COLLEGE
RADIOGRAPHY PROGRAM
CLINICAL INSTRUCTORS

Reg Body

Gina Genovese
Gregory Getman
Lisa O’Hare
Daniel Oliver
Jacqueline Peccerillo
Keri Smolisky
Richard Thayer
Porfidio Torres, Jr.
Donna Travali

*The clinical instructors listed above are employees of the College and work with students at all clinical affiliates. They report directly to the Clinical Coordinator and are available for labs and tutoring for students. If a student would like to set up time for remediation or to make up any missed labs, they must make arrangements with the Clinical Coordinator directly.
BRIDGEPORT HOSPITAL CLINICAL INSTRUCTORS

Donna Travali
Jacqueline Peccerillo

BRIDGEPORT HOSPITAL CLINICAL EVALUATORS

Susan Anderson        Scott Kudravy
Janice Caserta        Margaret McGovern
Donna Colby           Joseph Peccerillo
Linda Egan            Kathleen Pienkowski
Sandra Hawker         Trisha Pitcher
Frank Kalson          Elizabeth Sorensen
Priscilla Kearney    John Tartaglia

GRIFFIN HOSPITAL/IVY BROOK CLINICAL INSTRUCTORS

Nancy Schebell
JoAnn Skelly

VA CONNECTICUT HEALTHCARE SYSTEM CLINICAL INSTRUCTOR

Michael Hickey
Tracyann Rozmos

VA CONNECTICUT HEALTHCARE SYSTEM CLINICAL EVALUATORS

Gail Balls
Jessica Prutting
Roberto Torrens
### Yale-New Haven Hospital, Guilford Sports Medicine Clinical Instructor

Pamela Hart

### Yale-New Haven Hospital Clinical Instructors

<table>
<thead>
<tr>
<th>Jennifer Armellino</th>
<th>Bianca Onofrio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heather Bellonio</td>
<td>Michele Schusky</td>
</tr>
<tr>
<td>Karen Crisci</td>
<td>Christina Slocum</td>
</tr>
<tr>
<td>Kathleen Halligan</td>
<td>Kelly Thomas</td>
</tr>
<tr>
<td>James Monroe</td>
<td>Elizabeth Turley</td>
</tr>
</tbody>
</table>

### Yale – New Haven Hospital Clinical Evaluators

<table>
<thead>
<tr>
<th>Tina Arria</th>
<th>Gail Mitchell</th>
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</thead>
<tbody>
<tr>
<td>Ellen Aub</td>
<td>Linda Mucci</td>
</tr>
<tr>
<td>Jill Boria</td>
<td>Donna Riccitelli</td>
</tr>
<tr>
<td>Louise Coppola</td>
<td>Christina Risk-Adams</td>
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<tr>
<td>Holly Costantini</td>
<td>Nikki Russell</td>
</tr>
<tr>
<td>Joanne Delgremo</td>
<td>Stacy Stuart</td>
</tr>
<tr>
<td>Heslyn Gordon</td>
<td>Anthony Vannucci</td>
</tr>
<tr>
<td>Adrienne Keeler</td>
<td>Dana Vilella</td>
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<tr>
<td>Lisa Loop</td>
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Gateway Community College – Radiography  
Student Evaluation of Clinical Instructor

<table>
<thead>
<tr>
<th>THE CLINICAL INSTRUCTOR FOR THIS ROTATION:</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</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>
<td>2. offered direct and indirect supervision as outlined in the Radiography Student Program Guide</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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</tbody>
</table>

THE STAFF TECHNOLOGISTS FOR THIS ROTATION WERE:

| 11. helpful |   |   |   |   |   |
| 12. eager to work with students |   |   |   |   |   |
| 13. supportive of the Program and students |   |   |   |   |   |
| 14. eager to work with students |   |   |   |   |   |
| 15. offered students constructive criticism |   |   |   |   |   |

THE PHYSICAL ASPECTS OF THIS ROTATION PROVIDED:

| 16. an adequate number of procedures for my educational experience |   |   |   |   |   |
| 17. equipment in good working order |   |   |   |   |   |
| 18. well defined procedure guidelines |   |   |   |   |   |
| 19. exposure guidelines/ technique chart |   |   |   |   |   |

GENERAL INFORMATION:

| 20. My overall experience in this rotation was both educational and beneficial |   |   |   |   |   |
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 computed radiography system (if applicable)
      - runs films (if applicable)
      - Image/Film critique and evaluation
      - hangs and labels films (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>Task Inventory</th>
<th>.25</th>
<th>.50</th>
<th>.75</th>
<th>1.0</th>
<th>Score</th>
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</thead>
<tbody>
<tr>
<td>1. Perform diagnostic Radiographic examination to provide a source of information for interpretation by radiologist and viewing for referring physicians.</td>
<td></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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<table>
<thead>
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<th>1.0</th>
<th>Score</th>
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</thead>
<tbody>
<tr>
<td>2. 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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<tr>
<td>2.3 Always demonstrate a positive, supportive and constructive behavior both inter- and intra-departmental communication as observed by student evaluator/coordinator.</td>
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<td>2.4 Is familiar with and uses correct positioning devices as needed as observed by student evaluator or coordinator.</td>
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<p>| | | | | | |
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| Hospital: Date: | | | | |</p>
<table>
<thead>
<tr>
<th>Task</th>
<th>Description</th>
<th>Score</th>
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<tbody>
<tr>
<td><strong>2.5</strong></td>
<td>Sets up and adjusts radiation protection devices for patients 100% of the time as observed by student evaluator.</td>
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<tr>
<td><strong>2.6</strong></td>
<td>Uses provided equipment for Radiation protection to the operator 100% of the time as observed by student evaluator.</td>
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<tr>
<td><strong>2.7</strong></td>
<td>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.</td>
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<tr>
<td><strong>2.8</strong></td>
<td>Routinely uses lead markers to properly identify patient position on x-ray image as observed by student evaluator.</td>
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<tr>
<td><strong>TOTAL SCORE FOR TASK 2 out of 8 points</strong></td>
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<tr>
<td><strong>3.</strong></td>
<td>Prepares examination room ensuring cleanliness and supplies to assure proper and accurate performance of exams.</td>
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<tr>
<td><strong>3.1</strong></td>
<td>Replace any used supplies immediately after patient dismissed 95% of the time as observed by the student evaluator.</td>
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</tr>
<tr>
<td><strong>3.2</strong></td>
<td>Execute cleaning of examination room before and after patient examination 100% of the time as observed by student evaluator.</td>
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<tr>
<td><strong>3.3</strong></td>
<td>Notify your Lead Technologist or Supervisor of assigned area of any needed supplies to ensure continual supply as needed.</td>
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<tr>
<td><strong>3.4</strong></td>
<td>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.</td>
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<tr>
<td><strong>3.5</strong></td>
<td>Notify Lead Technologist or Supervisor of any need for environmental repair as needed.</td>
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<tr>
<td><strong>3.6</strong></td>
<td>Routinely sets up for examination to ensure efficiency in Radiographic procedures as observed by student evaluator.</td>
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<tr>
<td><strong>3.7</strong></td>
<td>Routinely checks medication and contrast material for expiration dates as observed by supervisor.</td>
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<tr>
<td><strong>TOTAL SCORE FOR TASK 3 out of 7 points</strong></td>
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<tr>
<td><strong>Task Inventory</strong></td>
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<tr>
<td><strong>4.</strong></td>
<td>Performs various general support functions in department to ensure efficient utilization of time.</td>
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<tr>
<td><strong>4.1</strong></td>
<td>Consistently inspect patient’s radiographic file folder to assure proper assignment and procedure as observed by student evaluator/clinical coordinator.</td>
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<tr>
<td><strong>4.2</strong></td>
<td>Correlates procedures change with actual procedure performed as observed by student evaluator/coordinator.</td>
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<td><strong>4.3</strong></td>
<td>Checks patient schedule to provide orderly flow of procedures through department as observed by supervisor.</td>
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<tr>
<td><strong>Score</strong></td>
<td>.25</td>
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</tbody>
</table>
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 duties as needed as observed by student evaluator/clinical coordinator.

4.6 Assists Radiologist during examinations and follows instructions properly 100% of the time as observed by student evaluator/clinical coordinator.

4.7 Able to act quickly and calmly in emergency situations as needed and is familiar with the location of all Emergency apparatus as observed by student evaluator/clinical coordinator.

4.8 Performs other duties as assigned as observed by clinical coordinator.

4.9 Interacts with physicians, secretaries, nursing film library, patient support and technical staff in other departments to facilitate the scheduling and implementation of radiographic examinations as observed by student evaluator.

**TOTAL SCORE FOR TASK 4 out of 9 points**

5. **Maintains knowledge of Radiography Computer Systems**

5.1 Edits and completes all Radiographic studies as needed as observed by student evaluator.

5.2 Schedules additional patient exams when performed as needed and observed by student evaluator/clinical coordinator.

**TOTAL SCORE FOR TASK 5 out of 2 points**

6. **Qualifications for Registry eligibility**

6.1 Graduate A.M.A. approved school of Radiologic Technology in accordance with program requirements for graduation.

6.2 Pass simulated Registry given at end of second year, 75% +

6.3 Maintain a 2.5 or better average in core courses.

6.4 Complete competency in all aspects of general radiography.

6.5 Maintains ethical conduct in accordance to program policy and ASRT code of ethics throughout the program.

**TOTAL SCORE FOR TASK 6 out of 5 points**

7. **Demonstrates standards of behavior in accordance with hospital training to ensure a professional, responsive, and courteous hospital environment for patients, visitors, and fellow employees.**

**Task Inventory**

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**Score**
<table>
<thead>
<tr>
<th>Task</th>
<th>Description</th>
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<tbody>
<tr>
<td>7.1</td>
<td>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>
</tr>
<tr>
<td>7.2</td>
<td>Maintains confidentiality of designated hospital and patient information with no violations of hospital policy or procedure as observed by supervisor and staff.</td>
</tr>
<tr>
<td>7.3</td>
<td>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>
</tr>
<tr>
<td>7.4</td>
<td>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>
</tr>
<tr>
<td>7.5</td>
<td>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>
</tr>
<tr>
<td>7.6</td>
<td>Participates as effective team member by performing additional assignments not directly related to job description when work load 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>
</tr>
<tr>
<td>7.7</td>
<td>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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**Task Inventory**

<table>
<thead>
<tr>
<th>Task</th>
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<tbody>
<tr>
<td>7.6</td>
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<td>7.5</td>
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</table>

TOTAL SCORE FOR TASK 7 out of 7 points

8. 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.

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.
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.

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.

8.4 Demonstrates a complete understanding of established and published emergency procedures with no 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.

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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.

8.8 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.

TOTAL SCORE FOR TASK 8 out of 7 points

9. 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.

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<th>TOTAL SCORE FOR TASK 9</th>
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10. Completion and submission of clinical log book (worth 10 points) _________

11. Essay (worth 5 points) _________

TOTAL EXIT COMPETENCY SCORE - ________________

Exit Comp Evaluator Signature:______________________________________________
Standards
for an Accredited Educational Program in Radiography

EFFECTIVE JANUARY 1, 2011

Adopted by:
The Joint Review Committee on Education in Radiologic Technology - April 2010

Joint Review Committee on Education in Radiologic Technology
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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.
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

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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, academic policies, 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 education settings that provide a wide range of procedures for competency achievement including mobile, surgical, and trauma examinations. Clinical education 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 education setting must be supported by sufficient human and physical resources. The number of students assigned to the clinical education 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.

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 education 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 education 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 the student’s formal grievance and its resolution. Records must be retained in accordance with the institution’s/program’s retention policies/procedures.

Required Program Response:
Provide a copy of the grievance procedure.

Possible Site Visitor Evaluation Methods:
- Review of institutional catalog
- Review of student handbook
- Review of formal grievance records, 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, academic policies, clinical obligations, grading system, graduation requirements, and the criteria for transfer credit.

**Explanation:**
The institutional and/or program policies must be published and made available to students, faculty, and the general public to assure that they are adequately informed. Policy changes must be made known to students, faculty, and the general public in a timely fashion. It is recommended that revision dates be identified on program publications.

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 education 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
- 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. This may be accomplished in a variety of ways, including program publications and/or a Web site.

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
• 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
Summary for Standard One

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 education 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 education 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 education 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 education 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.

Explanation:
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 education settings.

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

Explanation:
Learning environments are defined as places, surroundings, or circumstances where knowledge, understanding, or skills are studied or observed such as classrooms and laboratories. 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 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. For other than regular academic terms (i.e., summer session) when students are enrolled in didactic courses, the program director must be available to fulfill the responsibilities of the position. Additionally, when students are enrolled in clinical courses, the clinical coordinator must be available to fulfill the responsibilities of the position.
**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 regularly to assure instructional responsibilities are performed.

**Explanation:**
The performance of program faculty and clinical instructors must be regularly evaluated. 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 in a timely manner with program faculty and clinical instructors to assure continued professional development.

**Required Program Response:**
- Describe the evaluation process.
- Describe how evaluation results are shared with program faculty and clinical instructors.
- Provide samples of evaluations of program faculty.
- Provide samples of evaluations of clinical instructors.

**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 education 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 for incidents in which dose limits are exceeded.

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 education settings. 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. Student 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 education 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 education 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 education 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 education 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 education settings.
- Provide documentation that students are apprised of policies and procedures specific to each clinical education 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,
- Five-year average job placement rate of not less than 75 percent within six months of graduation,
- Annual 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](http://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,
- Five-year average job placement rate of not less than 75 percent within six months of graduation,
- Annual program completion rate,
- Graduate satisfaction, and
- Employer satisfaction.

Explanation:
Credentialing examination, job placement, and program completion data must be reported annually on JRCERT Program Effectiveness Data (PED) form. 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 graduates who pass, on first attempt, the American Registry of Radiologic Technologists certification examination or an unrestricted state licensing examination compared with the number of graduates who take the examination.

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.

Program completion rate is calculated by dividing the number of students who complete the program within a cohort by the number who enrolled in the cohort initially and subsequently (for example, transfer students or re-admits). Students who leave or do not graduate on time for any reason, such as medical leave, personal choice, or course failure, are considered as not completing the program with the original cohort.

\[
PCR = \frac{\text{# of graduates in the cohort}}{\text{# of students initially enrolled in cohort} + \text{# of transfer students or re-admits}}
\]

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 a copy of the program’s current PED form.
- Provide outcome data in relation to graduate and employer satisfaction.

Possible Site Visitor Evaluation Methods:
- Review of PED form
- 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. The JRCERT will post five-year average credentialing examination pass rate, five-year average job placement rate, and annual program completion rate at [www.jrcert.org](http://www.jrcert.org). The program must publish the JRCERT URL ([www.jrcert.org](http://www.jrcert.org)) to allow the public access to this data.

**Required Program Response:**
Provide samples of publications that document the availability of program effectiveness data via the JRCERT URL address.

**Possible Site Visitor Evaluation Methods:**
- Review of program publications
- Review of 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.

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](http://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 Education Settings_

6.4 Establishes and maintains affiliation agreements with clinical education settings.

6.5 Documents that clinical education 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 education 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 education 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](http://www.arrt.org).
6.4 Establishes and maintains affiliation agreements with clinical education settings.

*Explanation:*
Formalizing relations between the program and the clinical education setting helps assure the quality of clinical education by delineating appropriate responsibilities of the program and the clinical education 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 education 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 education settings owned by the sponsoring institution; however, a memorandum of understanding between the clinical education 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 education setting.
6.5 Documents that clinical education 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 education setting. Clinical education settings may be recognized by The Joint Commission (TJC) 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 education 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.
Awarding, Maintaining, and Administering Accreditation

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](http://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 education settings.

2. Accreditation Actions

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

   JRCERT accreditation actions for Accreditation Withheld or Accreditation Withdrewn may be appealed following the established procedure. Procedures for appeal are available at [www.jrcert.org](http://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](http://www.jrcert.org)

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

   **certification:** American Registry of Radiologic Technologists
   1255 Northland Drive
   St. Paul, MN  55120-1155
   (651) 687-0048
   [www.arrt.org](http://www.arrt.org)
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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

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