

Northside Hospital School of Radiography



Student Handbook 2026-2027

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**NORTHSIDE SCHOOL OF RADIOGRAPHY
PROGRAM ADMINISTRATION**

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**The Northside School of Radiography is located at:
993 Johnson Ferry Rd NE Building D Suite 230, Atlanta GA 30342.**

School Website: <https://jobs.northside.com/programs/radiography-school/>

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OVERVIEW

The Northside Hospital School of Radiography is an 18-month certificate program dedicated to the study of radiography. The program will include both didactic and clinical instruction. Students will spend approximately 16 hours a week in the classroom and 24 hours a week in a clinical setting. The total number of hours of instruction that students will receive over the course of the program is set forth in Appendix A. The didactic portion of the program will be taught by program faculty, registered technologists, and radiologists. In addition to the primary focus on radiography, students will also be exposed to modalities within the imaging department. This will include the opportunity to rotate through CT, MRI, Ultrasound, Nuclear Medicine, Interventional, Mammography and Radiation Therapy. Exposure to various imaging modalities helps students gain a broader understanding of the different areas within medical imaging, potentially inspiring them to pursue additional credentials in these specialties after completing their x-ray program. Upon completion of the program, students will have received the didactic and clinical instruction necessary to be eligible to take the national registry exam through the American Registry of Radiologic Technologists (ARRT) being that the candidate already holds an associate's degree.

ACCREDITATION

The initial application for accreditation from Northside Hospital School of Radiography has been submitted to the Joint Review Committee on Education in Radiologic Technology (JRCERT) and pending accreditation. A self-study report will be submitted, and a site visit will be scheduled at the request of JRCERT.

The Joint Review Committee on Education in Radiologic Technology

20 North Wacker Drive, Suite 2850 Chicago, IL 60606-3182

(312) 704-5300

<https://www.jrcert.org/>

Email: mail@jrcert.org

Purpose of Accreditation:

Accreditation is a process of voluntary, external peer review in which a non-governmental agency grants public recognition to an institution or specialized program that meets certain established qualifications and educational standards, as determined through initial and subsequent periodic evaluations. The goals of the accreditation process are to protect the student and the public, identify outcomes by which a program establishes and evaluates its assessment policies and procedures, and stimulates programmatic self-improvement.

Standards for an Accredited Educational Program in Radiography

EFFECTIVE JANUARY 1, 2021

Adopted by:
**The Joint Review Committee on Education
in Radiologic Technology**

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.



Joint Review Committee on Education in Radiologic Technology

20 N. Wacker Drive, Suite 2850

Chicago, IL 60606-3182

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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 is recognized by both the United States Department of Education (USDE) and the Council for Higher Education Accreditation (CHEA). The JRCERT Standards incorporate many of the regulations required by the USDE for accrediting organizations to assure the quality of education offered by higher education programs. Accountability for performance and transparency are also reflected in the Standards as they are key factors for CHEA recognition.

The JRCERT accreditation process offers a means of providing assurance to the public that a program meets specific quality standards. The process not only helps to maintain program quality but stimulates program improvement through outcomes 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 in determining compliance with the particular objective. Review of supplemental materials and/or interviews is at the discretion of the site visit team.

Regarding each standard, the program must:

- Identify strengths related to each standard
- Identify opportunities for improvement related to each standard
- Describe the program's plan for addressing each opportunity for improvement
- Describe any progress already achieved in addressing each opportunity for improvement
- Provide any additional comments in relation to each standard

The self-study report, as well as the results of the on-site evaluation conducted by the site visit team, will determine the program's compliance with the Standards by the JRCERT Board of Directors.

Standard One: Accountability, Fair Practices, and Public Information

The sponsoring institution and program promote accountability and fair practices in relation to students, faculty, and the public. Policies and procedures of the sponsoring institution and program must support the rights of students and faculty, be well-defined, written, and readily available.

Objectives:

- 1.1. The sponsoring institution and program provide students, faculty, and the public with policies, procedures, and relevant information. Policies and procedures must be fair, equitably applied, and readily available.
- 1.2. The sponsoring institution and program have faculty recruitment and employment practices that are nondiscriminatory.
- 1.3. The sponsoring institution and program have student recruitment and admission practices that are nondiscriminatory and consistent with published policies.
- 1.4. The program assures the confidentiality of student educational records.
- 1.5. The program assures that students and faculty are made aware of the JRCERT **Standards for an Accredited Educational Program in Radiography** and the avenue to pursue allegations of noncompliance with the **Standards**.
- 1.6. The program publishes program effectiveness data (credentialing examination pass rate, job placement rate, and program completion rate) on an annual basis.
- 1.7. The sponsoring institution and program comply with the requirements to achieve and maintain JRCERT accreditation.

Standard Two: Institutional Commitment and Resources

The sponsoring institution demonstrates a sound financial commitment to the program by assuring

sufficient academic, fiscal, personnel, and physical resources to achieve the program's mission.

Objectives:

2.1 The sponsoring institution provides appropriate administrative support and demonstrates a sound financial commitment to the program.

2.2 The sponsoring institution provides the program with the physical resources needed to support the achievement of the program's mission.

2.3 The sponsoring institution provides student resources.

2.4 The sponsoring institution and program maintain compliance with United States Department of Education (USDE) Title IV financial aid policies and procedures, if the JRCERT serves as Gatekeeper.

Standard Three: Faculty and Staff

The sponsoring institution provides the program adequate and qualified faculty that enable the program to meet its mission and promote student learning.

Objectives:

3.1 The sponsoring institution provides an adequate number of faculty to meet all educational, accreditation, and administrative requirements.

3.2 The sponsoring institution and program assure that all faculty and staff possess the academic and professional qualifications appropriate for their assignments.

3.3 The sponsoring institution and program assure the responsibilities of faculty and clinical staff are delineated and performed.

3.4 The sponsoring institution and program assure program faculty performance is evaluated and results are shared regularly to assure responsibilities are performed.

3.5 The sponsoring institution and/or program provide faculty with opportunities for continued professional development.

Standard Four: Curriculum and Academic Practices

The program's curriculum and academic practices prepare students for professional practice.

Objectives:

- 4.1 The program has a mission statement that defines its purpose.
- 4.2 The program provides a well-structured curriculum that prepares students to practice in the professional discipline.
- 4.3 All clinical settings must be recognized by the JRCERT.
- 4.4 The program provides timely, equitable, and educationally valid clinical experiences for all students.
- 4.5 The program provides learning opportunities in advanced imaging and/or therapeutic technologies.
- 4.6 The program assures an appropriate relationship between program length and the subject matter taught for the terminal award offered.
- 4.7 The program measures didactic, laboratory, and clinical courses in clock hours and/or credit hours through the use of a consistent formula.
- 4.8 The program provides timely and supportive academic and clinical advisement to students enrolled in the program.
- 4.9 The program has procedures for maintaining the integrity of distance education courses.

Standard Five: Health and Safety

The sponsoring institution and program have policies and procedures that promote the health, safety, and optimal use of radiation for students, patients, and the public.

Objectives:

5.1 The program assures the radiation safety of students through the implementation of published policies and procedures.

5.2 The program assures each energized laboratory is in compliance with applicable state and/or federal radiation safety laws.

5.3 The program assures that students employ proper safety practices.

5.4 The program assures that medical imaging procedures are performed under the appropriate supervision of a qualified radiographer.

5.5 The sponsoring institution and/or program have policies and procedures that safeguard the health and safety of students.

Standard Six: Programmatic Effectiveness and Assessment:

Using Data for Sustained Improvement

The extent of a program's effectiveness is linked to the ability to meet its mission, goals, and student

learning outcomes. A systematic, ongoing assessment process provides credible evidence that enables analysis and critical discussions to foster ongoing program improvement.

Objectives:

6.1 The program maintains the following program effectiveness data:

- five-year average credentialing examination pass rate of not less than 75 percent at first attempt within six months of graduation,
- five-year average job placement rate of not less than 75 percent within twelve months of graduation, and
- annual program completion rate.

6.2 The program analyzes and shares its program effectiveness data to facilitate ongoing program improvement.

6.3 The program has a systematic assessment plan that facilitates ongoing program improvement.

6.4 The program analyzes and shares student learning outcome data to facilitate ongoing program improvement.

6.5 The program periodically reevaluates its assessment process to assure continuous program improvement.

PROGRAM'S MISSION STATEMENT

The mission of the Northside Hospital School of Radiography is to educate and empower student radiologic technologists through high-quality instruction, hands-on-clinical experience, and a strong foundation in patient-centered care. The program is dedicated to producing skilled, compassionate, and ethical professionals who are prepared to meet the evolving needs of the healthcare community. Our graduates will be equipped not only to succeed in entry-level positions but also to grow as leaders in radiologic imaging.

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

Goal: Students will demonstrate clinical competency.

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

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

Goal: Students will communicate effectively.

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

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

Goal: Students will exhibit critical thinking skills.

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

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

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

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

The ARRT Code of Ethics

(also adopted by the ASRT)

The Code of Ethics forms the first part of the Standards of Ethics. The Code of Ethics shall serve as a guide by which Registered Technologists and Candidates may evaluate their professional conduct as it relates to patients, health care consumers, employers, colleagues, and other members of the health care team. The Code of Ethics is intended to assist Registered Technologists and Candidates in maintaining a high level of ethical conduct and in providing for the protection, safety, and comfort of patients. The Code of Ethics is aspirational.

1. The 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 principal objective of the profession to provide services to humanity with full respect for the dignity of mankind.
3. The Radiologic Technologist delivers patient care and service unrestricted by the concerns of personal attributes or the nature of the disease or illness, and without discrimination, on the basis of sex, race, creed, religion, or socioeconomic status.
4. The Radiologic Technologist practices technology founded upon theoretical knowledge and concepts, uses equipment and accessories consistent with the purposes for which they were designed, and employs procedures and techniques appropriately.
5. The Radiologic Technologist assesses situations; exercises care, discretion, and judgment, assumes responsibility for professional decisions, and acts in the best interest of the patient.
6. The Radiologic Technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.
7. The Radiologic Technologist uses equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice, and demonstrates expertise in minimizing the 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 to protect the welfare of the individual or community.

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

GRADUATION/PROGRAM COMPLETION REQUIREMENTS

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

- Complete all course requirements with a final average of 70% or higher
- Complete all clinical rotation hours
- Published ARRT competency requirements for the radiography examination
- Terminal competency examinations with a final score of 75% or higher for each terminal competency evaluation (Total of 3)
- Complete all program requirements

Upon satisfactory completion of all the above requirements, each graduate will be awarded a certificate from the Northside School of Radiography.

PROGRAM GOALS

The Radiography Program will provide educational and technical preparation in the radiologic science of radiography in accordance with the guidelines established for an accredited program. The program goals and student learning outcomes are as follows:

Goal: Students will demonstrate clinical competency.

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

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

Goal: Students will communicate effectively.

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

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

Goal: Students will exhibit critical thinking skills.

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

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

EDUCATIONAL GOALS

1. To provide a high-quality education in the field of radiologic technology that encompasses all areas of imaging.
2. To produce well-rounded technologists that have a clear understanding of how to function at a high level as a member of the health care team.
3. To expose the student to as many modality areas of imaging as possible so that the student understands how all areas of imaging work together in assisting the radiologist in diagnosis.
4. To produce a technologist that maintains the highest professional standards and functions at a level that is beneficial to both patient and physician.

NORTHSIDE CODE OF CONDUCT AND POLICIES

All students in the program must comply with Northside's Code of Conduct (issued by Northside's Compliance Department) and other applicable Northside policies and procedures. A copy of Northside's Code of Conduct will be provided to each student and is also available on Northside's Intranet in Lucidoc. All students are required to comply with all applicable laws and regulations governing their conduct while participating in the Program. Without limiting the generality of the above, all students are required to comply with Northside's facility access and credentialing requirements, as modified by Northside from time to time. This includes, without limitation, requirements related to photo identification, background checks, drug screening, and health screening.

<https://www.lucidoc.com/cgi/doc-gw.pl?ref=nhatl:20191>

CLINICAL EDUCATION LOCATIONS AND TRANSPORTATION

Clinical training will be conducted at Northside Hospital Atlanta, Northside Hospital Cherokee, Northside Hospital Forsyth, Northside Hospital Duluth, Northside Hospital Gwinnett, and outpatient locations which include Northside imaging locations. There may be changes from time to time that require a student to travel outside of the expected sites for additional clinical instruction. Transportation to and from these sites is the sole responsibility of the student. No travel reimbursement will be provided to students for travel to sites for clinical instruction. It is expected that students will be flexible and able to attend these clinical rotations. Adjustments to the clinical schedule will be made with ample warning.

ACCEPTANCE POLICY

It is the policy of the school to provide an equal opportunity for all students and applicants for admission without regard to race, color, national origin, age, religion, disability unrelated to job requirements, sexual orientation, gender, gender identity, genetic information, pregnancy, marital status, or any other legally protected basis. All students must be a minimum of 18 years old.

RAD School Program Curriculum

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

Northside School of Radiography

Program Curriculum

Fall 2026

- RAD 1010 Introduction to Radiography
- RAD 1030 Radiographic Procedures I
- RAD 1065 Radiologic Science
- RAD 1320 Clinical Radiography I

Spring 2027

- RAD 1060 Radiographic Procedures II
- RAD 1075 Radiographic Imaging
- RAD 1200 Principles of Radiation Protection and Biology
- RAD 1330 Clinical Radiography II

Summer 2027

- RAD 2090 Radiographic Procedures III
- RAD 1085 Radiologic Equipment
- Rad 2340 Clinical Radiography III

Fall 2027

- RAD 2260 Radiologic Technology Review
- RAD 2360 Clinical Radiography IV

Drug Screening and Background Check Policy

Upon acceptance into the program, the student must complete the required drug screening and background check through Advantage Students. This is coordinated through the human resources department and consists of the following criteria:

Our approved provider is Advantage Students (www.advantagestudents.com). Students and faculty are to complete, at the minimum, the Northside Basic Student Package:

- Student Package (background check and drug screen)
- National Social Security Search
- Criminal History Search (up to 5 jurisdictions)
- Multi-State Sexual Offender Search
- OIG List of Excluded Individuals/Entities
- GSA List of Parties Excluded from Federal Programs
- US Treasury, Office of Foreign Asset Control (OFAC)
- List of Specially Designated Nationals (SDN)
- Patriot Act Search (includes Government Suspect and Terrorist List searches)
- Employment Verification (only required for students 21 years of age or older)
- Drug Screen: 11 panel urine lab test (MRO service included)
- Test includes: Amphetamines, Cannabinoids, Cocaine Metabolites, Opiates, Phencyclidine, Barbiturates, Benzodiazepines, Methadone, Propoxyphene, Methaqualone and Oxycodone

NOTE: Students and faculty are to share their report with Northside Hospital for review. To expedite approval process, please have your Advantage Students and ACEMAPP accounts linked. For instructions, please see the help desk guide: [Advantage Students \(InfoMart\)](#)

Access to the Northside Hospital Drug-Free Workplace and Substance Use Policy

Students are provided with a copy of the Northside Hospital Drug-Free Workplace and Substance Use Policy during program orientation. A current copy of the policy is also maintained in the classroom resource binder for student reference. In addition, students may request access to the policy at any time through the Program Director, Clinical Coordinator, or Human Resources department.

The Radiography Program is committed to ensuring that all students have continuous access to this policy throughout their enrollment. The policy may also be referenced and implemented when reasonable cause exists, in accordance with Northside Hospital's Drug-Free Workplace and Substance Use Policy.

WORK POLICY

Students are not a substitute for regular staff. Students may not take either the responsibility or the position of qualified staff. However, after demonstrating competency, students may be permitted to undertake certain defined activities under the supervision of qualified staff. Students may be employed outside of program hours, provided that such employment does not interfere with their regular program activities. Students are not allowed to be paid for clinical hours. If you are an employee, you must clock in after your program/educational shift ends. (**Example:** If your shift is from 8:00 a.m. to 4:30 p.m., you may clock in to be paid by the employer at 4:31 p.m. or after.)

EXPOSURE TO BLOOD-BORNE PATHOGENS

Protection of students from exposure to blood-borne and airborne pathogens is the joint concern of Northside and the students. The program will provide each student with all personal protective equipment, including gloves, gowns, airways, and other supplies necessary to comply with Centers for Disease Control guidelines, as appropriate to the student's individual responsibilities. In the event a student is exposed to blood-borne and airborne pathogens, the student should report to the Emergency Department for appropriate testing, medical care and counseling. Northside will use its best efforts to appropriately test the source patient and to obtain that patient's consent to disclose test results to the affected student.

ADVANCE PLACEMENT POLICY

The program does not currently offer advanced placement for students who have prior clinical or didactic instruction or training. The student must complete the program in its entirety to receive his/her certificate of completion.

ATTENDANCE POLICY

Attendance affects the quality of a student's academic and clinical performance. Therefore, regular attendance in lectures, lab and clinical sessions is required for all students. Because clinical education involves contact with actual patients, proper academic and laboratory instruction is mandatory prior to the student's participation in the clinical setting. Absence from any portion of the didactic or laboratory process could compromise patient safety. Any student unable to attend class must inform the Program Director or Clinical Coordinator in advance of his/her scheduled absence. Unexcused absences may result in a drop in letter grade and/or an award of the grade of "F" from the program. Falsifying any document regarding absences will result in immediate dismissal from the school. A student who accumulates absences more than fifteen percent (15%) of a course's scheduled class meetings will be subject to receiving a grade of "F" in the course with no credit earned for that course. Students missing more than 30 minutes of a scheduled class or lab session will be counted as absent for the purpose of attendance accountability. Three late arrivals will be counted as one absence.

GRADING POLICY

All students must complete programmatic courses with a 70% (C) or above to continue in the program. The school will follow this grading scale:

School Grading Scale:

Grade	Numerical Score
A	90-100
B	80-89
C	70-79
D	60-69
F	0-59

Grades will be issued at the completion of each semester. Students may be advised of their individual course standing / numerical grade prior to the end of semester completion. (Instructor courtesy) Students **must** maintain a cumulative course numerical grade average of **70% or higher** in all Radiography Program courses, as calculated at the end of each semester, to advance in the Radiography Program. Students will be awarded the grade of D or F in the Radiography Program for failure to maintain a final numerical course grade average of 70 % in all RADT courses. Students must pass all RAD courses with a **“70%” or higher**. Minimum score of 75% is required on all exams. If 75% is not obtained, the student will have **one** attempt to remediate and re-test to score 75% or higher. The original grade will be recorded in the course gradebook. Students who are unsuccessful on their remediation and re-test will be assigned a grade of “F” for the given course. This process will ensure success on the ARRT national exam.

All quizzes, tests, and examinations will be graded and results provided to students within a “reasonable amount of time”. Whenever possible, results will be communicated to students within **one week (7 days)** from a testing session. Except for final examinations, quizzes and tests will be distributed during a regularly scheduled class session and reviewed. Following this review, the quizzes and tests will be returned and maintained on file.



Northside School of Radiography Grievance Process

The Northside School of Radiography is committed to fostering a positive, professional, and supportive learning environment that promotes student success, personal growth, and high-quality patient care. Despite efforts to maintain a positive educational atmosphere, situations may arise in which a student experiences concerns or disagreements. The school encourages students to address concerns promptly and through appropriate channels so that issues may be reviewed and resolved in a timely and constructive manner. Open communication is essential to maintaining a healthy learning environment. Many concerns can be resolved informally through discussion; however, when resolution cannot be achieved informally, students have the right to utilize the formal grievance process outlined below.

The purpose of this process is to ensure that student concerns are addressed fairly and consistently.

Please note: All matters must be reviewed with the Program Dean through regular touch bases.

Step 1: Submission of Complaint

Action: The student must first put their problem or complaint (referred to herein as a grievance) in writing and present it to the associated program faculty. If the complaint involves the Program Director, the grievance should be submitted directly to the Program Dean (i.e., proceed to Step 3).

Timeline: The grievance must be submitted within three (3) business days of the incident or occurrence giving rise to the grievance.

Step 2: Escalation to the Program Director

Action: If the grievance is not satisfactorily resolved with the program faculty within three (3) business days of receipt, the student will provide the grievance to the Program Director. The Program Director will review the grievance and attempt to work out a mutually satisfactory solution within three (3) business days of receipt.

If a solution is not agreed upon at this point, then the student may request an appointment with the Program Dean.

Timeline: This meeting must be requested within three (3) business days after receiving the Program Director's decision or failure to resolve the grievance.

Step 3: Formal Review by the Program Dean

Action: If a resolution is not reached at Step 2, the Program Dean will investigate and attempt to resolve the matter in a fair and equitable manner within three (3) business days of the meeting.

Step 4: Referral to the Ad Hoc Committee

Action: If the grievance is unable to be resolved or the student requests it, the grievance must be referred to the Ad Hoc Committee for formal review and recommendation. The Program Dean shall appoint an Ad Hoc Committee composed of at least four (4) members.

Ad Hoc Committee:

- One (1) student from another program (mandatory)
- At least three (3) other individuals not affiliated with the Radiography program

Timeline: The complaint must be reviewed within five (5) business days of receipt. The Ad Hoc Committee will review the matter and contact parties for comments or clarifications if necessary.

The Ad Hoc Committee must render a decision within seven (7) business days of receiving the filing. The final decision will be communicated to the student by the Program Dean.

The Ad Hoc Committee serves as the final step of appeal in the grievance process, and its decision shall be final.

JRCERT Contact Information (External Accreditation Compliance)

Students enrolled in the School of Radiography have the right to voice concerns regarding the program's compliance with the *Standards* and accreditation policies. If an issue cannot be resolved internally, students may contact the governing body directly:

Joint Review Committee on Education in Radiologic Technology (JRCERT)

20 North Wacker Drive, Suite 2850

Chicago, IL 60606-3182

Phone: (312) 704-5300

Email: mail@jrcert.org

Website: www.jrcert.org

HOLIDAYS

The school will follow Northside's holiday calendar. Holiday time will be designated on the Radiography School's academic calendar.

INCLEMENT WEATHER

The program will notify students via email and Group Me when school is cancelled due to inclement weather.

PREGNANCY POLICY

Any student who is or discovers that she is pregnant during the program must voluntarily disclose the pregnancy to the Program Director. Due to the possibility of exposure to radioactivity during training, the student must notify the school to receive information concerning prenatal radiation safety training and to complete documentation for declaration of pregnancy. Once this declaration has been made, the student and school instructors will implement the safety guidelines for radioactive exposure during the student's training. A fetal dosimeter will be ordered for the student to wear at the waist level for the entirety of the pregnancy. If the student elects to withdraw from the program due to pregnancy, arrangements will be made to reserve a spot in a future class.

WITHDRAWAL POLICY

Any student that decides to withdraw from the program must notify the school in writing to the Program Director.

REMEDICATION

If a student requires remediation in any section of the program, reasonable attempts will be made to correct any deficiencies. Students will be able to seek tutoring from the program's faculty members. The student must demonstrate a good attitude for remediation and demonstrate progress. If, at the end of a month of remediation, the student has not made satisfactory progress, then the student may be removed from the program. If the deficiency is secondary to an illness of significant family, then additional time may be given. If a student withdraws from his/her clinical rotations or does not receive a passing grade in the academic or clinical rotations, this student will not be able to continue with the program. At that time the student will receive a letter with the total hours (both clinical and didactic) that such student has completed for the student's own records.

CLINICAL DOCUMENTATION

The clinical aspect of the program is vital to the success of the student. Performance in the clinical setting must be documented in detail. Therefore, the student is required to keep and maintain clinical logs that record all procedures that they encounter daily. The school will supply a blank form that demonstrates the required entries. This logbook must be filled in every clinical day and turned into the clinical paperwork box in the Radiography classroom once filled up. Additional copies of the clinical logs will be in the classroom and in the clinical binders at the rotation sites. Attendance must also be documented daily. A clinical timesheet will be provided to keep track of each student's clinical hours and can be kept in the binder at the clinical site. This sheet will be checked and turned in on clinical paperwork day at the end of each semester. The supervising technologist/clinical instructor must attest to the student's attendance by signing the sheet daily when the student arrives and when the student leaves. These records are the sole responsibility of each student. At each new rotation site, students will complete a scavenger hunt to orient themselves to the radiology department and turn that into the clinical paperwork box on the next class day. Clinical competency forms will expire two (2) weeks from the date of completion and will be ineligible to turn in past this. Once the competency forms are filled out and turned into the Clinical Coordinator, they will be checked, and if the competency passes, it will be filed and put into the gradebook. It is recommended that the students make a copy to obtain for their own records before submitting paperwork to the Clinical Coordinator.

APPROPRIATE USE OF COURSE MATERIALS

Students may not upload course materials for public distribution or use course materials in any way beyond academic uses in connection with the program.

PROFESSIONAL CONDUCT, CONFIDENTIALITY, AND ETHICS

Conduct in the clinical setting must always be professional. Students are expected to conduct themselves in a professional manner. Failure to do so may result in immediate dismissal from the program. Professionalism includes patient confidentiality. Students are required to maintain the confidentiality of patient health information that students encounter during their training. Patient health information that students have access to or obtain, either directly or indirectly, during their training must never be used or disclosed in a manner that would violate the requirements of the privacy or security provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) or its related regulations. Any breach of confidentiality or misuse of information may result in termination from the program. As healthcare professionals working under the supervision of physicians, students share the same ethical obligations that physicians must maintain. Students shall protect and always promote the best

interests of the patient, including, but not limited to, confidentiality. Students must acknowledge the patient's values and beliefs and avoid interfering with the patient's expression or implementation. Students are to conduct themselves both during school hours and outside of school hours in a manner that will not discredit Northside, the school, the profession itself or themselves. Unprofessional behavior may lead to disciplinary action up to and including dismissal from the program.

Northside is a "Drug-Free Workplace". As such, students are prohibited from working under the influence of alcohol and/or other drugs that impair judgment or the ability to perform. Any violation will result in immediate dismissal from the premises and may result in termination from the program. In the case of a clinical-related accident, post-accident drug testing of all personnel involved is required. Northside is committed to providing a safe environment that is free from violence or bullying. Northside prohibits the possession of weapons or threats or violent behavior towards any employee, patient, medical staff member, visitor, vendor, agency or contracted personnel. Any violations of the foregoing may result in immediate dismissal from the premises and termination from the program.

Classroom Expectations

It is the expectation that all students in the Radiography School exhibit with appropriate professional conduct and represent their profession effectively and respectfully. Faculty and preceptors will assist students in identifying and describing professional behaviors that are necessary for success in the program and in the healthcare field. This also includes faculty promoting growth and development of each student while they are enrolled in the radiography program.

Respect and Boundaries:

Respectful behavior towards faculty, classmates, and preceptors is expected at all times. Mutual respect should be given to the opinion of others in the class when in agreement or disagreement. We all can agree to disagree, but it should be done in a healthy environment. Any behavior that should create any discomfort in any way with faculty or classmates can interfere with the learning process.

Classroom Procedures:

An instructor entering a classroom is usually a sign that class will begin (unless arriving early to prepare the room). Students are expected to be seated and ready at the scheduled class start time.

Class Breaks:

Class breaks will be given at the discretion of the instructor but typically once per hour during lectures. Students are expected to return from breaks at the appointed time. Refer to attendance procedures for consequences of tardiness.

Questions:

Questions enhance the learning process and provide opportunities to elaborate on concepts discussed. Questions usually benefit the entire class when they are relevant to the materials being presented and are a vital component of the learning process. Students who have questions during class should raise their hand and wait to be recognized by the instructor. If another student asks a question, students are free to add to the discussion in turn.

Questions should be posed in a genuinely curious or inquisitive manner. Asking questions in a respectful manner promotes clarification of materials presented, generates relevant discussion, and opens the door to beneficial communication. Challenging or argumentative tones do not promote scholarly discussion and adversely affect the learning process.

Speaking while the instructor is speaking can be distracting to the instructor and to other students in the class. Additionally, other distracting behaviors should be avoided (sleeping in the classroom, noises that may create an environment that is not conducive to learning, etc).

Faculty have the right to request that a disruptive student leave the classroom. If this occurs, they will be marked absent for the class period and may be subject to disciplinary procedures according to Classroom Behavior Procedures found in this handbook. Students are expected to maintain a positive attitude and be receptive to the information that is being offered by faculty.

Guideline: Classroom and Lab Cleanliness (Programmatic)

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

Guideline: Classroom and Lab Accessibility

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

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

For support services, see <https://secure.viewer.zmags.com/publication/5f6ee3e9#/5f6ee3e9/39>

Students will have access to all resources except benefits unless the student is a current employee.

Guideline: Classroom and Lab Management Plan

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

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

- ☐ No food or drink is allowed in the lab at any time.
- ☐ No children are allowed in the lab area at any time.
- ☐ No electronic device usage during lab.
- ☐ The student will not move any electrical equipment or connections. If a connection needs to be replaced or connected, it should be reported to the instructor. Any electrical problems (ie. frayed wires, poor connections, loose plugs) or equipment damage is to be reported to the instructor immediately.
- ☐ Lab experiments are to be performed under direct supervision only. Students will not be allowed to operate equipment in the Radiography lab without the presence of an Instructor/Program faculty member. Radiation exposures will only be conducted on phantoms or inanimate objects.
- ☐ Each student is responsible for cleaning up the lab area after use. Keep floors and walking areas clear of any impediment.
- ☐ Students are allowed to attend lab sessions only during the designated lab time he / she is assigned. Lab groups will contain no more than 10 students.
- ☐ Students are NOT to wear open-toed shoes when at any time while in the lab area. This is for liability reasons. (Preferably all leather tennis shoes would be worn.)
- ☐ Points will be deducted from Labs or Lab Practical Scores or Terminal Comps if open-toed shoes are worn.
- ☐ Live work will not be performed in the Radiography lab. This is defined as any work performed by students or instructors of Northside that requires the payment of fees or any other guarantee written or implied.
- ☐ Under no circumstances will the student position himself/herself in the x-ray beam (ie. Holding cassettes, phantoms, etc.) Students are required to stand behind the barrier wall when making exposures.
- ☐ Always keep doors to the radiation area closed when exposures are being made.
- ☐ Students must wear dosimeters and have R & L markers while conducting experiments in the energized lab.
- ☐ Return all equipment to its proper storage place.

- ☐ Turn off all machines after use.
- ☐ All accidents will be reported to the Radiography Program Director/ Instructor, an accident report must be filled out immediately.
- ☐ Any student who purposefully radiates another student or any other human being will be subject to disciplinary action.

Guideline: Telephones/Cell Phones/Electronic Devices

Clinical Assignments:

No personal calls will be made or received in the clinical areas by students. Student radiographers are not to have their personal cell phones on their body during clinical rotations. Cell phones are to be kept with the students' personal belongings, ie. purses, bags, lockers, etc. Personal phone calls on cell phones, or if the student wishes to check their phone messages, may be done during lunch or on approved breaks away from the clinical area, unless against the guideline of that institution or area. "Smart watches" are likewise prohibited while in clinical rotations. Emergencies may be communicated to students by calling the clinical site; however, this method of communication is not appropriate for routine messages/conversations. The program faculty will contact students via email or Group Me regarding emergency situations/closures. Clinical rotation sites may elect to send the student home in addition to disciplinary action.

Classroom & Lab:

In order to maintain an environment conducive to learning cell phones brought into the classroom or lab must be turned off or be placed on silent mode and placed out of sight during instructional time. "Smart watches" should be silenced, and put away during exams, lectures, and labs. Multiple incidents or violations of this guideline will result in the student being asked to leave the class or lab area and will result in disciplinary action.

Computer Usage at Clinic:

Students are not allowed to use hospital/facility or personal computers for schoolwork or for personal use while they are at clinic. Guideline violation will result in disciplinary action.

Guideline: Jury Duty / Court Summons

Students receiving a summons for Jury Duty or a court appearance must provide the Program Director with appropriate notification prior to the date of appearance. The student must produce a copy of the summons to be excused for the time required. All work missed must be made up by the student immediately upon return.

Procedure:

1. Upon receipt of a summons for Jury Duty or court appearance, the student is required to immediately notify the Program Director. A copy of the summons will be made and maintained in the student's administrative file.
2. The Program Director and student will evaluate the lesson plans for the day (dates) the student is expected to be absent and assignments will be made if applicable. If absence falls during scheduled clinical time, the time must be made up in accordance with the clinical instructor (absence does not count toward 15% absence guideline).
3. Upon return from Jury Duty or court appearance, the student is responsible for making up all missed assignments.

Guideline: Student Employment

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

Students are also advised that they are NOT allowed to receive clinical competencies when they are at the clinical site in an employment capacity. This would not allow for equitable learning opportunities for the students that are not employed. If a student is caught attempting to receive competency while working at the facility, then the student will receive a write up and the competency will be void.

Students may not complete clinical program "make up hours" while employed by a clinical site. Students also may not miss designated program class or clinic time in place of working as a student technologist.

This guideline is in effect to clearly differentiate between a student's employment and their clinical education.

Positive Criminal and Background Checks

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

Guideline: Grade posting of quiz, test and exam scores & reasonable feedback

All quizzes, tests, and examinations will be graded and results provided to students within a "reasonable amount of time". Whenever possible, results will be communicated to students within one week (7 days) from a testing session. Except for final examinations, quizzes and tests will be distributed during a regularly scheduled class session and reviewed. Following this review, the quizzes and tests will be returned and maintained on file.

Guideline: Calculators

Calculators may be used during tests, quizzes and examinations. Only simple, non-programmable calculators will be permitted. Cell phones and other devices will not be permitted.



NS School of Radiography Clinical Affiliates

Northside Hospital Atlanta 1000 Johnson Ferry Rd NE, Atlanta, GA 30342 <u>CI:</u> Anita Riley Ashley Cameron Mariata Ly Stephanie Ward Jackie Morris Sarah Dell (404-845-5700) <u>Manager:</u> Quinlin Parker (404-300-2569)	Northside Hospital Cherokee 450 Northside Cherokee Blvd, Canton, GA 30115 <u>CI for Day:</u> Ashley Jett (770-224-5253) Kennedy Griffeth (770-224-5098) <u>CI for Evening:</u> Noel Tellin (770-720-5360) <u>Manager:</u> Corie Stawicki (770-224-1426)	Northside Hospital Duluth 3620 Howell Ferry Rd NW, Duluth, GA 30096 <u>CI for Day:</u> Kevin Lewis (678-312-6600 option 9) <u>CI for Evening:</u> Clay Mattingly (678-312-6600) <u>Manager:</u> Holli Faulkner (678-312-7477)
Northside Hospital Forsyth 1200 Northside Forsyth Dr, Cumming, GA 30041 <u>CI for Day:</u> Joyce Kim Tom Burgess Brett Chisholm (770-313-3714) <u>CI for Evening:</u> Dwayne Anthony Francis Frimpong (770-313-3714) <u>Manager:</u> Nicole Pitters (770-313-3140)	Northside Hospital Gwinnett 1000 Medical Center Blvd, Lawrenceville, GA 30046 <u>CI for Day:</u> Adnan Zahirovic- Supervisor Christie Boissy (678-312-2574) <u>CI for Evening:</u> Travonna Williams (770-678-5068) <u>Manager:</u> Moise Kayij (943-453-2129)	Northside Alpharetta Imaging 3400 Old Milton Pkwy Building C Suite 100, Alpharetta, GA 30005 <u>CI:</u> Melissa Colvin (770-667-4089) <u>Supervisor:</u> Annie Nardiello (770-667-4105)

Northside Canton Outpatient Imaging 470 Northside Cherokee Blvd t60, Canton, GA 30115 <u>Cl:</u> Thomas Mulakunnam Rosy Wheeler (770-721-9700) <u>Supervisor:</u> Jennifer Crabtree (770-721-9700)	Northside East Cobb Imaging 4800 Olde Towne Pkwy #100, Marietta, GA 30068 <u>Cl:</u> Will Haralson (770-973-9702) <u>Supervisor:</u> Sara Antic (770-973-9702)	Northside Forsyth BLVD-OP Imaging 2000 Howard Farm Dr Suite 100, Cumming, GA 30041 <u>Cl:</u> Christi Birkbeck (770-292-6100) <u>Supervisor:</u> Shari Eskew (770-292-6109)
Northside 631 Outpatient Imaging 631 Professional Dr #190, Lawrenceville, GA 30046 <u>Cl:</u> Samantha Sharpton (678-312-8640) <u>Supervisor:</u> Kristen Schumann (678-312-5363)	Northside Hamilton Mill Imaging Center 2078 Teron Trce, Dacula, GA 30019 <u>Cl:</u> Bonnie Jones Naomi Todorut (678-312-8617) <u>Supervisor:</u> Kristen Bass (770-831-5540)	Northside Holly Springs Imaging 684 Sixes Rd #100, Holly Springs, GA 30115 <u>Cl/Supervisor:</u> Bethany Garland (678-388-5480)
Northside Johnson Ferry Imaging 993 Johnson Ferry Rd NE Building F Unit 110, Atlanta, GA 30342 <u>Cl:</u> Stacy Cohn (404-252-3995) Manager- Kathryn Shaw	Northside Lawrenceville Imaging 555 Old Norcross Rd #115, Lawrenceville, GA 30046 <u>Cl:</u> Mayra Ojeda (770-277-0501) <u>Supervisor:</u> Lauren Dayman (770-277-0501)	Northside Meridian Mark Imaging 5445 Meridian Mark Rd #450, Atlanta, GA 30342 <u>Cl:</u> Rosemary Lee (404-459-1875) <u>Supervisor:</u> Nina Pisciotta (404-459-1875)

Northside Midtown Imaging 1110 W Peachtree St NW STE 900, Atlanta, GA 30309 <u>CI:</u> Jim Omalley (404-875-2640) <u>Supervisor:</u> Melanie Wynn (404-875-2640)	Northside Sugar Hill Imaging 4700 Nelson Brogdon Blvd Suite 100, Buford, GA 30518 <u>CI/Supervisor:</u> Jessica Williams (470-238-4110)	Northside Snellville Imaging 1608 Tree Ln #400, Snellville, GA 30078 <u>CI/Supervisor:</u> Allison Emerick (770-985-9040)
Northside Towne Lake Imaging 900 Towne Lake Pkwy #100, Woodstock, GA 30189 <u>CI:</u> Nick Jimenez (770-852-7509) <u>Supervisor:</u> Jennifer Lett (770-591-9711)	Northside Stockbridge Village Center Imaging 204 Village Center Pkwy, Stockbridge, GA 30281 <u>CI:</u> JaNalle Penn (678-565-9909) <u>Supervisor:</u> Danielle Smith (678-565-9909)	Northside Orthopedics - Alpharetta 3400 Old Milton Pkwy Building C, Suite 190, Alpharetta, GA 30005 <u>CI:</u> Robert (Nick) Vetter (239-357-6994) <u>Supervisor:</u> Ashlyn Richards (678-200-5960)
Northside Orthopedics - Buford 2800 Buford Dr #420, Buford, GA 30519 <u>CI:</u> Alissa Mariotti (770-714-6543) <u>Supervisor:</u> Ashlyn Richards (678-200-5960)	Northside Orthopedics - Canton 470 Northside Cherokee Blvd Ste 180, Canton, GA 30115 <u>CI:</u> Linda Byler (770-390-4244) (770-390-4189) <u>Supervisor:</u> Ashlyn Richards (678-200-5960)	Northside Orthopedics - Lawrenceville 771 Old Norcross Road, Suite 105 Lawrenceville, GA 30046 <u>CI:</u> Tracia Pitters (678-200-5960) <u>Supervisor:</u> Ashlyn Richards (770-656-6245)
Northside Family Medicine & Urgent Care - Cumming 610 Peachtree Pkwy # 100, Cumming, GA 30041 <u>CI's:</u> Mikayla Leide (678-513-5260) <u>Supervisor:</u> Rosbyn Arellano (770-205-2804)	Northside Family Medicine & Urgent Care - Dawsonville 81 Northside Dawson Dr Ste 100, Dawsonville, GA 30534 <u>CI's:</u> Kimberly Dean Ashley Bernardon (706-216-6000) <u>Supervisor:</u> Dena Reynolds (706-216-6000) ext 1008	Northside Urgent Care - East Cobb 4800 Olde Towne Pkwy #150, Marietta, GA 30068 <u>CI's:</u> Candice Darling Kevin Price Amy Lunsford (770-509-1025) <u>Supervisor:</u> Afham Chotani (770-519-2075)

Total Joint Specialists- Alpharetta 3400 Old Milton Pkwy Building C, Suite 290, Alpharetta, GA 30005 <u>CI's:</u> Ava Capella (770-667-4343) <u>Supervisor:</u> Stacy Rivardo	Total Joint Specialists- Cumming 2000 Howard Farm Dr Ste 200, Cumming, GA 30041 <u>CI's:</u> Ava Capella Mary Lodde (770-758-8964) <u>Supervisor:</u> Stacy Rivardo	Total Joint Specialists- Gainesville 1475 Jesse Jewell Parkway NE Suite 302 Gainesville, GA 30501 <u>CI/Supervisor:</u> Stacy Rivardo (678-989-1232)
Total Joint Specialists- Lawrenceville 771 Old Norcross Road Suite 135 Lawrenceville, GA 30046 <u>CI/Supervisor:</u> Stacy Rivardo (678-989-1232)	Total Joint Specialists- Midtown 1110 West Peachtree St NW, Suite 940, Atlanta, GA 30309 <u>CI/Supervisor:</u> Stacy Rivardo (678-989-1232)	Total Joint Specialists- Sandy Springs 1150 Hammond Drive Suite 400, Atlanta, GA 30328 <u>CI's:</u> Michelle Stroman Nancy Stauffer (770-580-7820) <u>Supervisor:</u> Stacy Rivardo

TECHNICAL STANDARDS IN THE CLINICAL SETTING

Students are expected to meet the following standards to demonstrate their ability to effectively function as radiologic technologists and to successfully complete the requirements of the program.

Behavioral Standards

- Demonstrate appropriate responses to situations involving seriously ill patients and the possible outcomes, including medical emergencies and death.
- Prioritize and manage multiple tasks simultaneously.
- Understand and apply clinical knowledge and instruction from staff.
- Interact with patients, families, supervisors, and staff members with respect, politeness, collaboration, teamwork, and discretion.

Physical and Mental Demands

- Communicate in a clear, concise manner with patients, hospital staff, and physicians in the English language.
- Read, interpret, and apply appropriate instructions and orders in patient charts, notes, and records.
- Lift thirty (30) pounds from the floor.
- Move immobile patients from a stretcher to an imaging table with appropriate assistance from other hospital personnel.
- Push a patient in a wheelchair or on a stretcher from holding areas to the radiographic room.
- Apply proper body mechanics to bend, stretch, reach, stoop, kneel, and twist in the performance of clinical duties.
- Walk and stand for at least 4 hours or more for continuous periods of time (while wearing lead aprons at times).
- Possess good hand and wrist strength and hand/eye coordination.
- Utilize a keyboard to input clinical data into the hospital computer system.
- Visually monitor patients.
- See in dim light, good vision, and sense of touch.
- Distinguish equipment, background sounds, and hear a variety of pitches.
- High level of short-term memory.



Northside Hospital School of Radiography

Clinical Guidelines

Guidelines: Uniform Requirements, Grooming Standards and Uniform Restrictions

Students are expected to meet the following guidelines during their training at the school. Failure to comply to personal and professional appearance will be considered a violation of program policy and may result in disciplinary action.

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

1. Royal blue colored scrub tops (with school patch) and royal blue colored scrub pants. The school patch should be sewn onto the left shoulder, with the top of the patch 2.5" below the top shoulder seam.
2. White or black leather uniform shoes or solid white or solid black leather athletic shoes. Canvas shoes are not permitted. Any shoe that does not completely cover the foot is not permitted. (eg. shoes with open backs) Uniform shoes and athletic shoes will be solid white or black only. (Not a mix of colors on the shoes.)
3. Socks that match the shoe are required.
4. Clothing should fit properly. Clothing that is too tight or transparent is not appropriate.
5. If a student wishes to wear an undershirt beneath the uniform top, it must be plain white, gray, or black in color, with no writing or image printed on it.
6. No visible tattoos are to be displayed. If necessary, a long-sleeved uniform top may be required. Turtlenecks must be worn if visible tattoos are on the neck. Make/up and/or concealer may not be used.
7. The school uniform must be clean and pressed. The Northside Hospital student ID badge is part of the uniform and must be worn at all times to all clinical locations. The photo ID will be clipped to the left uniform pocket.
8. The radiation monitor issued must be worn at all times while in the clinical education setting. The dosimeter is to be worn at collar level (designated as "collar") placed outside of a lead apron when worn.

9. A lab coat is considered optional. If a lab coat is worn, it must also have a program patch sewn on the left shoulder, with the top of the patch located 2.5” below the shoulder seam. When the lab coat is worn, the hospital-issued photo ID is to be placed on the lab coat at the approximate level of the uniform top position. If the lab coat is removed, the ID badge must be relocated to the uniform top and clearly visible at all times.
10. In order to be completely prepared for clinic, the following conditions must be met:
 - a. Above uniform specifics followed
 - b. R & L image markers
 - c. Bontrager pocket handbook
 - d. ARRT master sheets
 - e. Proper time sheets
 - f. Clinical logs
 - g. Current TB/CPR/Hep B documentation to Clinical Coordinator
 - h. Up to date record of all competencies (must be initialed by evaluating technologist or Northside Radiography School faculty)
 - i. Clearance through ACEMAPP for rotation purposes

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

- ☐ Hair must be a natural color, clean, neat, and off collar.
- ☐ Male students must be clean-shaven, or maintain a well-groomed mustache or beard.
- ☐ Hands must be clean with nails trimmed. NO nail polish may be worn. No artificial nails are permitted.
- ☐ Undergarments must be worn and should not be visible through the uniform.
- ☐ Conservative make up, no perfume or cologne, and no cigarette odor. Students should eliminate offensive body odors by bathing and using deodorants.
- ☐ Oral hygiene, including brushing, flossing, and the use of mouthwash, is to be practiced.
- ☐ Only one pair of small earring posts or other unobtrusive earrings may be worn in uniform. No dangling / hoop earrings are permitted.
- ☐ No studs or posts are to be worn in the tongue or worn where they are visible on the face or body while in the clinical area. Only clear retainers may be used to maintain the piercing while the jewelry is out to make the piercing less noticeable.

- ☐ Wedding and engagement rings may be worn while on duty, if relatively plain. Decorative wedding and engagement rings with numerous stones are not appropriate because they can tear the fragile skin of elderly patients and they can also harbor bacteria. No other jewelry is acceptable.
- ☐ The lead “left” and “right” markers are considered part of the student uniform. Markers must have student’s assigned number on the marker. If markers are lost, it is the student’s responsibility to order additional sets immediately if a marker is lost.
- ☐ A pen is considered part of the uniform and each student will be responsible for bringing a pen with either blue or black ink to clinic each day.

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

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

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

Guideline: Hospital-issued ID Badges

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

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

If a student loses their photo identification badge, they must notify the Program Director immediately. The student will be responsible for any badge replacement cost.

Procedure:

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

1. The student must contact the Program Director immediately.
2. The Program Director will arrange for a replacement badge to be issued by Clinical Placement.
3. The student will be responsible for any replacement cost and will be asked to provide proof of identification in order for a replacement badge to be issued.

Guideline: Dosimeter Care Guideline

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

Clarification: All students are to wear whole body radiation dosimeters (e.g., Dosimeters or thermoluminescent dosimeters) when in the vicinity of radiation producing machines (i.e: clinical

assignments and during labs or practice in the lab.) Students should operate according to ALARA guidelines in order to minimize exposure.

Furthermore:

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

Guideline: Dosimeter Exchange

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

Procedure:

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

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

Non-compliance:

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

Guideline: Clinical Rotation Assignments

Northside's radiography program ensures equitable learning for all students over the four semesters of the program. Each student is assured, at a minimum, dedicated rotations for each of the following: hospital, emergency room, operating room, outpatient imaging centers, orthopedics, and modalities. Mandatory rotations are tracked via the Northside radiography school's rotation checklist and with Northside Hospital's clinical placement department to ensure equitable learning. Additionally, all rotations are tracked on our master schedule to ensure that students are distributed evenly throughout the radiography program. The program works directly with clinical placement to ensure that designated rotations produce the volume needed to ensure that students are provided with a conducive learning opportunity. Clinical schedules are created by the program's Clinical Coordinator. Once the schedule is generated, it is sent over to the clinical placement team for review. Once approved, it is then sent to each clinical site/clinical instructor for final review. If there is ever an issue with student capacity in reference to the 1:1 ratio, the Clinical Coordinator and placement team will request alterations to the schedule. Once the schedule is finalized by all parties, it is submitted to ACEMAPP and a final schedule is emailed to all sites by the Clinical Coordinator and students are given a copy as well. Schedules are set up on a non-discriminatory basis, starting with general rotations in the first semester, and increasing student involvement as students' progress through the program. Students do not make their own schedules and must rotate as scheduled for each given semester. All clinical rotations occur Monday through Friday and generally take place from 8:00 a.m. to 4:30 p.m. Select sites such as Northside East Cobb Imaging may operate from 8:30 a.m. to 5:00 p.m. and Northside Sports Med/Ortho Lawrenceville may operate from 7:30 a.m. to 4:00 p.m. to maximize student learning at those sites. There is also a second shift rotation availability that all students will rotate at several of the hospital locations from 2:00 p.m. to 10:30 p.m. Make-up time is approved by a site clinical instructor and the program's Clinical Coordinator in advance to ensure that students do not exceed 10 hours per day, and that adequate supervision is available. The Northside Clinical Coordinator or Program Director will be available via phone or email during make-up time in case there are any questions or issues that may arise. During the first week of a new rotation at a clinical site, students fill out a scavenger hunt form as an orientation

assignment. This assignment ensures that all students are aware of site-specific information including policies and procedures relating to emergency preparedness and medical emergencies. Scavenger hunt completion is documented on the Northside Radiography school master schedule. Students are also required to complete an additional Northside specific department orientation form at each clinical site with their Clinical Instructor to be uploaded directly into ACEMAPP. The current liability insurance covers all Northside students for their duration of the program. Students are covered by this policy while in a student capacity.

The variety and volume of the procedures each student completes is monitored throughout the program via the Northside Clinical Log form. Students will document procedures and indicate the level of their involvement as one of the following: observed, assisted, or performed independently. Clinical logs are turned in no later than every two weeks to ensure that student clinical experience is appraised by the Radiography Program's Clinical Coordinator regularly.

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

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

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

Guideline: Clinical Make-Up Time (for missed clinical assignments)

If a student is going to be absent, late to clinic or leave early from clinic the student is required to call the clinical site and the Clinical Coordinator of the school. The student has to inform both locations 30 minutes prior to the assigned shift. If a student fails to contact both the clinical site and the Clinical Coordinator, they will receive a write up, which will result in a 3-point deduction from their clinical grade that semester.

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

Program Expectation:

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

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

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

Tardies:

- ☐ Students arriving late to clinical (1 minute up to 30 minutes) will owe 30 minutes of make-up time. This time can be made up on the same day, so long as the Clinical Coordinator and Clinic Instructor approve.
- ☐ Students arriving 31 minutes up to 60 minutes late will owe 60 minutes of make-up time.
- ☐ Students arriving more than 60 minutes late will owe make-time totals accrued in 30-minute increments according to the above schedule.
- ☐ Students who are absent, arrive late, or leave early, regardless of using a clinical pass, MUST notify the Clinical Coordinator by phone or email in a timely fashion. Failure to do so will result in a 3-point deduction from the final course grade for each infraction.

Arranging make-up time:

1. Clinical make-up time must be scheduled in advance with both the site Clinical Instructor and program Clinical Coordinator. The student will complete and sign a makeup time request form and submit it to the Clinical Coordinator prior to the makeup hours. Make up time authorization will ultimately depend on

staffing patterns and available levels of supervision. In accordance with JRCERT standards, students must limit clinical and academic involvement to not more than forty (40) hours per week. By completing and signing the Request for Clinical Makeup Hours form, the student acknowledges the fact that the 40 hour limit may be exceeded due to the original decrease in scheduled clinical hours. If makeup time is not arranged in advance, with approval by the clinical instructor and Clinical Coordinator, the time will not be counted toward hours owed.

2. A clinical make-up form must be filled out and signed by the shift supervisor indicating the hours recorded are accurate. An original form must be submitted to the Clinical Coordinator within one week of the makeup day / dates. Failure to do so will result in the hours not counting toward those owed.

3. If a student arranges make-up time and fails to show up (or otherwise comply with the pre-arranged schedule), the student will receive a 3-point deduction from the clinical course final average and a write-up.

For example:

☐ If a student's final course average for a clinical course is 92 (A), a 3-point deduction would drop their average to an 87 (B).

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

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

☐ Occurrence: a 3-point deduction in the final course average and a formal written reprimand will be issued.

Excessive absenteeism defined:

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

"Excessive absenteeism" is defined as missing more than 15% of the scheduled class days for each didactic, lab and clinical course.

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

If a student has three incidences of attendance irregularities (tardy/leave early), they will be equal to one absence for the purpose of attendance accountability (calculating 15%).

If a student is absent or tardy for 15% or more of a course, for any reason, they will earn a grade of **F** regardless of other graded exams/assignments and be unable to progress in the program.

Even if time missed is made up, in the event the student accumulates absences in excess of 15% of the clinical course scheduled sessions, they will be subject to receiving a grade of "F" for the course, with no credit earned for that course, regardless of the overall numerical grade average.

Even if time missed is made up, each absence prior to the 15% limit will result in a 3-point deduction from the final clinical course grade.

Make-up Time Restrictions

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

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

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

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

On weekdays following the completion of regularly scheduled clinical assignment, no later than 8:30pm. Must coordinate make-up time with the second shift supervisor/clinical instructor if a current student is assigned on evening shift to ensure compliance with JRCERT 1:1 student to technologist ratio.

Holidays: Due to departmental reduction in staffing on holidays, and the available level of adequate supervision and school not in session, no make-up time is permitted to be scheduled for any holidays.

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

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

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

Guideline: Established Clinical Leave Time

Program Expectation: Attendance at the clinical site is a requirement of the Radiography Program.

Absence days from the clinical site are strongly discouraged due to the time required to master performance of radiographic procedures and the number of clinical competencies that are required of each semester.

Recognizing that all individuals may become unexpectedly ill or encounter an unforeseen emergency situation the Radiography Program has incorporated “Established Clinical Leave Time.”

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

Clarification: Two sick day/absence passes along with two tardy/leave early passes are given to each student at the beginning of the program to use throughout the four semesters. It is the student’s responsibility to manage such passes and turn them into the Clinical Coordinator accordingly. It is recommended that the student refrain from missing clinical unless an emergency occurs or the student is ill. Certain occasions such as conferences and scheduled events may take the place of designated clinical hours based on the event and will be at the discretion of the Program Director.

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

Guideline: Signing In and Out for Clinical Assignments

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

Any student caught signing in or out for themselves or another student will be subject to immediate program suspension until the incident can be fully investigated. Any student caught “changing their timesheet” or forging the initials or signature of a registered technologist, will receive a grade of “F” for the given clinical course.

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

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

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

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

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

Guideline: Lunch Breaks

Students enrolled in the radiography program will be allocated a thirty-minute (30) period for lunch each clinical day in addition to a fifteen-minute (15) break period. If it is not possible to take the break, this time may be combined to allow for a forty-five minute (45) lunch break. The designated site clinical instructor will schedule the actual meal period with consideration being given to the workload in the assigned area.

Lunch breaks will not be taken during the first or last hour of the scheduled clinical day.

Guideline:

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

Purpose:

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

Definitions:

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

Guideline: Leaving Assigned Clinical Rotation Areas

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

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

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

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

Guideline: Clinical Logs

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

JRCERT Standard Four, Objective 4 states that the program:

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

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

Procedure:

1. At the beginning of the first semester, clinical logs will be distributed to each student, and from that point on, the logs are available in the front of the classroom for students to obtain as needed.

2. The clinical logs must accompany each student during clinical rotation activities and be part of their clinical uniform. It is the student's responsibility to update these logs daily by documenting the procedures they have observed, assisted with, or performed under indirect supervision.

3. Clinical logs will be submitted to the Clinical Coordinator within 2 weeks of completion.

The Clinical Coordinator and clinical faculty members shall periodically (and at random) inspect student clinical logs to ensure guideline compliance. A documented verbal warning will be issued if the log is either left home, or not being updated as required for the first offense. Subsequent violations will be issued with formal written warning, and the clinical grade will be reduced in accordance with the Clinical Warnings / Reprimand guideline.

Failure to submit completed clinical logs at the end of the semester will result in disciplinary action.

Guideline: Disruptive Clinical Behavior

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

A grade of “F” will be assigned for a given clinical course as a result of the following event:

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

Any/All issues that occur at/during clinical will be considered an “academic irregularity” and will be resolved through a review process.

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

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

Guideline: Clinical Paperwork Submission

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

Rotation Evaluations

The first clinical rotation evaluation must be submitted no later than two weeks after the first rotation ends. Students will no longer be allowed to “hold onto” the evaluations. If the first rotation evaluation is not turned in within that 2-week period, the student will receive a zero. Students will also be required to turn in the second, and final clinical rotation evaluation the day of clinical paperwork submission at the end of the semester.

Clinical Competencies

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

Guideline: Unapproved “After Hours” Clinical Practice

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

Guideline: Clinical Warnings (a.k.a “write-ups”)

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

Procedure:

1. If clinical guidelines are violated, the student will receive a (documented) first warning followed by a subsequent second warning or other action depending on the severity of the issue involved.

2. Each written warning will result in a deduction of **3** points from the student's clinical grade for that semester.
3. Students receiving 2 warnings within the same semester (same infraction or 2 different infractions) will receive a deduction of 6 points from the student's clinical grade for that semester.
4. The first time you violate any of these guidelines, the student will be written up with counseling. The second incident will be a write up and result in disciplinary action.

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

Guideline: Weekend Clinical Activities

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

Guideline: Examination Rooms and Clinical Area Responsibilities

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

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

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

- a. identification of radiographs
- b. producing diagnostic radiographs
- c. caring for the needs of patients
- d. lifting and moving patients as necessary
- e. cleaning examination rooms and equipment
- f. emptying laundry hampers in examination rooms if necessary

g. recording the procedure in the hospital's computer system and completing associated paperwork

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

Guideline: Student Supervision (Direct and Indirect)

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

According to **JRCERT Standard 5 Objective 4:**

Appropriate supervision assures patient safety and proper educational practices. The program must develop and publish supervision policies that clearly delineate its expectations of students, clinical preceptors, and clinical staff.

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. Once students have achieved competency, they may work under indirect supervision. The JRCERT defines indirect supervision as student supervision provided by a qualified radiographer who is immediately available to assist students regardless of the level of student achievement. Repeat images must be completed under direct supervision. The presence of a qualified radiographer during the repeat of an unsatisfactory image assures patient safety and proper educational practices. Students must be directly supervised during surgical and all mobile, including mobile fluoroscopy, procedures regardless of the level of competency.

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

1. Direct Supervision defined:

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

The radiographer will review the examination request in relation to the student's achievement relative to obtaining a passing score on the clinical competency evaluation. The staff radiographer must evaluate the patient's condition to determine whether the student possesses the necessary knowledge and skill level required to perform the examination. The radiographer must remain in the room observing the student's performance. The radiographer will complete a competency evaluation form as documentation of the student's ability level relative to the specific examination performed.

For ALL mobile studies and OR procedures, the technologist must accompany the student, regardless of competency status.

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

2. Indirect Supervision defined:

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

For all mobile studies, the technologist must accompany the student, regardless of competency status.

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

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

Although students will rotate through the operating room and will be required to assist and perform portable examinations, as well as complete area specific competencies, all students in the operating room and all students performing a portable examination will work only under the **direct supervision** of a staff

radiographer, regardless of competency status. Students are not permitted to transport patients without **direct supervision**.

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

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

Guideline: Portable Procedures (Direct Supervision)

For the program to remain compliant with all JRCERT Accreditation Standards, once a student receives a portable competency, they may only perform the study under direct supervision. The technologist is required to always accompany the student to the floor area.

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

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

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

Guideline: Personal Clinical Documentation Requirements

It is the student's sole responsibility to maintain compliance by submitting required clinical documentation of TB records, CPR certification, and Hepatitis B series vaccinations on or before the dates of expiration. Students will maintain Basic Life Support (BLS) CPR and AED certification. All of these documents will be submitted through ACEMAPP.

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

Furthermore, any student requiring "light duty" must bring physicians orders outlining the requirements. If a physician's orders outline requirements such that a student is unable to perform the programmatically outlined technical standards, the student will not be permitted to attend clinic until cleared by their physician.

(For example: non weight bearing, ie. on crutches) This missed clinical time will be counted towards the student's 15% attendance.

Clinical affiliates of the radiography program may require a flu shot every October during flu season.

Students who are unable to receive flu shots due to medical or personal reasons will be required to work with the clinical placement team for direction.

Guideline: Student Injection of IV Contrast

It is the guideline of the Radiography Program that students only inject intravenous contrast after specific criteria are met and **only under appropriate, direct supervision**.

Students will only be permitted to inject intravenous contrast media after the following criteria have been satisfied:

- a. Receiving didactic instruction on venipuncture and intravenous contrast media in RAD 1010.
- b. Receiving didactic instruction on aseptic technique and patient care considerations relative to intravenous contrast injection in RAD 1010.
- c. Receiving laboratory instruction and successfully completing a competency evaluation for venipuncture.
- d. Passing a written examination (with a grade of 75% or higher) which includes intravenous contrast, aseptic technique, and venipuncture.
- e. Completion of RAD 1010 with a final course average of 75% or higher.
- f. Completion of a separate competency evaluation for intravenous contrast injection.
- g. Possessing current CPR certification.
- h. Completion of a site "scavenger hunt" form for the specific rotation site, which includes emergency numbers, location of the "crash cart", and other pertinent safety measures.
- i. They have had the opportunity to observe and progressively participate in contrast injections during clinical rotation in the appropriate assigned areas. Students are not allowed to prepare contrast media for injections.
- j. Students will not infuse intravenous contrast without proper supervision (one of the following must be physically present in the examination room throughout the entire injection:
 1. a staff radiologic technologist
 2. a special procedures nurse

3. a radiologist

Students will not insert the needle or catheter but may inject once venous access is secured and checked for signs of infiltration by one of the individuals listed above under "j". Furthermore, students are never to inject contrast through an existing port-a-cath, PICC line, or other central venous line.

This guideline shall be enforced throughout the duration of program enrollment. Violation of this guideline will result in **immediate disciplinary action for unsafe patient care practices.**

Rationale:

To provide patient safety regarding intravenous site infiltration and adverse contrast reactions. This guideline will further clarify the criteria to be met and "appropriate" level of supervision during contrast injections.

Guideline: Program Definition of "Clinical Competence"

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

1. Independent Performance:

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

- ☐ Student must be within 15% of an appropriate technique selection that would produce a comparable image otherwise the competency evaluation is terminated

2. Consistent Performance:

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

3. Effective Performance:

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

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

Northside School of Radiography Program definition of "Clinical Competence"

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

1. Manipulate the radiographic equipment, including tube, bucky, and control panel.
2. Select the appropriate technical factors within 15% and adjust as necessary (see guideline regarding technique and competency evaluations).
3. Perform the procedure from start to finish including positioning, patient care duties, and communication with the patient.
4. Perform the procedure ensuring patient safety, address patient comfort and modesty, and employ appropriate radiation protection measures.
5. Identify relevant radiographic anatomy for the procedure (see list in the student handbook).

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

Competencies that are rejected (bounced) by the Clinical Coordinator will require repeat of the entire exam. Each subsequent competency attempt will be subjected to a 10-point reduction. (For example: the maximum possible score on the second attempt will be a 90. The maximum possible points on the third attempt would be 85).

Process for Repeat Competencies

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

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

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

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

1. Be counseled by the person administering the evaluation to identify areas of weakness.
2. Review the relevant procedure.
3. Request an academic review with image evaluation from the Clinical Coordinator within ten (10) days of the second attempt.
4. Submit to an exam from the Clinical Coordinator covering relevant material. This exam will be given no more than five (5) class days after the academic review session. Third attempts to prove competency will be evaluated by a radiographer selected by the Clinical Coordinator.
5. The competency grade will be derived as an average between attempt one and attempt two.

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

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

Guideline: Competency Evaluations - Technical Factor Selection

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

Procedure:

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

Rationale:

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

Guideline Exceptions:

The following procedural competencies shall be considered exempt from manual technique settings:

Gastrointestinal procedures utilizing contrast agents. Specifically:

- ☐ Esophagus studies
- ☐ Upper GI Series (single or double contrast)
- ☐ Small Bowel Series
- ☐ Barium Enema (single or double contrast)

Additional exempt procedures:

- ☐ Myelography (except for cross-table exposures)

- ☐ Cystography
- ☐ C-Arm procedures, including operative cholangiogram

Guideline: Clinical Competency Requirements

In accordance with the ARRT examination eligibility requirements, it is the guideline of the Radiography Program that a student successfully completes all required competency evaluations before they are considered to have completed the program of study. Students must successfully complete clinical competency examinations on all 39 Mandatory and 14 of the listed Elective procedures as found on the ARRT competency checklist. No registry applications will be approved by the Program Director until all required competencies have been completed (total of 53 procedural and 10 patient care), to meet ARRT examination eligibility requirements.

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

The 39 mandatory competencies should be performed on actual patients, with no more than two to be simulated if demonstration on an actual patient is not feasible. The only two mandatory competencies that may be simulated are listed below. The ten general patient care competencies should also be performed on actual patients if at all feasible.

Of the elective competencies listed, 14 are required and should also be demonstrated on actual patients. No more than four (out of an allowed ten) elective competencies are to be simulated if demonstration on actual patients is not feasible. (see list below for specifics)

Simulations will only be accepted during the fourth semester at the end of the rotation.

A signed, completed competency evaluation form must be on file with the student’s clinical records for all 63 examination competencies including 10 general patient care competencies in order to successfully complete the Radiography Program (see program-specific graduation requirements).

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

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

The following mandatory competencies that may be simulated are:

- Humerus
- Cross table hip

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

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

Competency exams can only count for one exam per study. There will be several exams that will have more than one view that may be considered as multiple exams but can only be counted once per exam. (Ex: knee, patella) If a patient has multiple exams you may comp as many of those as needed. (Ex: foot, ankle, knee, etc...) Each exam must have its own accession number.

Northside School of Radiography Clinical Competency Requirements

Requirements:

Candidates must demonstrate competence in all thirty-nine (39) procedures identified as mandatory (M). Procedures should be performed on patients; however, up to eight mandatory procedures may be simulated (see previous page) if demonstration on patients is not feasible. Candidates must demonstrate competence in 14 of the 32 elective (E) procedures. Candidates must select one elective procedure from the head section. Candidates must select Barium Enema plus one other elective from the fluoroscopy section. Elective procedures should be performed on patients; however, electives may be simulated if demonstration on patients is not feasible. (*Program policy may supersede these requirements.*) Institutional protocol will determine the positions or projections used for each procedure. Demonstration of competence includes requisition evaluation, patient assessment, room preparation, patient management, equipment operation, technique selection, positioning skills, radiation safety, image processing, and image evaluation.



RADIOGRAPHY

DIDACTIC AND CLINICAL

COMPETENCY REQUIREMENTS

*Eligibility Requirements Effective January 2022**

Candidates applying for certification and registration under the primary eligibility pathway are required to meet the Professional Education Requirements specified in the ARRT Rules and Regulations. ARRT's Radiography Didactic and Clinical Competency Requirements are one component of the Professional Education Requirements

Didactic Requirements

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

Clinical Requirements

The purpose of the clinical competency requirements is to verify that individuals certified by the ARRT have demonstrated competence performing the clinical activities fundamental to a particular discipline. Competent performance of these fundamental activities, in conjunction with mastery of the cognitive knowledge and skills covered by the certification examination, provides the basis for the acquisition of the full range of procedures typically required in a variety of settings. Demonstration of clinical competence means that the candidate has performed the procedure independently, consistently, and effectively during the course of his or her formal education. The following pages identify the specific procedures for the clinical competency requirements. Candidates may wish to use these pages, or their equivalent, to record completion of the requirements. The pages do NOT need to be sent to the ARRT.

- ☐ Ten mandatory general patient care activities.
- ☐ Thirty-six mandatory imaging procedures.
- ☐ Fifteen elective imaging procedures to be selected from a list of thirty-four procedures.
- ☐ One of the fifteen elective imaging procedure from the head section.
- ☐ Two of the fifteen elective imaging procedures from the fluoroscopy studies section.

One patient may be used to document more than one competency. However, each individual procedure may be used for only one competency (e.g., a portable femur can only be used for a portable extremity or a femur but not both)

Documentation of Compliance

Verification of program completion, including Didactic and Clinical Competency Requirements and all degree-related requirements including conferment of the degree, will be completed on the Program Completion Verification Form on the ARRT Educator Website after the student has completed the Application for Certification and Registration. Candidates who complete their educational program after December 31, 2023 must use the 2022 requirements. To document that the didactic and clinical requirements have been satisfied, candidates must have the Program Director (and authorized faculty member if required) sign the ENDORSEMENT SECTION of the **Application for Certification** included in the *Certification Handbook*.

Radiography Clinical Competency Requirements

The clinical competency requirements include the ten general patient care activities listed below and a subset of the 69 radiologic procedures identified on subsequent pages. Demonstration of competence should include variations in patient characteristics (e.g., age, gender, medical condition).

1. General Patient Care

Requirement: Candidates must demonstrate competence in all ten patient care activities listed below. The activities should be performed on patients; however, simulation is acceptable (see note) if state or institutional regulations prohibit candidates from performing the procedures on patients.

General Patient Care	Date Completed	Competence Verified By
☐ CPR		
☐ Vital Signs (blood pressure, temperature, pulse, respiration, pulse oximetry)		
☐ Sterile and aseptic technique		
☐ Venipuncture (simulated on rubber venipuncture arms)		
☐ Transfer of patient (Wheelchair)		
☐ Transfer of patient (Stretcher)		
☐ Care of patient medical equipment (e.g., oxygen tank, IV tubing)		

*****Trauma is considered a serious injury or shock to the body. Modifications may include variations in positioning, minimal movement of the body part, etc. Preferably these exams should be performed in an ER or orthopedic setting.**

Chest & Thorax		MIN # VIEWS	M or E	PATIENT OR SIM	COMP DATE	GRADE	VERIFIED BY
Chest, routine (2v)		2	M				
Chest AP (wheelchair or stretcher)		1	M				
Ribs		3	M				
Chest Lateral Decubitus		1	E				
Sternum		2	E				
Upper Airway (soft-tissue neck)		1	E				

SC Joints		2	E				
Upper Extremity							
Finger or Thumb		3	M				
Hand		3	M				
Wrist		3	M				
Forearm		2	M				
Elbow		3	M				
Humerus		2	M				
Shoulder		3	M				
Trauma: shoulder or Humerus (scapula Y, transthoracic, or axillary) *		1	M				
Clavicle		2	M				
Scapula (2 v)		2	E				
AC Joints		2	E				
Trauma Upper Ext: (Non-shoulder) *		2	M				

Lower Extremity	MIN # VIEWS	M or E	PATIENT OR SIM	COMP DATE	GRADE	VERIFIED BY
Foot	3	M				
Ankle	3	M				
Knee	3	M				
Tibia-Fibula	2	M				
Femur	2	M				
Trauma: Lower Ext*	2	M				
Patella	1	E				
Calcaneus (Os Calcis)	2	E				
Toes	2	E				
Cranium	Must have one of the following electives					
Skull	4	E				
Paranasal Sinuses	3	E				
Facial Bones	3	E				
Orbits	3	E				

TMJ	3	E				
Nasal Bones	2	E				
Mandible (panorex acceptable)	3	E				
Spine & Pelvis						
Cervical Spine	5	M				
Cross-Table Lat. Spine	1	M				
Thoracic Spine	2	M				
Lumbosacral Spine	5	M				
Pelvis	1	M				
Hip	2	M				
X-Table Lat. Hip	1	M				
Sacrum and/ or coccyx	3	E				
Scoliosis Series	2	E				
Sacroiliac Joints	2	E				
Abdomen						
Abdomen Supine (KUB)	1	M				
Abdomen Upright	1	M				
Abdomen Decubitus	1	E				
Intravenous Urography	5	E				
Fluoroscopy Studies	Must have BE and one other fluoroscopic study. Perform per site protocol.					
Upper GI Series (single or double contrast)	**	E				
Barium Enema (single or double contrast)	2	M				
Small Bowel Series	3	E				
Esophagus	**	E				
Cystography / Cystourethrography	2	E				
ERCP	**	E				
Myelography	2	E				
Arthrography	**	E				

Surgical Studies						
C-Arm Procedure (requiring manipulation to obtain more than one projection)	**	M				
Surgical C-Arm Procedure (requiring manipulation around a sterile field)	**	M				
Mobile Studies						
Chest	1	M				
Abdomen	1	M				
Upper or Lower Ext.	2	M				
Pediatrics	(age 6 or younger)					
Chest Routine (2v)	2	M				
Upper or Lower Ext.	2	E				
Abdomen	1	E				
Mobile Study	1	E				
Geriatrics	(at least 65 years Old and Physically or Cognitively impaired due to aging)					
Chest Routine	1	M				
Upper or Lower Ext.	2	M				
Hip or Spine	1	E				
Modalities						
CT QC Phantom	1	M				

* Trauma requires modification in positioning due to injury with monitoring of the patient's condition.

** *Student must set up and maintain the sterile field throughout the procedure as part of the competency.*

** During these exams, the physician (or Radiologist) takes his or her own digital spot images. The students must set up the equipment and run it throughout the procedure.

Guideline: RAD 2360 (Clinical IV) & ARRT Requirements

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

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

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

Students completing all procedural and general patient care competencies will submit an ARRT application to the Clinical Coordinator. The Clinical Coordinator will conduct a thorough audit of the student's file (this generally takes one week). Once all necessary paperwork is verified, the application is forwarded to the Program Director for signature. A copy of the signed application will be maintained in the student's permanent administrative file.

Students owing hours:

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

Students not completing all competencies:

- ❑ For each student applying to take the ARRT Examination, all competencies specified by the ARRT must be complete and on file by the end of the program (fall semester).

- ❑ If a student has not completed all competency requirements, after making appropriate arrangements with the Program Director and Clinical Coordinator, they will be assigned a course grade of “I” for RAD 2360 (see incomplete grade guideline).
- ❑ The student will then be required to complete additional clinical hours until such time that all competency requirements are met. The Clinical Coordinator will schedule specific times, days, and areas of rotation.
- ❑ In the event that all clinical competency requirements are not met by the end of the 4th week of the following semester, a letter grade of “F” will be assigned for RAD 2360. This would render a student ineligible for ARRT examination, as they would not have successfully completed their program of study.

Guideline: Clinical Competency Testing

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

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

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

- a. They have received didactic instruction for the procedure that they are requesting to be evaluated on in RAD 1030, RAD 1060, or RAD 2090.
- b. They have received laboratory instruction and have had an opportunity to practice the procedure in their lab session with the instructor.
- c. Passed the written examination on the particular procedure in RAD 1030, RAD 1060, or RAD 2090 and received remediation for all test items answered incorrectly. Students must be notified of their passing score in the classroom setting before they can “comp”. Students not receiving a passing score will be assigned a remedial activity by the course instructor.

- d. They have had the opportunity to observe and progressively participate in performing the procedure during their clinical rotation in the assigned area. Competency testing can only be requested after the student has had an opportunity to perform the examination under the direct supervision of a staff radiographer a sufficient number of times, **and at the decision making of the clinical staff technologist and designated clinical instructor.**

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

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

No student will perform a clinical examination on a patient under indirect supervision until such time that the above mentioned criteria have been met and the student has successfully completed a clinical competency evaluation and the necessary documentation has been submitted to the Clinical Coordinator. Violation of this guideline will result in program suspension, pending review. (*see Student Supervision guideline*) for unsafe radiation safety practices. Clinical Performance Objectives and Competency Evaluation Criteria will serve as guidelines and checklists for Category Competency Evaluations.

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

Radiographic Anatomy List by Procedure

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

THORAX

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

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

Ribs

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

Clavicle

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

Sternum

☐ manubrium	☐ xiphoid process
☐ gladiolus	☐ sternal angle

Upper Airway (soft tissue neck)

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

Upper Extremities

To be used for routine examinations and trauma projections

Finger

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

Hand

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

Wrist

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

Forearm

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

Elbow

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

Humerus

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

Shoulder

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

Lower Extremities

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

Foot

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

Calcaneus

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

Ankle

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

Tibia-Fibula (lower Leg)

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

Knee

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

Patella

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

Femur

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

Cranium

To be used for routine examinations, pediatric and trauma projections

Facial Bones

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

Nasal Bones

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

Paranasal Sinuses

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

Skull Series

☐ PA: supraorbital margin	☐ Lateral: Frontal bone
☐ PA: ethmoid, crista galli	☐ Lateral: Lambdoidal suture
☐ PA: sagittal suture (posterior skull)	☐ Lateral: Dorsum sella
☐ PA: Petrous Ridges	☐ Lateral: Sphenoid sinus
☐ AP Axial: dorsum sella	☐ Lateral: Inion
☐ AP Axial: Posterior clinoids	☐ Lateral: Frontal bone, orbital plate
☐ AP Axial: Occipital bone	☐ Lateral: Vertex
☐ AP Axial: Parietal bones	☐ Lateral: Coronal suture
☐ AP Axial: Foramen magnum	☐ Lateral: Anterior clinoid processes
☐ Lateral: Temporal bone, mastoid portion	☐ Lateral: Parietal bone
☐ Lateral: Occipital bone	

Spine & Pelvis

To be used for routine & pediatric examinations

Cervical Spine

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

Trauma Cervical Spine (cross-table lateral projection)

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

Thoracic Spine

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

Lumbosacral Spine

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

Pelvis

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

Hip

☐ AP: acetabulum	☐ Lateral: acetabulum *
☐ AP: greater trochanter	☐ Lateral: femoral head *
☐ AP: femoral neck (surgical)	☐ Lateral: femoral neck (surgical) *
☐ AP: femoral head	☐ Lateral: area of lesser trochanter *
☐ AP: intertrochanteric crest	☐ Lateral: greater trochanter *

* Also to be used for trauma cross-table lateral

Sacrum / Coccyx

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

Abdomen & GI Tract

To be used for routine, trauma & pediatric examinations

Abdomen Supine (KUB)

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

Abdomen Erect

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

Abdomen Left Lateral Decubitus

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

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

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

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

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

Small Bowel Series

☐ Duodenum	☐ Cecum
☐ Jejunum	☐ Ileocecal valve
☐ Ileum	

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

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

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

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

Retrograde Urography

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

Mobile Procedures

To be used for adult and pediatric examinations

Portable Chest

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

Portable Abdomen

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

Portable Orthopedics

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

Guideline: Repeat Radiographic Exposures

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

Procedure:

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

1. The student radiographer must review the film with the supervising technologist.
2. The supervising technologist must accompany the student radiographer into the radiographic room to directly supervise the student during the repeat exposure (*see Direct Supervision under the Student Supervision Guideline*).
3. Disciplinary action will result if this guideline is not observed which will include program suspension, pending review.

Guideline: Clinical Performance Evaluation

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

Procedure:

At the completion of each rotation assignment:

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

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

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

Guideline: Terminal Competency Evaluations

Rationale:

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

Description:

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

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

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

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

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

Assessment Instrument:

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

Additional Considerations:

Once the practical portion of a terminal competency examination is completed, the student will be notified individually of the score within one week.

Guideline: Radiation Safety

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

No patient shall be exposed to ionizing radiation except for those procedures authorized by a physician. Exposure of any individual to ionizing radiation solely for educational purposes will not be permitted, and will result in immediate program suspension, pending Judicial Review, for unsafe radiation practices.

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

Patient Protection

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

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

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

All female patients of childbearing age shall be asked, **prior to exposure** to x-rays, if they are pregnant or suspect they may be. If suspected or confirmed, a supervisor must be notified prior to the commencement of any radiographic procedures with appropriate paperwork. In cases where known pregnant patients must be

radiographed, every effort should be taken to maintain the lowest radiation dose possible to the fetus. This will include precise positioning, collimation and lead shielding whenever possible.

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

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

Radiographic images will only be repeated in the presence of a qualified, registered technologist in accordance with program supervision policies (*see repeat radiograph guideline*).

Student Radiation Protection

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

Whenever a patient or film must be held in place during an exposure, mechanical devices must be employed. Student radiographers should never be used for the purpose of holding patients or films during exposures. Portable radiographic equipment shall be provided with an exposure switch cable that will permit the student to make an exposure at a distance of at least 6 feet from the tube head and from the patient. **Regardless of the distance from the tube and patient during portable examinations, a lead apron must be worn. No exceptions to this guideline will be made.**

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

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

- a. The Dosimeter will be worn at the collar level
- b. When a lead apron is worn, the Dosimeter must be located on the outside of the apron during exposures.
- c. Dosimeter reports will be made available to students for inspection, indicating that they have had an opportunity to inspect the readings. Reports will be posted in the classroom. No personal information will be posted on the readout other than the student's name.

- d. Students receiving radiation exposures greater than 20 mrem will be counseled by either the Program Director or Clinical Coordinator as to the source of exposure and a review of basic radiation protection principles relative to their areas of assignment.
- e. The Radiation Safety Officer (RSO) or designee will also review radiation exposure reports on a monthly basis.
- f. Student exposure records are maintained indefinitely by the Program Director.
- g. In the event a Dosimeter is lost or damaged, the Clinical Coordinator must be notified immediately. Students will be responsible for the cost of replacement, if applicable.

Other Hospital Staff

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

Those staff members not permitted to leave the immediate area (less than 6.5 feet from the patient being radiographed) must be provided protective apparel or a portable shield for protection during the exposure. Failure to comply with this guideline will result in expulsion from the program for failure to exercise proper radiation safety practices.

FDA Guidelines on Radiation Safety

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

PART 1000 -- GENERAL

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

Subpart C--Radiation Protection Recommendations

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

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

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

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

(2) Specific area testicular shielding may also be warranted during other examinations of the abdominal region in which the testes may lie within or in close proximity to the primary x-ray field, depending upon the size of the patient and the examination techniques and equipment employed. Some examples of these are: Abdominal, lumbar spine and lumbosacral spine examinations, intravenous pyelograms, and abdominal scout film for barium enemas and upper GI series. Each x-ray facility should evaluate its procedures, techniques, and equipment and compile a list of such examinations for which specific area testicular shielding should be routinely considered for use. As a basis for judgment, specific area testicular shielding should be considered for all examinations of male patients in which the pubic symphysis will be visualized on the film;

(3) Specific area gonad shielding should never be used as a substitute for careful patient positioning, the use of correct technique factors and film processing, or proper beam limitation (confinement of the x-ray field to the

area of diagnostic interest), because this could result in unnecessary doses to other sensitive tissues and could adversely affect the quality of the radiograph; and

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

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

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

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

(c) The patient has a reasonable reproductive potential.

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

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

Expected Number of Future Children Versus Age of Potential Parent ¹

Age	Male parent	Female parent
Fetus	2.6	2.6
0 to 4	2.6	2.5
5 to 9	2.7	2.5
10 to 14	2.7	2.6
15 to 19	2.7	2.6
20 to 24	2.6	2.2
25 to 29	2.0	1.4
30 to 34	1.1	.6
35 to 39	.5	.2
40 to 44	.2	.04
45 to 49	.07	0
50 to 54	.03	0
55 to 64	.01	0
Over 65	0	0

Guideline: Pregnancy and Voluntary Disclosure

Purpose:

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

Guideline:

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

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

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

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

Procedure:

1. If the student chooses to disclose, the notification must be in writing and will include the estimated date of conception and projected due date (a form is attached for convenience purposes).
2. The Program Director will immediately notify the RSO to coordinate a safe environment for the developing fetus relative to the student's clinical activities. At no time will a pregnant student be permitted to perform clinical activities deemed unsuitable by her physician. The determination of her ability to engage in didactic and clinical education will ultimately be determined by her physician. Input from the Program Director, Clinical Coordinator, and RSO should also be considered.
3. If a pregnant student radiographer is able to continue on with the clinical portion of the program, she will be provided a second fetal dosimeter to be worn at waist level. The student is responsible for the cost of the additional monitoring badge and service.

4. Following written documentation from her physician that she is permitted to continue clinical activities, the student will meet with the Program Director and Clinical Coordinator to discuss educational options. Options include, but are not limited to, the following:
 - a. Continuation in both the didactic and clinical portions of the program without altering clinical rotation schedules.
 - b. Program officials will closely monitor both student and fetal exposures. Any radiation exposure shown on monitoring reports will result in a conference between the student, Program Director, and Clinical Coordinator to re-evaluate continuation with clinical activities relative to the risk of radiation exposure.
5. Following delivery, the student will be assigned to missed clinical areas in order to ensure completion of all necessary competency evaluations and equitable learning opportunities

Additional Guidelines will be followed:

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

make-up guideline).

6. Upon completion of a leave of absence within the 15% attendance rule, the student will be allowed to resume her studies without prejudice. Regardless of the educational option the student radiographer chooses, all academic and clinical standards must be met; including attendance requirements (*see also attendance guideline*).
7. In accordance with the Nuclear Regulatory Commission (NRC) guidelines, any declared pregnant student may “undeclared” her pregnancy at any time. In order to “undeclare” pregnancy, the student must submit a written statement to the Program Director (*a form is attached for convenience*).

Program Responsibilities:

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

Student Responsibilities:

1. Strictly adhere to all safety precautions for protection purposes. Any breach of these policies will be met with corrective action.
2. Continue in designated enrollment status (pending physician approval) performing normal duties. By the use of established protective measures, the student should be able to perform normal duties throughout the pregnancy without fear of excessive radiation exposure to the unborn child.
3. Wear two radiation monitoring devices, one placed on the collar and one at waist level (designated as fetal) which is centered over the abdomen for fetal monitoring. Readings will be closely monitored by program officials.

4. Immediately report to the Program Director and / or Clinical Coordinator when the pregnant student feels that she is working in an unsafe area or under conditions that may be detrimental to herself or the unborn child.
5. If breastfeeding is required during scheduled class/clinic hours, the student must work out an acceptable schedule with both the didactic and clinical instructors.

Definitions:

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



Radiography Program
Student Voluntary Pregnancy Declaration Form

Student Name: _____ Date of Declaration: _____

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

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

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

Student Signature: _____

Social Security Number: _____

Acknowledgement of Receipt of Declaration:

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



Radiography Program
Withdrawal of Declaration of Pregnancy

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

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

Student Signature:

Date

Acknowledgement of Receipt of Withdrawal of Pregnancy Declaration:

Program Director Signature:

Date of Receipt

Clinical Coordinator Signature:

Date of Receipt

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

Guideline: Hospital Equipment & Supplies

Hospital equipment and supplies are to be used only for the purpose intended. Students are not permitted to remove any hospital equipment or supplies from the hospital premises. Students in violation of this guideline are subject to disciplinary action up to and including, program suspension, pending review, and possible criminal prosecution.

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

Guideline: Holding of Patients

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

Guideline: Mammography Education

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

To accomplish this, an overview of the technical and positioning aspects of mammography will be included in the appropriate didactic course(s). All students will be tested relative to this instruction. The program will not utilize mammography areas for clinical rotation assignments.

Guideline: JRCERT Complaint Resolution

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

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

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

Procedure:

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

1. If the area of concern can be addressed by the Program Director, appropriate corrective action will be initiated with necessary administrative assistance as required.
2. In the event corrective action requires administrative or institutional intervention, appropriate corrective action will be promptly initiated.
3. It is the guideline of this program to solicit input from advisory committee members whenever possible during the formulation of a corrective action plan. An emergency advisory committee meeting will be scheduled to discuss the allegation, available resources, and design of appropriate corrective action plans.

JRCERT Contact Information:

<http://www.jrcert.org/>

20 N. Wacker Drive, Suite 2850

Chicago, IL 60606-3182

Phone: (312) 704-5300

Radiography Program

GENERAL ROOM ROTATION OBJECTIVES

(for use during RAD 1320)

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

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

Radiography Program

PATIENT TRANSPORT* ROTATION OBJECTIVES (RAD 1320 - Clinic I)

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

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

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

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

Radiography Program
Clinical Rotation Objectives
OPERATING ROOM

Objectives:

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

General Orientation

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

Equipment

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

Radiation Protection

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

Procedures

1. Observe and gradually participate in surgical procedures requiring x-ray.
2. Assist the surgical technician in placing a sterile C-Arm cover over the machine without contamination.
3. Describe the protocol for obtaining a “STAT” protocol if necessary.

Cysto Room

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

Radiography Program

MAGNETIC RESONANCE IMAGING (observation only) ROTATION OBJECTIVES

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

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

Describe safety precautions unique to an MRI department.

MRI Safety Screening

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

Radiography Program

SPECIAL (Cardio-Vascular) PROCEDURES ROTATION OBJECTIVES

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

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

Radiography Program

ULTRASOUND (observation only) ROTATION OBJECTIVES

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

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

Radiography Program

NUCLEAR MEDICINE (observation only) ROTATION OBJECTIVES

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

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

Radiography Program

CT ROTATION OBJECTIVES

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

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

Radiography Program

MAMMO ROTATION OBJECTIVES

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

1. Describe the purpose of mammography and its role in the early detection and diagnosis of breast disease.
2. Identify the members of the breast imaging team and describe the role of each healthcare professional.
3. Observe the patient flow from registration through the completion of the mammography examination.
4. Identify the major components of a mammography unit and describe their basic functions.
5. Discuss the importance of proper patient positioning, breast compression, and image quality in mammography.
6. Identify common mammographic examinations and recognize the standard screening views performed during a routine examination.
7. Observe the importance of patient communication, privacy, and compassionate care, particularly when working with patients who may be anxious or undergoing additional diagnostic evaluation.
8. Describe the radiation safety practices and quality assurance measures used in mammography.
9. Compare the role of mammography with diagnostic radiography and explain its importance in the overall continuum of patient care.

Radiography Program

RADIATION THERAPY (RT) ROTATION OBJECTIVES

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

1. Describe the purpose of radiation therapy and identify common conditions treated with therapeutic radiation.
2. Identify the members of the radiation therapy team and describe the role of each healthcare professional.
3. Observe the patient treatment process from simulation through treatment delivery.
4. Identify the major components of a linear accelerator (LINAC) and describe their basic functions.
5. Discuss the importance of patient positioning, immobilization devices, and treatment accuracy during radiation therapy.
6. Identify the imaging equipment used in radiation therapy, including CT simulation and image-guided radiation therapy (IGRT).
7. Observe the importance of radiation safety practices for patients and healthcare personnel.
8. Describe the importance of patient communication, professionalism, and compassionate care throughout the course of radiation therapy.
9. Compare the role of diagnostic radiography with the role of radiation therapy in the overall care of oncology patients.