Radiologic Technology Program Handbook

Updated: Summer 2017
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Acknowledgement of Receipt of Handbook
Radiography Program Mission Statement

To provide the healthcare community with qualified entry level radiographers through education that makes a difference in radiologic technology.

Welcome

Welcome to the Associate Degree Radiologic Technology Program at St. Clair County Community College. You have chosen to become a member of a health profession that is rewarding, challenging, stimulating, and demanding. Your success depends on you. The faculty is here to guide and direct you, but you need to put forth the effort to learn and apply the material. The challenge of learning is up to you.

You will note each course and each semester builds upon previous courses and activities. You will also see increased expectations in your clinical experiences as you progress through the program. You are expected to bring knowledge from previous semesters into your current courses/semesters.

Your first responsibility as a student is to take full advantage of every learning opportunity. Make an effort to see the purpose of every assignment. This could be a reading assignment or a client assignment. Every assignment is an opportunity for you to be successful in your chosen profession.

Your second responsibility is to do the very best you are capable of doing. Your mastery, retention, and application of the knowledge and skills required to provide quality care is of prime importance. You will have opportunities to acquire this knowledge during the program. Your knowledge and skill will be reflected in the care you deliver to your clients as well as in your grade for each course. Remember that with each contact you have with a client you are being tested on your ability to apply your knowledge and skills. Your client always deserves the best possible care you can give.

This handbook is provided so you will understand the philosophy, conceptual framework, program outcomes, objectives, expected behaviors, and policies of the Associate Degree Radiologic Technology Program. You are expected to be familiar with the content of this handbook and are accountable for following the guidelines provided. This handbook does not replace the college catalog; therefore, both the Radiologic Technology Student Handbook and the College Catalog policies and procedures must be followed. You will need to read this information carefully and sign on the back page. Your signature indicates you understand and agree to abide by the policies.

Notice of Non-Discrimination Policy

St. Clair County Community College is an equal opportunity institution and complies with all federal and state laws and regulations prohibiting discrimination. It is the policy of St.
Clair County Community College that no person shall be discriminated against, excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination on the basis of race, color, religion, national origin or ancestry, age, sex, marital status, height, weight, handicap, or any other criteria prohibited by law in its academic and vocational programs, activities, admissions, financial assistance, or employment.

Any questions concerning Title VI of the Civil rights Act of 1964, Title IX of the Education Amendments of 1972, which prohibits discrimination on the basis of sex, or any inquiries related to Section 504 of the rehabilitation Act of 1973, which prohibits discrimination on the basis of handicap, should be directed to:

Vice President of Human Resources and Labor Relations
Title VI, Title IX and Section 504 Coordinator
St. Clair County Community College
323 Erie St., P.O. Box 5015
Port Huron, MI 48061-5015
(810)989-5536 or (800) 553-2427

History

St. Clair County Community College, previously Port Huron Junior College, received its first accreditation in 1923. Port Huron Junior College received its first North Central Association accreditation in 1930 and has maintained that standard ever since. In 1967, Port Huron Junior College became St. Clair County Community College (SC4). The Radiologic Technology Program has run for 50 years as an accredited, hospital-based program. The program has had a first-time pass rate of 100% on the national registry for over 20 years. The program’s change of sponsorship and accreditation to SC4 occurred in 2012.

Conceptual Framework

A. Radiologic Technology Program Philosophy & Conceptual Framework
   (Clinical and Classroom)

1. Radiologic Technology Philosophy

The Department of Radiologic Technology as an integral part of St. Clair County Community College derives its overall philosophy and purpose from the mission, and goals, and philosophy by providing an innovative, creative, and comprehensive curriculum in an interactive environment. We acknowledge the diverse needs of our students and clinical agencies as we work together for community enrichment.

The purpose of the Radiologic Technology Program is to prepare students to provide safe and effective radiologic technology care. In addition to the concepts included in the metaparadigm, faculty integrates education, teaching, and learning environment.

Person: Each individual is a unique person (client and/ or patient) who may also be part of a family or community. Individuals possess dignity and inherently desire respect.
They have the right to make their own decisions. The person is viewed as a holistic being interconnected with others and their environment.

**Environment and Health:** The environment is the sum of internal and external forces surrounding the person. The internal forces include physical, intellectual, emotional, cultural, and social factors. The external forces include circumstances and influences of the community and society. The radiologic technologist facilitates an environment conducive to optimal radiographic care. Health is defined as the individual attainment of optimal wellness and not merely the presence or absence of disease. Health perception is influenced by the person’s values and beliefs. Harmony between the person and the environment promotes holistic well-being throughout the lifespan. Health influences the role of radiologic technology.

**Radiologic Technology:** Radiologic Technology is the science and art in manipulation of a variety of radiographic imaging equipment to produce quality images for diagnosis by a radiologist. Radiologic technologists use patient care skills, perform radiologic procedures of all body parts, apply principles of radiation protection, evaluate radiographs for technical quality and exercise professional judgment.

**Radiologic Technology Education:** The Radiologic Technology Department strives to create a safe, comfortable environment conducive to learning. Radiologic Technology Education involves the teaching of theories, skills, and behaviors that assist the learners to assure the role of a registered radiologic technologist. Radiologic Technology is a team effort composed of both the educator and the learner.

2. **Conceptual Framework**

The conceptual framework is derived from the Radiologic Technology philosophy. The program goals – competency/patient care, communication, problem solving/critical thinking, and ethics & professional development – surround the conceptual framework. This enhances evidence-based practice and encourages life-long learning.

The metaparadigm of radiologic technology is included within the conceptual framework. The concepts of person, environment & health, radiologic technology, and education are the focus of education in radiologic technology. The triangles are not connecting to each other or to the program outcomes in order to encourage strength and flexibility.

Concepts form the philosophy link to the conceptual framework. Essential elements of the radiologic technology philosophy are listed under each concept.

Radiologic Technology education is the core of the Associate Degree program. Education in Radiology Technology facilitates student learning.

Student learning goals, leveled objectives and expected behaviors will be assessed continuously using a satisfactory/unsatisfactory score and will be a part of the student’s semester clinical grade. In order to pass a clinical course, a student must obtain at least 80% (satisfactory) on clinical assignments and evaluations overall and achieve a satisfactory score in the outcome levels.
St. Clair County
Community College

Associate Degree in Radiologic Technology
Conceptual Framework
STUDENT LEARNING GOALS

Upon completion of the Associate Degree Radiologic Technology Program at St. Clair County Community College, the graduate will:

Competency/ Patient Care Goal

Perform radiologic duties of a competent entry level radiographer.

Communication Goal

 Demonstrate effective communication skills with people of all ages.

Problem Solving/Critical Thinking Goal

Develop problem solving and critical thinking skills.

Ethics & Professional Development Goal

Display ethics, affective behavior, and professional development.

STUDENT LEARNING GOALS, GRADUATE OUTCOMES/OBJECTIVES, AND LEVELED EXPECTED BEHAVIORS

For the student to progress through the Radiologic Technology Program, student learning outcomes, objectives, and expected behaviors must be met. By graduation, all students must meet overall student learning outcomes and level three expected behaviors. Specific objectives under each student learning outcome assist the faculty and student by providing a clear definition of expected behaviors in the clinical area. Expected behaviors are leveled according to the student’s courses in the program. Each objective is then broken down into expected behaviors. These are specific actions that will need to be accomplished by the student to meet the outcomes/objectives and program goals.
### St. Clair County Community College
Radiologic Technology Program-Student Learning Goals, Graduate Outcomes/ Objectives and Expected Behaviors

<table>
<thead>
<tr>
<th>Student Learning Goal</th>
<th>Level 1 Expected Behaviors</th>
<th>Level 2 Expected Behaviors</th>
<th>Level 3 Expected Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Graduate Outcome/objective</strong></td>
<td>RAD 110, RAD 111, RAD 130L, RAD 101, RAD 102, RAD 120</td>
<td>RAD 112, RAD 131L, RAD 113, RAD 132L, RAD 230L, RAD 201, Rad 231L, RAD 121, Rad 122, RAD 220</td>
<td>RAD 232L, RAD 233L, RAD 201, RAD 221, RAD 222</td>
</tr>
<tr>
<td><strong>Competency / Patient Care Goal</strong></td>
<td><strong>Objective a:</strong> Performs patient care skills that are essential for radiographic procedures.</td>
<td>Delivers patient care under direct and indirect supervision.</td>
<td>Deliver quality patient care under direct and indirect supervision.</td>
</tr>
<tr>
<td><strong>The Student / graduate will perform radiologic duties of a competent entry level radiographer.</strong></td>
<td>Observes delivery of patient care and delivers patient care under direct supervision during radiographic procedures.</td>
<td>Understands and practices utilization of radiation protection practices for the benefit of the patient, self and others.</td>
<td>Understands theory and consistently uses radiation protection practices for the benefit of the patient, self, and others.</td>
</tr>
<tr>
<td></td>
<td><strong>Objective b:</strong> Protects the patient, oneself, and other from radiation exposure.</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Identifies need for and practices utilization of radiation protection.</td>
<td></td>
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<tr>
<td></td>
<td><strong>Objective c:</strong> Produces quality radiographic images for interpretation.</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Identifies and demonstrates principles of technique and positioning.</td>
<td>Demonstrates principles of technique and positioning and evaluates radiographic images.</td>
<td>Consistently demonstrates principles of technique and positioning and evaluates radiographic images for positioning skills and technical factors.</td>
</tr>
<tr>
<td><strong>Communication Goal</strong></td>
<td><strong>Objective a:</strong> Employs effective communication skills with patients and staff.</td>
<td>Recognizes, participates in, and practices use of effective communication with patients and staff in the healthcare setting.</td>
<td>Demonstrates the use of effective communication with patients and staff in the healthcare setting.</td>
</tr>
<tr>
<td><strong>The student/graduate will demonstrate effective communication skills with people of all ages.</strong></td>
<td>Observes, recognizes, and participates in effective communication with patients and staff in the healthcare setting.</td>
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</tr>
<tr>
<td></td>
<td><strong>Objective b:</strong> Demonstrates effective communication skills with the Radiologists and other physicians</td>
<td>Recognizes, participates in, and practices use of effective communication with the Radiologists and other physicians in the healthcare setting.</td>
<td>Demonstrates the use of effective communication with the Radiologists and other physicians in the healthcare setting.</td>
</tr>
<tr>
<td></td>
<td>Observes, recognizes and participates in effective communication with the Radiologist and other physicians in the healthcare setting.</td>
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<tr>
<td>Student Learning Goal</td>
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</tr>
<tr>
<td><strong>Communication Goal</strong></td>
<td><strong>Objective c:</strong> Employs proper flow and efficiency of radiographic procedures through accurate communication with the radiology and healthcare staff.</td>
<td>Observes, recognizes, and participates in proper flow and efficiency of radiographic procedures through accurate communication with the radiology and healthcare staff.</td>
<td>Recognizes, participates in, and practices use of proper flow and efficiency of radiographic procedures through accurate communication with the radiology and healthcare staff.</td>
</tr>
</tbody>
</table>

The student/graduate will demonstrate effective communication skills with people of all ages.

<table>
<thead>
<tr>
<th><strong>Problem Solving/ Critical Thinking Goal</strong></th>
<th><strong>Objective a:</strong> Demonstrates confident manipulation of a variety of imaging equipment.</th>
<th>Observes and practices manipulation of a variety of imaging equipment.</th>
<th>Practices and retains knowledge in manipulation of a variety of imaging equipment.</th>
<th>Retains knowledge and demonstrates confident manipulation of a variety of imaging equipment.</th>
</tr>
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The student/graduate will develop problem solving and critical thinking skills.

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<tr>
<td><strong>Objective d:</strong> Identifies adaption of technical factors for pathological changes.</td>
<td>Gains knowledge of correlation between technical factors and pathological changes and conditions.</td>
<td>Recognizes and utilizes appropriate technical factor settings for pathological changes and conditions.</td>
<td>Utilizes appropriate technical factor settings for pathological changes and conditions.</td>
</tr>
<tr>
<td>Student Learning Goal</td>
<td>Level 1 Expected Behaviors</td>
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<tr>
<td><strong>Ethics &amp; Professional Development Goal</strong></td>
<td>Objective a: Recognizes the importance of continuing education and active membership in professional organizations for personal and professional growth for life-long learning.</td>
<td>Identifies professional organizations for continuing education and professional growth.</td>
<td>Recognizes the need for professional organizations for continuing education and professional growth.</td>
</tr>
<tr>
<td>The student/graduate will display ethics, affective behavior, and professional development.</td>
<td>Objective b: Applies the values, ethics, and professionalism of an entry level radiographer.</td>
<td>Recognizes and practices values, ethics, and professionalism of an entry level radiographer.</td>
<td>Practices and demonstrates values, ethics, and professionalism of an entry level radiographer.</td>
</tr>
</tbody>
</table>
**Definition of Terms**

**American Registry of Radiologic Technologists (ARRT):** The purposes of the Registry include encouraging the study and elevating the standards of radiologic technology, as well as the examination and certification of eligible candidates and periodic publication of a listing of registrants.

**American Society of Radiologic Technologists (ASRT):** As the one professional voice for all radiologic technologists, the American Society of Radiologic Technologists represents individual practitioners, educators, and managers/administrators in radiography, radiation therapy, nuclear medicine, sonography, mammography, computerized imaging and special vascular imaging.

**Clinical** - Time spent in Radiology Departments observing and performing radiologic exams, gaining clinical experience.

**Clinical Instructor:** The qualified radiologic technologist (or radiographer) designated at each clinical facility to be responsible for the supervision of the clinical education of students assigned to that facility.

**Didactic** - Time spent in the classroom learning principles of radiographic technology.

**Evaluator** - A radiographer who is responsible for checking the student’s competence on radiology examinations and completing an evaluation for documentation.

**JRCERT - Joint Review Committee on Education in Radiologic Technology** – The committee that reviews Radiologic Technology programs to insure that basic requirements are met in order to be accredited.

**Medical Imaging** - Includes radiology, ultrasound, magnetic resonance imaging, nuclear medicine, computerized tomography, mammography, and vascular imaging.

**Michigan Society of Radiologic Technologists:** The professional organization for radiologic technologists in the state of Michigan. It is affiliated with the ASRT.

**Program Director** - Person who organizes and oversees clinical and didactic portions of the radiologic technology program as well as accreditation and teaching.

**Radiographer (Radiologic Technologist):** An individual who operates radiologic equipment and works with a radiologist and other health professionals.

**Radiologist:** A physician who had a 3 to 4 year residency in the specialty of Radiology.

**Radiology:** A branch of medical imaging department that utilizes ionizing radiation for visualization of structures and organs of the body for diagnosis.
Radiologic Technology Professional Information

A. Accreditation
The SC4 Radiologic Technology Program is fully accredited by the JRCERT.

Joint Review Committee on Education in Radiologic Technology (JRCERT)

Phone: (312) 704-5300 Email: mail@jrcert.org Website: www.jrcert.org

The JRCERT is in association with the American Medical Association.

The JRCERT is the only agency recognized by the United States Department of Education for the accreditation of traditional and distance delivery educational programs in radiography.

B. JRCERT Standards

Accredited radiography programs use the following standards:

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

2. Resources. The program has sufficient resources to support the quality and effectiveness of the education process.

3. Curriculum and Academic Practices. The program’s curriculum and academic practices prepare students for professional practice.

4. Health and Safety. The program’s policies and procedures promote health, safety and optimal use of radiation for students, patients, and the public.

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

6. Institutional/Programmatic Data. The program complies with JRCERT policies, procedures, and STANDARDS to achieve and maintain specialized accreditation.
C. SC4 Radiologic Technology Program Goals and Outcomes:

**Goal #1**
The student will have the skills to perform radiologic duties of a competent entry level radiographer.
- Outcome #1 – The student will perform patient care skills that are essential for radiographic procedures.
- Outcome #2 – The student will protect the patient, oneself, and others from radiation exposure.
- Outcome #3 – The student will produce quality radiographic images for interpretation.

**Goal #2**
The student will demonstrate effective communication skills with people of all ages.
- Outcome #1 – The student will employ effective communication skills with patients.
- Outcome #2 – The student will demonstrate effective communication skills with the radiologists.
- Outcome #3 – The student will employ proper flow and efficiency of radiographic procedures through accurate communication with radiology staff.

**Goal #3**
The student will develop problem solving and critical thinking skills.
- Outcome #1 – The student will demonstrate confident manipulation of a variety of imaging equipment.
- Outcome #2 – The student will identify emergency patient conditions and define life-saving first aid.
- Outcome #3 – The student will be able to perform non-routine exams.
- Outcome #4 – The student will be able to specify adaptations of technical factors for pathological changes.

**Goal #4**
The student will display ethics, affective behavior, and professional development.
- Outcome #1 – The student will recognize the importance of continuing education and active membership in professional organizations for personal and professional growth.
- Outcome #2 – The student will analyze avenues of professional growth and development and create growth developmental projects.
- Outcome #3 – The student will apply the values and ethics of an entry level radiographer.

**Program Effectiveness Data**
- Outcome #1 – The student/graduates will successfully complete the program.
- Outcome #2 – The student/graduates will successfully pass their ARRT exam.
- Outcome #3 – The student/graduates who are not continuing their education and are actively seeking employment will be employed in Radiology or related jobs.
- Outcome #4 – The student/graduate employers will indicate satisfaction with the program graduates.
- Outcome #5 – The student/graduates will indicate satisfaction with the program’s effectiveness.
D. Radiologic Technologist

The SC4 Radiologic Technology Program trains students to become radiologic technologists. A radiologic technologist, also known as a radiographer, is a member of the health care team responsible for administration of ionizing radiation for diagnostic purposes. The radiographer is qualified by education to provide patient services through manipulation of a variety of imaging equipment. The radiographer works under the direction of the radiologist, a physician qualified to order and/or perform radiologic procedures and specializing in the interpretation of radiographs. The typical duties of the radiographer include:

- Performing radiologic procedures of all body parts for diagnostic interpretation
- Providing patient care
- Applying principles of radiation protection
- Evaluating radiographs for technical quality
- Exercising professional judgment

E. American Society of Radiologic Technologists (ASRT)

Code of Ethics

1. The radiologic technologist acts in a professional manner, responds to patient needs, and supports colleagues and associates in providing quality patient care.

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

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

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

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

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

7. The radiologic technologist utilizes 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 or to protect the welfare of the individual or the community.

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

F. Radiography Scope of Practice ASRT

1. Performing diagnostic radiographic procedures.

2. Corroborating patient's clinical history with procedure, ensuring information is documented and available for use by a licensed independent practitioner.

3. Preparing patients for procedures.

4. Determining radiographic technique exposure factors.

5. Applying principles of ALARA to minimize exposure to patient, self, and others.

6. Evaluating images for technical quality, ensuring proper identification is recorded.

7. Assuming responsibility for patients needs during procedures.

8. Performing venipuncture as prescribed by a licensed independent practitioner.

9. Preparing, identifying, and/or administering medications as prescribed by a licensed independent practitioner.

10. Verifying informed consent.

11. Assisting licensed independent practitioner with fluoroscopic and specialized interventional radiography procedures.

12. Performing non-interpretive fluoroscopic procedures as prescribed by a licensed independent practitioner.

13. Identifying and managing emergency situations.


15. Educating and monitoring students and other health care providers.

16. Performing ongoing quality assurance activities.

17. Performing peripherally inserted central catheter placement where state statue(s) and/or lawful institutional policy permits.
18. Applying the principles of patient safety during all aspects of radiographic procedures, including assisting and transporting patients.

19. Starting and maintaining intravenous (IV) access as prescribed by a licensed independent practitioner.

G. Comprehensive Practice

Radiographic procedures are performed on any or all body organs, systems, or structures. Individuals demonstrate competency to meet state licensure, permit, or certification requirements defined by law for radiography; or maintain appropriate credentials.

H. The ASRT Practice Standards for Radiography

1. Professional Performance Standards

A. Quality - The radiographer strives to provide optimal patient care.
B. Self Assessment - The radiographer evaluates personal performance.
C. Education - The radiographer acquires and maintains current knowledge in practice.
D. Collaboration and Collegiality - The radiographer promotes a positive, collaborative practice atmosphere with other members of the health care team
E. Ethics – The radiographer adheres to the profession’s accepted ethical standards.
F. Research and Innovation – The radiographer participates in the acquisition and dissemination of knowledge and the advancement of the profession.

2. Clinical Performance Standards

A. Assessment - The radiographer collects pertinent data about the patient and the procedure.
B. Analysis/Determination- The radiographer analyzes the information obtained during the assessment phase and develops an action plan for completing the procedure.
C. Patient Education- The radiographer provides information about the procedure and related health issues according to protocol.
D. Performance- The radiographer performs the action plan.
E. Evaluation- The radiographer determines whether the goals of the action plan have been achieved.
F. Implementation - The radiographer implements the revised action plan.
G. Outcome Measurements- The radiographer reviews and evaluates the outcome of the procedure.
H. Documentation - The radiographer documents information about patient care, the procedure, and the final outcome.
3. Quality Performance Standards

A. Assessment – The radiographer collects pertinent information regarding equipment, procedures, and the work environment.

B. Analysis/Determination – The radiographer analyzes information collected during the assessment phase to determine the need for changes to equipment, procedures, or the work environment.

C. Education – The radiographer informs the patient, public, and other health care providers about procedures, equipment, and facilities.

D. Performance – The radiographer performs quality assurance activities.

E. Evaluation – The radiographer evaluates quality assurance results and establishes an appropriate action plan.

F. Implementation – The radiographer implements the quality assurance action plan for equipment, materials, and processes.

G. Outcome Measurement – The radiographer assesses the outcome of the quality management action plan for equipment, materials, and processes.

H. Documentation – The radiographer documents quality assurance activities and results.

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In order to participate in the practice of Radiologic Technology, a person must successfully pass the ARRT national registry exam. The student must show a high standard of ethics during the Radiologic Technology Program. Public Health Code 16221 provides examples of behavior that is not appropriate in a health care setting.

A. A violation of general duty, consisting of negligence or failure to exercise due care or any conduct, practice, or condition which impairs or may impair, the ability to safely or skillfully practice the health profession.

B. Personal disqualifications, consisting of any of the following:
   i. Incompetence
   ii. Substance abuse
   iii. Mental or physical inability reasonably related to and adversely affecting the licensee's ability to practice in a safe and competent manner.
   iv. Declaration of mental incompetence by court of competent jurisdiction
   v. Conviction of a misdemeanor or felony reasonably related to and adversely affecting the licensee's ability to practice in a safe and competent manner.
   vi. Lack of good moral character
C. Prohibited acts, consisting of any of the following:
   i. Fraud or deceit in obtaining or renewing a license
   ii. Obtaining, possessing or attempting to obtain or possess a controlled substance without lawful authority; or selling, prescribing, giving away or administering drugs for other than lawful diagnostic or therapeutic purposes.

D. Patient medical records or charts; intentional inclusion of misleading or inaccurate information or intentional alteration or destruction; penalty, application, cause of action. A health care provider or other person, knowing that the information is misleading or inaccurate, shall not intentionally, willfully, or recklessly place or direct another to place in a patient's medical record or chart misleading or inaccurate information regarding the diagnosis, treatment, or cause of a patient's condition. A health care worker who violates this is guilty of a misdemeanor or felony, punishable by imprisonment for not more than one year, or a fine of not more than $1000, or both.

Student Professional Information

A. Profession/Education Organizations
A student may be a member of the American Society of Radiologic Technologists (A.S.R.T.) and are required to join the Michigan Society of Radiologic Technologists (M.S.R.T.) Students must participate in the M.S.R.T. conference or complete a related assignment. These organizations are concerned with the continuing education of students and technologists, but also work toward passing legislation that can benefit all radiographers. Membership applications may be obtained from the Program Director or online at [www.msrt.org](http://www.msrt.org)

B. Meetings/Seminars
Opportunities will be available for students to attend educational activities outside and during regular school hours.

1. Qualifications for Seminar Attendance
   A. Maintain at least a 2.8 grade point average.
   B. Be a MSRT member.
   C. Participate in student activities at the convention assigned by the Program Director.
   D. Students with any type of warning may not be eligible to attend meetings or seminars.

2. Requirements at Seminar
   A. Attend all assigned lectures. Documentation is required.
   B. If the student attends a seminar without program officials, a Certificate of Attendance and a brief oral report must be submitted.

3. Student Violation at Seminar
   If it is found that the student did not attend the lectures offered, disciplinary action will be discussed when the student returns from the seminar.
C. Student Activities and Committees

All radiologic technology students are encouraged to actively participate in department and college activities. Participation in these activities leads to development of team and professional leadership qualities.

Student Access to Client Information

Students have access to information about clients to whom they are assigned. All information regarding clients is confidential and is to be discussed only with other healthcare personnel who are directly involved in the care of the client. Discussion of client information does occur for educational purposes, such as during radiologic procedures and classroom settings. Client names are not to be used. Other discussion of patient information is a violation of patient's right to confidentiality and privacy and will result in a student's removal from the program. Discussion of client information in lobby, elevators, social media, cafeteria, break areas, and rest rooms etc. is unacceptable and violates the client's right to confidentiality and Federal Law.

HIPAA (Health Insurance Portability and Accountability Act)

1. HIPAA privacy requires the protection of all portions of a patient’s record including both demographic (name, address, phone number, etc.) and clinical data (any lab or diagnostic studies). Students may look only at those patients’ records that are necessary for them to perform their duties and responsibilities.

2. HIPAA privacy applies to all forms of protected health information (PHI) including paper and computerized records as well as any healthcare providers’ conversations (at the hospital or within the community).

3. Any document or item containing patient information may not be placed in the wastebasket. These items must be protected and then disposed of properly.

4. Under no circumstances may students share passwords, ID badges, or any other security related item. If you sign on to the computer system, make sure you sign off when you have completed your work.

5. Please inform the HIPAA Privacy Officer if you become aware of an accidental unauthorized disclosure of PHI.

General Policies

A. Radiologic Technology Department Policies

Radiologic technology Policies and Procedures are consistently being updated and revised to meet the ongoing changes in the academic, healthcare, and clinical environments. Students will be notified in writing of any changes in Radiologic Technology policies and procedures as they occur. Students will be expected to sign
acknowledgement of having received and understand such new procedures and policies.

Some students like to express their appreciation to their instructors by giving gifts. Accepting gifts from students will put the faculty in a compromised position; therefore, the faculty requests that gifts not be given.

B. Professional Conduct

While preparing to enter the profession of Radiologic Technology, students are required to demonstrate certain expected behaviors. Integrity and honesty of the Radiologic Technology student are crucial in the development of a professional. The profession of Radiologic Technology requires that all members maintain ethical standards, demonstrate accountability and responsibility, and provide for the safety of patients. Professional behavior is expected in all components of the Radiologic Technology programs (classroom & clinical). Students must demonstrate behaviors that convey respectful and caring attitudes. Students are expected to do the following:

• Adhere to the SC4 College policies as outlined in the catalog, as well as Radiologic Technology Department policies.

• Follow the Radiologic Technology Program chain of command. The student must first discuss any issues or concerns with the faculty teaching that component of the course. If the situation is not resolved, the student may make an appointment to speak with the Program Director.

• Be personally accountable for their own behavior. Students are expected to conduct themselves professionally. This includes but is not limited to classroom, clinical, and in this high tech world, social networking sites. Lateral violence, also known as student technologist-to-student technologist aggression creates an unhealthy learning environment and will not be tolerated.

• In addition, students should commit themselves to behave in a civil manner that recognizes professional and personal respect boundaries. Students should also demonstrate concern for the personal dignity, rights, and freedoms of every member of the community college. Examples of uncivil behavior include but are not limited to: chronic absences and/or tardiness, inappropriate use of electronic devices during class/clinical, reading of materials during class that do not pertain to the class (ex. newspaper, magazine), chatter with another student or students, sleeping, rudeness, frequent interruptions, monopolizing class time, loudness, obscene or abusive language (verbal or written), and substance abuse. Once a student is asked to leave a class or clinical because of uncivil behavior, that behavior will be documented on an Incident Form and the Radiologic Technology Program conduct policy will be followed. Students are required to seek faculty assistance if they are having difficulty with any aspect of the program.

Failure to meet Radiologic Technology Program expectations will result in corrective action, which typically will be progressive. When progressive action is not appropriate in
the School’s judgment, corrective action may be initiated at any step, including immediate dismissal.

C. Due Process / Grievance Policy

Student Code of Conduct Violations and Due Process

Students are referred to the SC4 Student services section of the handbook or website if they have a grievance that cannot be resolved through the Radiologic Technology Program chain of command. To get to the SC4 Due Process Policy students need to get on the SC4 website, go under the SC4 Portal, go under Student Resources, and type in the search line the Due Process Policy.

JRCERT Standards Non-compliance concerns

Students should attempt to resolve concerns of JRCERT Standards Non-compliance through the Radiologic Technology Program chain of command. If a student has a concern about non-compliance with the JRCERT standards listed in this handbook, students must follow the chain of command. Students need to follow the SC4 Due Process Procedure if unable to resolve the concern under the chain of command.

General Student Complaints or Suggestions

The program always strives to improve the quality of the program. If students have complaints, suggestions, or ideas, they can email instructors or the program director. The program provides students with surveys throughout the program to obtain input from students. Students can meet with instructors or the program director during posted office hours. Faculty Location Cards are posted outside program campus and clinical offices.

D. Radiologic Technology Chain of Command

Chief Academic Officer

Director of Nursing, Health and Human Services

Radiologic Technology Program Director

SC4 Clinical Instructor/Adjunct Faculty

Student

E. Intoxicants and Mind Altering Substances

The health of the student and practitioner are essential to a safe working condition. Students who are under the influence of alcohol or other drugs, in the clinical area, pose
a serious safety and health risk to themselves, clients, and their co-workers. When a student's behavior or performance or where other information creates a reasonable suspicion that the student is using or is under the influence of alcohol or drugs, the instructor shall remove the student from the clinical site and require the student to submit to a drug and/or alcohol screening test at the student’s expense.

Testing positive for alcohol or other drugs or declining to be tested, will subject the student to discipline up to and including dismissal from the program.

**F. Infection Control Policy**

To prevent the spread of infectious disease, students are to report any cases of infectious disease and are to practice the following standard precautions when handling blood and body fluids. Examples of body fluids are traumatized tissue, vaginal secretions, urine, cerebrospinal fluid, feces, and sputum. Handle all blood and body fluids as if they are contaminated with the HIV virus or Hepatitis B.

1. Wear gowns, gloves, and masks when performing invasive procedures. Wear goggles when possible eye splashes may occur.

   **Examples:**
   - Wear gloves during an IVP when handling the syringe
   - Wear gloves when inserting an enema tip for a barium enema
   - Wear gloves, gown, mask, and goggles when doing an arteriogram

2. Properly dispose of linen and soiled items from body fluids, especially needles and other sharps.

3. Do not bend, re-cap, or remove needles. Properly dispose of them in a puncture-resistant container.

4. Wash hands after every procedure.

5. Do not perform invasive procedures if you have interruptions in the skin, such as cuts, sores, or dermatitis. Cover areas with band aids.

6. Know where emergency resuscitation equipment is located to avoid mouth-to-mouth contact.

**G. Pregnancy**

1. All female students in the program are given a copy of the Nuclear Regulatory Commission’s Regulatory Guide 8.13 and accompanying Appendix when they begin the program. All students will be required to read the Regulatory Guide and Appendix and will sign a written statement documenting this. Proper radiation safety practices ensure that radiation exposure to the female student and fetus is kept as low as reasonably achievable (ALARA).

2. If a student becomes pregnant, the following options are available to the student:

   A. The student does not have to declare pregnancy. The student would continue normal clinical rotations and follow standard student policies and regulations.

   B. If the student decides to declare her pregnancy, she should inform her Program Director as soon as possible. The student has the option to:

      1. Continue the program without program modifications. She will be required to have a fetal monitor badge (the student will have an additional dosimeter charge), wrap-around lead apron, and additional counseling on radiation protection. The student will be required to provide a written declaration of pregnancy and state the expected date of conception, sign a form
acknowledging that she received additional radiation protection counseling, and assume any risk from possible radiation exposure.

2. Withdraw from the program completely.
3. Withdraw from the program with the option to reapply subject to reinstatement policy.

Once a student declares a pregnancy, the student has the option to submit a written withdrawal of that declaration of pregnancy.

The basic premise of this policy is that the pregnant student be allowed to make an informed decision based on her individual needs and preferences.

H. Reporting of Discrimination and Harassment Concerns

SC4 Radiologic Technology Program students with concerns need to reference the Discrimination and Harassment and Sexual Harassment policies in the SC4 Handbook.

I. Tobacco Free Policy

SC4 has designated the college a tobacco-free campus. This includes parking lots and inside vehicles. All forms of smoking are prohibited (i.e., cigarettes, cigars, e-cigarettes). Additionally, the Health and Human Services nursing faculty stipulates that there will be no smoking during clinical hours, regardless of facility location, and both person and clothing should be free of smoke odor. Note that some health care facilities now have a policy to send staff home when they smell of smoke. Faculty reserve the right to do the same.

J. Access to SC4 General Policies

Students have access to find information about general SC4 student policies. Students who need to access general policies can go to the SC4 Portal, select Student Resources, and type in policy of interest in search line.

Student Requirements

A. Criminal Background Check

A clear criminal background check is a requirement of the Radiologic Technology Program as clinical facilities are required to follow Michigan Public Acts 27, 28 and 29 of 2006. Students sign a Clinical Disclosure Statement prior to having a criminal background check and pay the fee (approximately $10.00). In addition, any student who becomes subject to criminal prosecution that occurs during the program must report it immediately to the Radiologic Technology Program Director. Without a clear criminal background, a student would not be allowed to participate in clinical activities and thus, unable to complete the SC4 Radiologic Technology Program.
Convictions or charges may preclude eligibility to take the American Registry of Radiologic Technology examination. The student must contact the A.R.R.T. to determine eligibility by completing a Pre-application. Check www.arrt.org for clarification.

B. American Heart Basic Life Support Course-CPR

All students are required to complete a BLS for the Healthcare Provider course from the American Heart Association. Students are encouraged to check with their local hospitals for availability of courses. Failure to submit evidence of this requirement will result in inability to attend the clinical experience and require a make-up clinical experience. All students are required to complete a health care provider course and must have documentation of current certification for the entire two years.

C. Change of Name or Address

It is required that you notify the Radiologic Technology office of any changes in name, address, email and/or phone number. The Radiologic Technology Office requires that the student provides a current telephone number at which he/she can be reached or receive messages. This information will be kept confidential.

D. Health Requirements

1. Student Responsibilities

It is the student's ethical/legal responsibility to maintain updated immunizations, TB testing, BLS, malpractice insurance and any other requirements for clinical practice. The student is expected to maintain a satisfactory level of mental and physical stability to enable a safe and competent level of functioning. Any student who is not in compliance with this regulation may be denied entrance to the clinical area.

2. Physical Examination

Each student must pass a physical examination taken at his/her own expense not more than 4 months before entering a clinical course in the program.

Physical exam forms are available from the Radiologic Technology Office. All required lab work, 10 panel drug screen (urine), a TB skin test or chest x-ray must be completed and verification submitted to the Radiologic Technology department no earlier than 1 month prior to first clinical day.

TB skin test must be repeated annually. Failure to submit any required health forms will result in the inability to attend the clinical experience and require makeup clinical experience.

3. Immunizations

Radiologic Technologists and those studying Radiologic Technology are at risk for increased exposure to certain preventable infectious diseases and other health hazards. It is important for Radiologic technologists to be immunized properly for protection
against these diseases and for prevention of their spread among clients in the hospitals and clinics. In addition, Radiologic Technologists must rigidly adhere to Standard precautions to minimize risks.

All Radiologic Technology students must provide a proof of immunity of the following:

- **TB test** - must be done prior to the start of the program, and renewed annually
- **Measles, Mumps, Rubella (MMR)** - Adult booster—past age of 18 years or titer
- **Varicella** – proof of vaccine or titer
- **Hepatitis B series** - evidence of beginning the series of 3 hepatitis B vaccines prior to beginning the clinical portion of the program.
- **Tetanus, diphtheria, a-cellular pertussis (TDap)** - within past 10 years
- **Flu Vaccine** - annually

In addition, the Guide for Health Care Providers (CDC) recommends the following immunizations for health care personnel: tetanus-diphtheria, mumps, poliomyelitis and influenza. The CDC recommends all Health Care Providers receive the influenza vaccine on an annual basis. If the student does not receive this vaccine, a declination form must be signed and provided to the Radiologic Technology office. Students should discuss their immunizations with their health care provider.

Students must submit a copy of all results to the Radiologic Technology office. Failure to submit the required proof of immunity to the Radiologic Technology Office by 1 month prior to first clinical day rotation will result in inability to attend the clinical experience and require a make-up clinical experience.

Some clinical sites may require proof of immunization not required by the Radiologic Technology Program. Failure to follow clinical site requirements may prevent you from clinical rotations at that site. If this occurs, the program will attempt to place you in clinical rotations that are equitable if possible.

### 4. Alteration in Health Status

Any existing health condition which could affect a student in a clinical rotation must be discussed with the clinical instructor and/or Radiologic Technology Program Director. If a health condition might affect a student's ability to complete a normal clinical assignment (i.e. surgery, injury, illness, etc.), the student must obtain and submit a written description of any restrictions from his/her health care provider prior to continuing the clinical experience. If the Radiologic Technology faculty believes that the student, with reasonable accommodations and agreement from the clinical sites, can meet the clinical objectives, the student will be given the opportunity to remain in the course. Should the student decide to attempt to complete the course he/she must sign and submit a Release Form which is available in the Radiologic Technology Office. If a student must withdraw from the clinical rotation and is in good academic standing, he/she may apply for readmission to the program after submitting proof that the health restrictions are alleviated. Readmission would be dependent upon the availability of space in the required course and approval of Radiologic Technology faculty.

The Radiologic Technology clinical instructor has the responsibility and duty to decide whether or not a student is capable of clinical performance on any one day. If the clinical instructor decides that the risk to the student(s) or clients is too great or that the clinical
objectives and expected behaviors cannot be met within the restriction, the student may be sent home for the day. If health problems or risks prevent the student from returning to clinical rotations, further options will be decided by faculty.

E. Health Care Costs

It is strongly recommended that all students obtain personal health care insurance. Each student will be required to maintain standard precautions in the performance of all client care. It is the student's responsibility to be prepared to care for each client and to take appropriate precautions against personal injury and illness.

It is important to note, through no fault of the college, instructors or clinical agency, that the possibility exists that a student could accidentally injure or expose him/herself to disease or injury. If injury occurs during client care, the clinical instructor must be informed immediately.

The student is responsible for assuming the cost of any necessary medical treatment. For this reason, it is strongly advised that students maintain their own health care insurance.

F. Malpractice Insurance

All Radiologic Technology students are required to have malpractice insurance. The students will be covered through a blanket malpractice insurance policy purchased by the college. Malpractice insurance through SC4 will cover you only in your assigned clinical areas.

G. Technical Standards--SC4 Radiologic Technology Program

Prospective students must be able to:
1. Lift and transfer patients to and from the radiographic table.
2. Lift a minimum of 30 pounds and support up to 75 pounds.
3. Move, adjust, and manipulate a variety of equipment to perform radiographic procedures.
4. Communicate, orally and in writing, with patient, physicians and other personnel.
5. Follow written and verbal instructions.

H. Progression

To progress in the Radiologic Technology program, the student must achieve and maintain a cumulative grade point average of 2.0. In addition, to progress, the student must attain a grade of at least 2.0 in every required corequisite and a grade of 2.0 in every Radiology course.

Students must follow the model schedule sequencing for all Radiology courses and clinical (see SC4 course catalog or www.sc4.edu/radiologictechnology). Clinical rotations must be done at an SC4 contracted site.
It is the responsibility of the student to satisfactorily complete the Radiologic Technology program within five (5) years from the time of the completion of the first Radiologic Technology course. Any lapse in progression requires a readmission to the program. It may be necessary to repeat a course or courses if the student has withdrawn from the program for any period of time.

**Academic and Grading Policies**

**A. Didactic and Clinical Grading Scale**

<table>
<thead>
<tr>
<th>Percentage Range</th>
<th>Grade</th>
<th>GPA</th>
</tr>
</thead>
<tbody>
<tr>
<td>96-100%</td>
<td>A</td>
<td>4.0</td>
</tr>
<tr>
<td>94-95%</td>
<td>A-</td>
<td>3.7</td>
</tr>
<tr>
<td>92-93%</td>
<td>B+</td>
<td>3.3</td>
</tr>
<tr>
<td>89-91%</td>
<td>B</td>
<td>3.0</td>
</tr>
<tr>
<td>87-88%</td>
<td>B-</td>
<td>2.7</td>
</tr>
<tr>
<td>84-86%</td>
<td>C+</td>
<td>2.3</td>
</tr>
<tr>
<td>80-83%</td>
<td>C</td>
<td>2.0</td>
</tr>
<tr>
<td>78-79%</td>
<td>C-</td>
<td>1.7</td>
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<tr>
<td>76-77%</td>
<td>D+</td>
<td>1.3</td>
</tr>
<tr>
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<tr>
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<tr>
<td>72% and below</td>
<td>E</td>
<td>0</td>
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</tbody>
</table>

See Clinical Grading information in the Clinical Policies and Information section of this handbook for a complete explanation of clinical grading.

**B. Academic Integrity**

The student is responsible for their own learning. The Radiologic Technology faculty is available to assist and support each student in mastering the competencies of the Radiologic Technology program. The faculty believes academic integrity is essential to the development of professional conduct. Students who engage in acts of academic dishonesty such as cheating or plagiarism, compromise the culture of safety and integrity which defines the Radiologic Technology profession. Students who choose to violate academic integrity erode the foundation of trust between the students, faculty, clients and the community that they serve.

St. Clair County Community College considers academic honesty to be essential to all academic performance. The policy of the college states that instances of academic dishonesty will be treated as serious offenses of the Student Code of Conduct. Students involved in activities such as cheating and/or plagiarism will be subject to disciplinary action. Definitions as outlined in the SC4 catalog are as follows:

**Definition of plagiarism:** Plagiarism is the appropriation of language, thoughts, or ideas of another author and claiming that as one’s own. Plagiarism is work not produced by the student, or work that does not credit borrowings from the original source(s).

**Definition of cheating:** Cheating can be, but is not limited to, a student using electronic technology, notes, or other written materials not permitted by the instructor; looking at other students' papers without the instructor's permission; requesting answers from other students; or working with other students when independent work is required. Some situations in which cheating may occur, include tests, exams, quizzes, or other similar methods of evaluation.
Cheating is further defined in the Radiologic Technology Department as fraud, deceit, or dishonesty in any academic or clinical activity. It may include but is not limited to:

- Inappropriate use of electronic devices during class. No electronic devices may be worn or placed within view of the student during testing.

- Copying or attempting to copy from others during testing or for an assignment.

- Communicating any testing information to, or receiving such information from, another person during or prior to an exam.

- Using, attempting to use, or assisting others in using materials that are prohibited or inappropriate in the context of the assignment or examination in question, such as: books, prepared answers, written notes, concealed information, or Web sites (this includes cutting and pasting from websites).

- Copy the work of another person (peer), including an author of a published book, pamphlet, or article, and turn it in as one’s own. Quotations, statistics, and other factual data must be noted as such by documentation of the authoritative source.

- Allowing others to do one's assignment or a portion of one's assignment or using a commercial term paper service.

- Altering an assignment after it has been completed or altering recorded grades.

- Resubmitting a previously written assignment for a new course without the permission of the prior and current instructor.

- Misrepresent performance or falsify documentation related to the performance of any activity required to complete course/curriculum objectives.

CHEATING on any classroom or clinical assignment, quiz or exam will result in a grade of "E" for the course and dismissal from the Radiologic Technology Program. In addition, the student will be ineligible for readmission to the Radiologic Technology program.

C. Testing

It is expected that all students complete the quizzes/exams at the regularly scheduled time. In the event of an unforeseen emergency (serious illness or death of an immediate family member) or presence of communicable disease in the student, the student must notify the appropriate faculty prior to the scheduled exam. Arrangements for exams missed must be made prior to the next scheduled lecture day. Makeup exams may not be identical to the originally scheduled exam. Missed exams, failure to notify the instructor prior to the exam, and/or failure to complete the makeup exam prior to the next lecture time may each result in a grade of 0 for that exam. Missed quizzes, tests, or finals will be given a 5% grade reduction without a doctor's note.

Make up exams are by appointment only. Arrangements can be made by contacting the class instructor or the Radiologic Technology Department.
Quizzes will not always be announced. The grading policy regarding missed quizzes within a course is written in that course syllabus.

Final exams, which are part of the course competencies, are to be taken by all students. If extenuating circumstances occur which create problems in writing final examinations (illness, death, accident), rather than jeopardize your grade, notify the instructor prior to the examination. If the instructor is not available, call the Radiologic Technology office.

A student may take any didactic quiz, test, or exam only one time. It is the responsibility of the student to be prepared for all testing.

All semesters start with the first day of classes according to the College calendar and ends the Friday of final exam week. It is the responsibility of all students to be available to meet student obligations through the last day of final exam week. This includes final exams, final assignments and schedule distribution and review classes.

D. Course Completion

The specific objectives to be attained by the student and the method of calculating the final course grade are written in each course syllabus. Students are responsible for reading each course syllabus to be informed of the particular objectives and grading system for each course.

E. Dismissal

A student will be dismissed from the program for the following reasons.

1. Achievement of less than a 2.0 cumulative grade point average.
2. A grade of less than 2.0 in any Radiologic Technology or required academic courses.
3. Failure to meet the goals listed on the Warning Notice/ Deficiency.
4. Failure to show satisfactory program progression (levels 1-3) using the conceptual framework outlined in the student handbook.
5. Failure to achieve a final score of at least 80% in all didactic courses.
6. Failure to achieve a final score of at least 80% and satisfactory in all clinical courses.
8. Failure to follow JRCERT Standards, ASRT Code of Ethics, or ASRT Practice Standards.
9. Disregard to safety procedures for the patient and others. Demonstration and/or evidence of mental and/or physical health condition that is deemed by the Radiologic Technology faculty to be dangerous to the student, peers and/or clients.
10. Failure to follow orientation standards of clinical sites.

F. Reinstatement to the Radiologic Technology Program

Any lapse in progression through the model Radiologic Technology curriculum schedule will require a written request for readmission be sent to the Radiologic Technology Program Director. The reflection letter must include reasons stating why the student was unsuccessful and the corrective action that has been taken to remedy the situation.
Reapplying to the program does not guarantee admission. If applying for readmission, you may be required to repeat or audit previous courses.

Readmission is subject to correction of the problem, space availability in the program, and faculty approval. The Radiologic Technology admissions committee has the duty to approve or deny applications for readmission.

Decisions for readmission by the faculty committee will be communicated to you through the Radiologic Technology office. Faculty decisions regarding approval of readmission are final.

If a student is on Final Warning and continues to demonstrate unsafe behaviors as stated in the clinical competencies, the student will fail before completion of clinical.

If a student is failing clinical before the end of the semester, they must withdraw from any corresponding courses. A student who fails clinical is considered unsafe and is not eligible for readmission.

If a student transfers into the SC4 program due to a failure in another Radiologic Technology program, this will be considered a first failure.

When a student has failed a course, they are withdrawn from the program. The student may be readmitted only one time. In other words, if a student fails a second time, the student is ineligible for readmission.

Students may apply for re-admission to the program. Students will need to meet with the Program Director to discuss guidelines. A written request for readmission must be submitted to the Radiography Program Director and a spot must be available. The Radiography program staff will then determine on a case by case basis if a student will be readmitted.

**Attendance Policies**

**A. Clinical Attendance Policy**

Attendance Hours for Clinical Rotations
Daytime hours: 7:30 a.m.-4:00 p.m. or 8:00 a.m.-4:30 p.m. (depending on clinical rotation)
Afternoon hours: 2:00 p.m.-10:30 p.m. or 2:30 p.m.-11:00 p.m. (depending on clinical rotation)
Weekend hours: 6:00 a.m.-2:30 p.m., 7:00 a.m.-3:30 p.m., 10:00 a.m.-6:30 p.m., or 11:00 a.m.-7:30 p.m. (begin 6 months after the start of the program)

**Freshman students:**
Tuesday and Thursday are clinical days during the Fall, Winter, and Summer I (Year I) semester of the first year of the Radiologic Technology Program.

**Sophomore students:**
Summer II (Year II) semester clinical time is 40 hours per week. No didactic classes are scheduled during this 6 week semester. Monday, Wednesday and Friday are clinical days during Fall, Winter, and Summer I (Year II) semesters of the second year.

Students will be in attendance during the hours determined by the program officials. Any deviations, without authorization, will not be tolerated. Students attending clinical rotations will need to sign in and out on a time sheet. Any falsification of records would be considered cheating and would follow the rules outlined in the academic policy. Falsification includes but is not limited to: signing in our out for inappropriate time, falsifying forms for other students, and failure to sign time sheet.

Attendance is required at all mandatory seminars on campus, as well as department or facility orientation (i.e. clinical area orientation, hospital orientation, computer training, etc). Students are to regularly attend all classes and laboratory/clinical sessions as assigned. All student clinical rotation schedules are provided to students prior to the start of the semester and are available for student review in the Radiologic Technology office. A student cannot change a rotation without permission of an SC4 Clinical Instructor. Each student is responsible for his/her own transportation to the clinical site.

When assigned a starting time in the clinical area, this time is **NOT** the arrival time. You are to arrive in sufficient time to be ready to begin your clinical experience at the starting time. Students are expected to arrive at the clinical site on time, dressed appropriately (see dress code), equipped with the proper resources, and prepared to care for assigned clients. Failure to meet any of these expectations may result in dismissal for that day. The clinical instructor has the duty to assess and decide whether or not these expectations have been met.

Dependent upon the experience and the particular clinical unit, your arrival time should be approximately fifteen minutes prior to the starting time. Attendance hours may vary to accommodate instruction schedule and certain clinical rotations.

Students choosing to stay late in clinical experience to complete exams or evaluations may do so as long as staffing ratios are met and student hours do not exceed 40 hours per week.

**B. Campus Attendance/Clinical Rotation Attendance/Tardiness/Skipping Class**

**Lecture Attendance:** The campus course schedule is determined by the program director. Classes may be scheduled in the day, late afternoon, and evening. Students choosing to work and who have a conflict with their work schedule will need to make other arrangements with their place of work.

**Tardiness:** Research shows attending classes will improve student success. Coming late to classes or clinical rotation is seen as a lack of interest in the course. Students arriving after their assigned starting time will be considered tardy and an SC4 Incident Form will be filled out. Repeated tardiness may cause a Grade Reduction and/or SC4 Warning Notice/Deficiency.
Skipping class or clinical: Skipping may cause a Failed Grade in the course. The student could be removed from the Radiologic Technology Program.

The student needs to inform the clinical instructor in charge at their assigned site and the SC4 Program Director by phone, if possible, if they are going to be tardy.

C. Absence Notification (Class on Campus)

If you are scheduled for a class on campus and will not be present, call the Program Director’s phone and leave a message on the answering machine at least one hour prior to class start time. Leaving a message will document the time of the call.

D. Absence Notification (Clinical)

The student is responsible for notifying the assigned Clinical Site and the SC4 Program Director at least one hour prior to shift start time when he/she is unable to attend. The student is to notify the program director and leaving a message on the answering machine. Upon the student’s return, an email must be sent to the Program director stating reason for absence.

It is imperative that you utilize all measures to maintain your health, such as proper rest and nutrition. Dental and medical appointments for maintenance of health should be scheduled during non-program hours or semester breaks. If you must make an appointment during the semester, schedule it around your classroom/clinical schedule. Any clinical time missed needs to be made up. If arrangements cannot be made with clinical sites, students may have to be charged to make up clinical days missed. If multiple absences are taken, extra clinical assignments may be assigned.

E. Clinical Experience Restrictions

The following Recommendations for Clinical Experience Restrictions apply to temporary health conditions which a student may experience during the clinical courses. It is expected that the student inform the instructor whenever such situations exist. This information is provided by the Centers for Disease Control.

Summary of suggested work restrictions for health care personnel exposed to or infected with infectious diseases of importance in health care settings, in the absence of state & local regulations (modified from ACIP recommendations).
<table>
<thead>
<tr>
<th>Disease/problem</th>
<th>Work restriction</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conjunctivitis</td>
<td>Restrict from patient contact and contact with the patients environment</td>
<td>Until discharge ceases</td>
</tr>
<tr>
<td>Cytomegalovirus infections</td>
<td>No restriction</td>
<td></td>
</tr>
<tr>
<td>Diarrheal diseases</td>
<td><strong>Acute stage (diarrhea with other symptoms</strong></td>
<td>Until symptoms resolve</td>
</tr>
<tr>
<td></td>
<td>Convalescent stage, Salmonella spp.</td>
<td>Until symptoms resolve; consult with local &amp; state health authorities regarding need for negative stool cultures</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>Exclude from duty</td>
<td>Until antimicrobial therapy completed &amp; 2 cultures obtained &gt;24 hours apart are negative</td>
</tr>
<tr>
<td>Enteroviral infections</td>
<td>Restrict form care of infants, neonates, &amp; immuno-compromised patients &amp; their environments</td>
<td>Until symptoms resolve</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>Restrict from patient contact, contact with the patient’s environment, &amp; food handling</td>
<td>Until 7 days after onset of jaundice</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td><strong>Personnel with acute or chronic hepatitis B surface antigemia who do not perform exposure-prone procedures</strong></td>
<td>No restriction*; refer to state regulations; standard precautions should always be observed</td>
</tr>
<tr>
<td></td>
<td><strong>Personnel with acute or chronic hepatitis B e antigemia who perform exposure-prone procedures</strong></td>
<td>Do not perform exposure-prone invasive procedures until counsel from an expert review panel has been sought; panel should review &amp; recommend procedures the worker can perform, taking into account specific procedure as well as skill &amp; technique of worker; refer to state regulations</td>
</tr>
<tr>
<td>Disease/problem</td>
<td>Work restriction</td>
<td>Duration</td>
</tr>
<tr>
<td>----------------</td>
<td>-----------------</td>
<td>----------</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>No recommendation</td>
<td></td>
</tr>
<tr>
<td>Herpes simplex</td>
<td>No restriction</td>
<td></td>
</tr>
<tr>
<td>Genital</td>
<td>Restrict from patient contact &amp; contact with the patients environment</td>
<td>Until lesions heal</td>
</tr>
<tr>
<td>Hands (herpetic whitlow)</td>
<td>Evaluate for need to restrict from care of high-risk patients</td>
<td></td>
</tr>
<tr>
<td>Orofacial</td>
<td>Do not perform exposure-prone invasive procedures until counsel from an expert review panel has been sought; panel should review &amp; recommend procedures the worker can perform, taking into account specific procedure as well as skill &amp; technique of worker; standard precautions should always be observed; refer to state regulations</td>
<td></td>
</tr>
<tr>
<td>Human immunodeficiency virus</td>
<td>Exclude from duty</td>
<td>Until 7 days after the rash appears</td>
</tr>
<tr>
<td>Measles</td>
<td>Exclude from duty</td>
<td>From 5th day after 1st exposure through 21st day after last exposure &amp;/or 4 days after rash appears</td>
</tr>
<tr>
<td>Meningococcal infections</td>
<td>Exclude from duty</td>
<td>Until 24 hours after start of effective therapy</td>
</tr>
<tr>
<td>Mumps</td>
<td>Exclude from duty</td>
<td>Until 9 days after onset of parotids</td>
</tr>
<tr>
<td>Pediculosis</td>
<td>Restrict from patient contact</td>
<td>Until treated &amp; observed to be free of adult and immature lice</td>
</tr>
<tr>
<td>Disease/problem</td>
<td>Work restriction</td>
<td>Duration</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>-----------------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Pertussis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Active</td>
<td>Exclude from duty</td>
<td>From beginning of catarrhal stage through 3\textsuperscript{rd} week after onset of paroxysms or until 5 days after start of effective antimicrobial therapy</td>
</tr>
<tr>
<td>Postexposure</td>
<td>No restriction, prophylaxis recommended</td>
<td>Until 5 days after start of effective antimicrobial therapy</td>
</tr>
<tr>
<td>(asymptomatic personnel)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Postexposure</td>
<td>Exclude from duty</td>
<td></td>
</tr>
<tr>
<td>(susceptible personnel)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubella</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Active</td>
<td>Exclude from duty</td>
<td>Until 5 days after rash appears</td>
</tr>
<tr>
<td>Postexposure</td>
<td>Exclude from duty</td>
<td>From 7\textsuperscript{th} day after 1\textsuperscript{st} exposure through 21\textsuperscript{st} day after last exposure</td>
</tr>
<tr>
<td>(susceptible personnel)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scabies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staphylococcus aureus infection</td>
<td>Restrict from patient contact</td>
<td>Until cleared by medical evaluation</td>
</tr>
<tr>
<td>Active, draining skin lesions</td>
<td>Restrict from contact with patients &amp; patient’s environment or food handling</td>
<td>Until lesions have resolved</td>
</tr>
<tr>
<td>Carrier state</td>
<td>No restriction, unless personnel are epidemiologically linked to transmission of the organism</td>
<td></td>
</tr>
<tr>
<td>Streptococcal infection, group A</td>
<td>Restrict from patient care, contact with patient’s environment, or food handling</td>
<td>Until 24 hours after adequate treatment started</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Active disease</td>
<td>Exclude from duty</td>
<td>Until proved noninfectious</td>
</tr>
<tr>
<td>PPD converter</td>
<td>No restriction</td>
<td></td>
</tr>
<tr>
<td>Disease/problem</td>
<td>Work restriction</td>
<td>Duration</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>-------------------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Varicella</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Active</td>
<td>Exclude from duty</td>
<td>Until all lesions dry &amp; crust</td>
</tr>
<tr>
<td>Postexposure (susceptible personnel)</td>
<td>Exclude from duty</td>
<td>From 10th day after 1st exposure through 21st day (28th day if VZIG given) after last exposure</td>
</tr>
<tr>
<td>Zoster</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Localized, in healthy person</td>
<td>Cover lesions; restrict from care of high-risk patients</td>
<td>Until all lesions dry &amp; crust</td>
</tr>
<tr>
<td>Generalized or localized in immunosuppressed person</td>
<td>Restrict from patient contact</td>
<td>Until all lesions dry &amp; crust</td>
</tr>
<tr>
<td>Postexposure (susceptible personnel)</td>
<td>Restrict from patient contact</td>
<td>From 10th day after 1st exposure through 21st day (28th day if VZIG given) after last exposure</td>
</tr>
<tr>
<td>Viral respiratory infections, acute febrile</td>
<td>Consider excluding from the care of high risk patients, or contact with their environment during community outbreak of RSV &amp; influenza</td>
<td>Until acute symptoms resolve</td>
</tr>
</tbody>
</table>

*Reference [www.cdc.gov/ncidod/dhqp/gl_hcpersonnel.htm](http://www.cdc.gov/ncidod/dhqp/gl_hcpersonnel.htm)*

**F. No Call/No Show**

This is irresponsible, unprofessional behavior which directly affects the clinical area or classroom to which the student is assigned. A no call/no show will result in an Incident Report, and repeated no call/no show days will result in a Final Warning notice and possible dismissal from the Radiologic Technology Program.

**G. Inclement Weather**

In the event of the official closing of the College due to inclement weather, students are not required to present themselves for clinical duty. The college has instituted text and e-mail alerts in the event of inclement weather. If the announcement is not made prior to leaving for clinical, the student is expected to use good judgment in deciding whether to travel to the clinical facility. The student may remain in their assigned clinical rotations as long as adequate technologist supervision is available. If necessary to meet the program requirements, a student who missed clinical will be expected to make up the time missed.
H. Emergencies/Bereavement

In the event of a family illness or funeral of an immediate family member, consideration will be given. However, it is possible that such absence will interfere with meeting the requirements of the course. All missed clinical time must be made up.

I. Holidays/SC4 Breaks

Students are not scheduled for clinical time during any recognized SC4 breaks.

J. Emergency Phone Calls

Students are only allowed phone calls in the clinical area in an emergency situation. Personal phone calls must be made during break and lunch times and can only be made in approved areas. Follow clinical site policies regarding use of phones/cell phones.

Student Services

A. Student Support

Please check www.sc4.edu for a complete listing of academic, financial, and support services. SC4 has a library available with print, audiovisual, electronic media, as well as computer and wireless access, tutoring, testing services, etc.

B. Scholarships and Student Loans

Information is available through the Financial Aid Office. Please make an appointment at 810-989-5530.

A confidential financial statement must be completed before making application.

If scholarships are awarded by special organizations or individuals; it is hoped that the student will acknowledge their appreciation by writing and sending a thank you note.

C. Disability and Special Services

Students who are experiencing academic difficulties and are in need of special support or testing services should contact the Achievement Center. Documentation is required for special testing accommodations.
D. Student Records Policy

All transcripts, radiation monitoring records, and other official records will be permanently stored at SC4. Review of records with the Radiologic Technology Program Director will be available by appointment.

Written consent is required from the student in order to release student records.

Educational authorities have access to student records that may be necessary in connection with a program evaluation.

Student records are released to other organizations with the understanding that they will not be shared with other parties. The Family Educational Rights and Privacy Act of 1974 prohibit the release of information without the student’s written consent. If an organization is unable to comply with this condition of release, records are to be returned.

Dress and Demeanor Code

The following regulations apply to all students of the Radiologic Technology Program at St. Clair County Community College. The appearance of the student enrolled in the Radiologic Technology program should reflect their aspiration to attain professional standards. Failure to adhere to these requirements results in dismissal for the day.

A student’s appearance is extremely important in molding the public’s opinion of the quality of services provided by the hospital or clinical site. A major part of being a professional is looking professional. The following dress code is in effect for students and is not intended to be all inclusive. Questions about articles of clothing not listed should be directed to the Program Director.

A. Dress Code for Class Days

Students are expected to dress in a professional/casual manner for didactic class days. Dress pants and jeans are allowed. Jeans cannot have holes/rips, should not be faded, or tight fitting. Students are to wear clinical uniforms while in the Positioning Lab class at the college lab classroom or the clinical site.

B. Clinical Day Uniform Guidelines

- Uniforms may be purchased at the SC4 College store. Financial aid can be utilized to pay for uniforms if purchased through the College store.
- Uniforms must be washed and pressed prior to each clinical day.
- Dress conservatively and professionally.
1. Black uniform scrub top and black uniform scrub pants with school crest three inches below the right sleeve shoulder seam. If uniforms are purchased from another place other than the bookstore, they must be the same company, type and color.

2. A white or black t-shirt or mock turtleneck would be appropriate for under uniform scrub shirts.

3. White lab coats may be worn but must be cleaned and pressed. The lab coat must have the SC4 Radiologic Technology crest (patch). The crest is available in the College Store. The school crest is to be three inches from the shoulder seam of the right sleeve.

4. Low waist pants are not allowed as students do a lot of lifting and bending.

5. White or black socks must be worn at all times.

6. White or black uniform shoes must be kept cleaned and polished. (White or black tennis shoes with very small stripes are allowed.)

7. Radiation monitoring badges will be worn at all times in clinical rotations. They are to be properly stored and transported to assigned clinical sites.

8. Initial markers will be in the student’s possession at all times. One pair of markers is given. If markers are lost, the student will be responsible for purchasing the next pair.

9. The student’s identification badge should be worn at all times. Picture name tags are obtained from SC4. If a badge is lost, a replacement fee will be charged. You may receive identification tags from individual clinical sites. These need to be returned at the end of the program. Loss of these name tags will result in a fee. This identification is to be worn only for student assignments and/or clinical experiences and not for any other work assignments.

10. During an Operating Room clinical rotation students may choose to use hospital supplied scrub apparel (blue scrubs) or wear white jump suits over their uniform. Hospital scrubs need to be signed out from the Laundry area daily.

11. If personal clothing is inadvertently contaminated with blood/body fluids on the job, scrub attire must be signed out from the Laundry department. Contaminated personal clothing will be laundered by the hospital. Hospital supplied scrub apparel may not be removed from the hospital premises. OSHA requires that scrubs be laundered in the hospital.

12. Limit use of body fragrances, lotions, or aromatic after shave so as not to offend patients or coworkers (i.e. lung conditions, allergies).

13. Hair is to be styled in a manner appropriate to the clinical situation. Hair should not hang in patients face or block vision of the student while in the clinical area. No head gear (hats, caps, dew rags, etc.) may be worn in the clinical area. Mustaches and beards, if worn, must be clean and neatly trimmed.

14. Fingernails should be kept clean and well manicured. Only pale pink or clear nail polish may be worn in the clinical area. Absolutely **NO** artificial nails allowed.

15. Tattoos may not be visible when in the clinical area.

16. Limited use of earrings is allowed. No other visible body piercings allowed. Keep in mind that you are dressing as a professional.

**Clinical Policies and Information**

**A. Clinical Instructors Role**

While in the clinical area, students will be assigned to a rotation by the SC4 clinical instructor. Students will have clinical schedules before the semester begins. The site
clinical instructor is in charge of the clinical area. Any problems or questions must be taken directly to a clinical instructor. An SC4 Clinical Instructor will be making visits to all clinical sites periodically. Any questions related to rotations, clinical assignments or grading should be addressed with the SC4 instructor. Evaluations should be done with the site clinical instructor or SC4 instructor if they are available. Sites will also have other technologists designated as “evaluators” that will do patient evaluations with students as necessary.

B. Clinical Conduct

It is expected the student will demonstrate interest in and enthusiasm for the practice/study of Radiologic Technology. The faculty expects the Radiologic Technology student to be dependable, seldom absent, and on time for all classroom, lab, and clinical experiences. The student is to conduct themselves professionally with classmates, clients, faculty, professional personnel, and other members of the health care team.

C. Adherence to Clinical Site Policy

Students are expected to conduct themselves in an ethical manner and adhere to the policies and procedures of the clinical site. An orientation to each clinical site will be provided. Your clinical instructors will provide guidance to you regarding these policies and procedures. Students are not allowed to leave the clinical site during clinical hours without specific permission of a clinical instructor. Leaving the clinical site without permission may result in an incident form. The clinical make-up time policy will be followed for missed clinical experience.

D. Clinical Grading Information:

The final grade in clinical education courses will be scored as “S” satisfactory or “U” unsatisfactory. An “S” satisfactory grade in clinical includes 1) an average of 80% in all procedures/assignments AND 2) a “S” satisfactory in the leveled expected behaviors. Students will receive percentage scores for clinical procedures and assignments using the following clinical grading scale:

**Clinical Grading Scale**

<table>
<thead>
<tr>
<th>Percentage Range</th>
<th>Grade</th>
<th>Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>96-100%</td>
<td>A</td>
<td>4.0</td>
</tr>
<tr>
<td>94-95%</td>
<td>A-</td>
<td>3.7</td>
</tr>
<tr>
<td>92-93%</td>
<td>B+</td>
<td>3.3</td>
</tr>
<tr>
<td>89-91%</td>
<td>B</td>
<td>3.0</td>
</tr>
<tr>
<td>87-88%</td>
<td>B-</td>
<td>2.7</td>
</tr>
<tr>
<td>84-86%</td>
<td>C+</td>
<td>2.3</td>
</tr>
<tr>
<td>80-83%</td>
<td>C</td>
<td>2.0</td>
</tr>
<tr>
<td>78-79%</td>
<td>C-</td>
<td>1.7</td>
</tr>
<tr>
<td>76-77%</td>
<td>D+</td>
<td>1.3</td>
</tr>
<tr>
<td>74-75%</td>
<td>D</td>
<td>1.0</td>
</tr>
<tr>
<td>73%</td>
<td>D-</td>
<td>.7</td>
</tr>
<tr>
<td>72% and below</td>
<td>E</td>
<td>0</td>
</tr>
</tbody>
</table>

Students must receive a final score of 80% or above to be considered “S” satisfactory. Less than 80% is considered unsatisfactory. A score of less than 80% received on evaluations will need to be repeated. A student who fails 3 patient evaluations in a semester will be placed on Final Warning.
clinical percentage grade is determined as follows:
Clinical Instructor SC4 Clinical Performance Evaluation = 20%
Clinical Instructor (site) or Technologist Clinical Performance Evaluation = 5%
Patient Evaluations = 50%
Clinical Participation (Tallies) = 15%
Miscellaneous Clinical Evaluations = 10%

Students must receive an average of 80% on the above criteria to continue. In addition, students must receive “S” satisfactory performance on the leveled expected behaviors.

Leveled Behaviors are a Satisfactory/Unsatisfactory grade:
A score of satisfactory on all leveled behaviors must be achieved in order to pass the course. An unsatisfactory grade will cause the student to fail the clinical course and the student will be dismissed from the program.

Deadline for clinical assignments may vary. Deadlines will be announced at student meetings or sent to students via email.

Instructors have the right to determine certain grade point values in order to arrive at the grading specified by the program.

Certain behaviors are cited as CRITICAL. The profession of Radiologic Technology requires that all members maintain ethical standards, demonstrate integrity and honesty, and provide for the safety of patients. Thus, one serious failure or a pattern of failure to demonstrate these behaviors will result in an immediate failing grade of E for the course, regardless of the student's previous and current level of demonstrated competency of all other course objectives.

E. Performance Objectives for Clinical Education

1. Site Clinical Objectives

   A. Equipment Rotations: To familiarize the student with the different types of equipment used in the field of radiology. McLaren Hospital Port Huron, St. Joseph Mercy Hospital Port Huron, Mercy Health Center, Orthopedic Associates of Port Huron, Advanced Orthopedics and Dr. Carley's office are assigned clinical sites. Students are expected to have their own dependable transportation to clinical sites. Students may be expected to travel between clinical sites for clinical instruction with the SC4 clinical instructor.

   B. Special Imaging Modality Rotations – Provides the student general information in Nuclear Medicine, Ultrasonography, CT scanning, vascular imaging, and Magnetic Resonance Imaging. Students have the opportunity to explore these fields and may consider pursuing the additional training required.

   C. Off Shift Clinical Rotations – Students will participate on weekend rotations. Students will be scheduled for a limited number of weekend rotations. Students will be
given clinical days off during the week to compensate for assigned weekend clinical
days. Students will be assigned limited afternoon rotations.

2. General Radiography Clinical Objectives

A. Gain clinical experience on exams required by the ARRT.
B. Gain clinical experience with trauma exams.
C. Demonstrate clinical participation in exams that are ordered infrequently.
D. Demonstrate ability to manipulate a wide variety of radiology equipment.
E. Demonstrate ability to adapt routine exams in difficult or non-routine situations.
F. Gain knowledge in off-shift rotation protocols and procedures.
G. Develop critical thinking and problem solving skills.
H. Develop patient care skills with various patient conditions.
I. Demonstrate communication and computer information skills.
J. Demonstrate knowledge of standard precautions and infection control procedures.
K. Display appropriate dress, ethics, and professionalism.
L. Work on improvements of efficiency and speed of exams.
M. Gain clinical experience with age appropriate care of patients.

3. Weekend Rotation Prerequisites

A. Complete all equipment evaluations assigned.
B. Complete all miscellaneous rotation evaluations assigned.
C. Complete all previous semester assignments.
D. Complete all required patient evaluations from previous semester.
E. Complete units in RAD 101 Introduction to Radiologic Technology and RAD 102
   Patient Care on patient safety, patient assessment, infection control, patient acute
   situations, bedside radiography, and trauma.

4. Weekend Objectives

A. Demonstrate the ability to transport patients to and from the floor when an orderly is
   not assigned or available.
B. Demonstrate the ability to communicate effectively with ER during heavy volumes.
C. Demonstrate the procedure when an ER patient is in need of being under close
   observation.
D. Demonstrate what to do when a patient on the floor or from ER is brought down to
   the department without a name band.
E. Demonstrate knowledge of what to do when equipment breaks down and where the
   number is to call for service.
F. State how priority is determined when multiple cases come to the radiology
   department at once.
G. Demonstrate using problem solving with positioning skills when multiple exam cases
   are ordered. Take patient comfort into consideration.
H. Demonstrate clinical participation in trauma cases.
5. Afternoon Rotation Prerequisites

A. Complete all previous clinical assignments, clinical evaluations, and tally sheet requirements
B. Complete Afternoon Review of Radiographic Exams.
C. Provide documentation of personal technique book.
D. Review trauma video at least one week before afternoon rotation begins.

6. Afternoon Objectives

A. Morgue Participation with a Technologist (optional)
   1. Demonstrate how to work with the morgue staff to complete exam.
   2. Demonstrate clean and dirty technique with technologist.
   3. Demonstrate protocol for labeling of films for proper ID.
   4. Demonstrate practicing appropriate standard precautions.
   5. State confidentiality issues involving morgue cases.

B. OR Participation with a Technologist
   1. Demonstrate proper attire in the OR.
   2. Demonstrate knowledge of equipment location.
   3. Demonstrate communication with OR staff for proper equipment placement.
   4. Demonstrate proper standard precaution principles while in a sterile environment.
   5. Demonstrate clinical participation with multiple types of OR cases.

C. Trauma Radiography
   1. Demonstrate obtaining appropriate history for spine and head trauma.
   2. State the protocol for trauma c-spine.
   3. Demonstrate cross-table lateral c-spine.
   4. Demonstrate trauma oblique c-spine.
   5. Demonstrate cross-table lateral lumbar spine.
   6. Demonstrate problem-solving skills when imaging a fractured limb.
   7. Demonstrate ability to identify puncture site for foreign body images.
   8. Discuss knowledge of complications post cast application.

D. Equipment Usage/Quality Checks
   1. Demonstrate how to check the crash cart.
   2. Demonstrate how to verify drug box checks.
   3. Demonstrate verifying refrigerator temperature recording.

E. Schedule Procedures
   1. Discuss importance of review of fluoroscopy schedule for the next day.
   2. Discuss importance of review of OR schedule for the next day.
7. Progressive Objectives for Afternoons and Weekends

Winter and Summer I Semesters - Freshman year

Students are to obtain active clinical participation in learned exams that have been performed with direct and indirect supervision according to student supervision guidelines. The student will be in an observation mode with all other exams.

Summer II and Fall Semesters - Sophomore year

Students are to build on their competency and confidence with radiographic exams. Students will take more of an active role with a larger variety of exams following appropriate student supervision guidelines.

Winter and Summer I Semesters - Sophomore year

Students will build on clinical experience with improvements in problem solving and critical thinking skills, efficiency, speed and accuracy following appropriate student supervision guidelines.

F. Clinical Evaluation Rules

1. Students must complete simulated and/or phantom examinations in Positioning Lab class before patient evaluations may be done.

2. Students must perform an examination on an actual patient before evaluating. Rare examinations may be simulated on a fellow student (instructor’s discretion) using practice exam assignment documentation sheet.

3. Students should complete equipment clinical assignments before completing patient evaluations. It is recommended that an equipment check-off be completed prior to using room for patient evaluation for improved competency.

4. Clinical evaluations should be done with the SC4 Clinical Instructor when available. If the SC4 Instructor is not available, the Site Clinical Instructor or any Clinical Evaluators should be used.

5. Once the student begins an evaluation, the student must finish it, unless the Clinical Instructor or Evaluator decides otherwise. If the exam is canceled by the clinical instructor or evaluator, the canceled evaluation form must be completed.

6. Students are encouraged to complete evaluations early if they have the opportunity and are prepared.

7. A required number of evaluations have been set for each semester. That number of evaluations must be done before or during the semester in which they are assigned.

8. Circumstances surrounding evaluations not being completed during the semester will be reviewed and appropriate actions will be taken. Corrective action will be
implemented as necessary. The student will be placed on clinical warning if two or more patient clinical evaluations are not completed two weeks before semester end. If the required patient clinical evaluations are not completed before the end of the semester, the student will receive a grade of U (unsatisfactory) for the clinical semester grade and will not be able to continue in the program.

9. Assigned equipment and miscellaneous evaluations not completed by the last clinical day of the semester will be considered failed evaluations. The score recorded will be a 0.

10. Failed evaluations must be repeated and a score of at least 80% must be obtained.

11. The original grade for a failed patient clinical evaluation will be recorded in the grade book. The patient clinical evaluation will have to be repeated with a passing score of 80% or higher and will be kept as documentation of competency. The repeat passing grade will not be recorded as part of the clinical grade. Repeat evaluations should be done with a clinical instructor if at all possible.

12. After a failed clinical patient evaluation, an incident form will be issued to the student. The student will be required to submit a written expression on how to improve/be successful utilizing the Clinical Performance Standards of the ASRT and the SC4 Conceptual Framework as a guideline. The written expression must be completed by the due date and before the repeat patient evaluation. If the assignment is not turned in by the due date, the clinical conduct policy will be followed.

13. During an evaluation, the evaluator has the option to immediately terminate the evaluation if 1) patient safety is compromised, 2) the student is unprepared for exam, or 3) the patient’s condition is deteriorating. The evaluation will be considered a failure or cancellation based on the cancelled/failed clinical evaluation form. A failed grade will be recorded as 70% and failed evaluation guidelines will be followed. Cancelled evaluations due to deteriorating patient condition will be repeated with no grade penalty.

G. Random Evaluations

1. To prepare the student for situations when patient difficulty cannot be chosen.
2. Time and evaluation will be selected by the clinical instructor.
3. Random evaluations will begin in the sophomore year and be progressive throughout the program.
4. Order of students will be randomly selected by the clinical instructor.
5. Any exam that the student has learned in the Radiographic Positioning course, tested on, or proven competency can be used as a random evaluation in the sophomore year.
H. Student Supervision Guide

1. Direct Student Supervision - (until a student achieves and documents competency in any given procedure): All clinical assignments are to be carried out under the direct supervision of a qualified radiographer. The parameters of direct supervision are:
   A. A qualified radiographer reviews the request for the examination in relation to the student’s achievement.
   B. A qualified radiographer evaluates the condition of the patient in relation to the student’s knowledge.
   C. A qualified radiographer is physically present during the conduct of the procedure.
   D. A qualified radiographer reviews and approves the procedure and/or image.

2. Indirect Supervision - Indicates a student can perform radiographic examinations without a radiographer physically present in the room, but present in a room adjacent to the examination room and immediately available. This availability applies to all areas where ionizing radiation equipment is in use on patients. To perform examinations with indirect supervision the student must complete the following:
   A. Learn the radiographic examination in a Radiographic Positioning course.
   B. Practice the examination in Radiographic Positioning Lab.
   C. Perform the examination on a patient under direct supervision of a technologist or complete phantom/simulation of the examination.
   D. Complete required clinical competency with 80% accuracy.
   E. A qualified radiographer approves procedure and/or image.

In support of professional responsibility for provision of quality patient care, safety, radiation protection, and proper educational practices, unsatisfactory images are to be repeated only in the presence of a qualified radiographer regardless of the student’s level of competency. A technologist needs to be present for any changes made prior to and during repeat exposure. The qualified radiographer reviews and approves the repeat image.

3. Portable and Surgical Case Supervision
   A. Students who have not completed portable and surgical clinical evaluations cannot perform these examinations without a technologist physically present in the room.
   B. Students who have completed portable and surgical evaluations can perform these examinations without a technologist physically present in the room. However, a technologist must be present in a room adjacent to the examination room and immediately available.

4. Radiograph Quality
   A Registered Technologist should review and approve the procedure and/or image for all students.
I. Radiation Protection Guidelines

1. **General Guidelines** - Average technologists/students receive less than 100 mrem per year.
   A. Every student/technologist should be familiar with the cardinal principles of radiation protection.
      1. Time - The time of exposure to a radiation source should be kept to a minimum.
      2. Distance - The distance between the radiation source and the technologist should be as great as possible.
      3. Shielding - When appropriate and practicable, protective shielding material should be positioned between the source and the student/technologist. Gonadal shield should be used whenever possible.
   B. Every student/technologist should be familiar with the ALARA Concept. Keep radiation exposure to technologists and patients as low as reasonably achievable.
   C. Any malfunctioning radiographic equipment and/or accessories are to be reported to a radiology supervisor.
   D. Students will not do phantom or lab experiment radiographic exposures without the presence of an instructor until competency is proven in the operation of radiographic equipment.

2. **Radiosensitivity of organs** - Whole body effective dose equivalent (EDE) for the general population is 500 mrem per year. EDE for radiation workers is 5,000 mrem per year. The average EDE dose received by students in the program is 25 mrem. The organs considered to be more radiosensitive than others are:
   A. Lenses of the eyes
   B. Blood forming organs
   C. Gonads
   D. Thyroid

3. **Protection of the student/technologist**:
   A. Areas of exposure
      1. Fluoroscopy - The majority of student/technologist exposure is from scatter radiation from the patient.
       a. The student/technologist should avoid standing adjacent to the table.
       b. Protective shield devices should be on equipment.
       c. Lead aprons and thyroid shields should be worn. (.25-.50 mm of lead absorbs 98% of primary beam at 80 KV. The student/technologist should stand at least six feet away from the x-ray table or behind the control panel if the radiologist does not need assistance.
       d. The student/technologist should never turn his/her back to fluoro.
       e. Badges should be worn. A collar dosimeter should be worn at collar level with proper side facing forward. A waist dosimeter should be worn at waist level under the apron. When possible, dosimeters should be left in a secure designated area to ensure accurate readings.
f. Lead aprons should be placed on the table for shielding whenever possible without compromising the exam. This reduces patient exposure and student/technologist exposure, especially in the following situations:
   - Pediatric exams when the technologist/student is assisting the patient to drink
   - Patients in the reproductive years (age 45 years and below)
g. Lead gloves or lead should be placed on the table if hands have to be in the primary beam.
h. The fluoro timer should be reset for each case and should be working properly so the radiologist can monitor fluoro time used.

2. Portable work
   a. Mobile unit
      1) Student/technologist should stand at least six feet away, 90° to the x-ray beam scattering object (patient) line to receive least amount of scatter. Student/technologist needs to wear a lead apron.
      2) Student/technologist should advise visitors and employees to leave the area while the exposure is being taken.
      3) Shield newborn babies with protective lead shields available in the Special Care Nursery.
      4) Take an extra apron or sheet of lead to shield patients 55 years of age and under.
      5) Tape or medical restraint devices should hold extremities in place instead of the hand of a student/technologist.
   b. C-Arm
      1) Student/technologist should stand at least six feet away from primary beam.
      2) Student/technologist needs to wear a lead apron.

3. General radiography
   a. Students should not hold patients during any radiographic procedure when an immobilization method is the appropriate standard of care. Family members and non-radiation workers should be used to hold patients when immobilization is ineffective.
   b. Students must not hold image receptors during any radiographic procedure.
   c. The x-ray tube should never be pointed at the control panel when making an exposure because it is considered a secondary barrier.
   d. As students’ progress in the program, they must become increasingly proficient in the application of radiation safety practices.

4. Protection of the Patient
   A. Radiographic equipment
      1. Fluoro output should not exceed 10 R/minute.
      2. A minimum of 2.5 mm aluminum equivalent total filtration is required on all fluoroscopic tubes and for radiographic tubes operating above 70 kvp.
      3. Collimators should be working properly. The x-ray beam should be collimated to the region of anatomic interest. The larger the useful beam, the higher the patient dose. Collimation also reduces scatter radiation, which increases contrast.
B. Radiographic technique - Higher kvp and low mas techniques should be employed whenever possible. The higher the kvp, the lower the patient dose, but a decrease in contrast occurs that must be considered.

C. If the student/technologist believes that the exam ordered is not necessary or ordered incorrectly, the radiologist should be informed. (i.e. repeat exams)

D. All females in the childbearing years should be asked about pregnancy. Follow department pregnancy policy guidelines. (See Policy Guideline for Women of Childbearing Age listed below.)

E. Gonadal shielding - The Center for Devices of Radiological Health has developed these guidelines:
   1. When the gonads lie within the primary x-ray field or in close proximity (about 5 cm), despite proper beam limitation
   2. If the clinical objective of the examination is not compromised
   3. If the patient has a reasonable reproductive potential
   4. Gonadal shielding is appropriate when doing x-rays of the extremities.

5. Students exceeding dose limits:
   A. Students are required to wear dosimeters in clinical areas.
   B. Badge reading results are discussed within 30 school days and at semester end conference evaluations.
   C. Students are to report if badges are lost or left in radiographic rooms on an apron by mistake or lost in a radiographic room.
   D. If badge readings exceed 60 mrem per quarter, the student will be counseled on proper care of badges and radiation protection guidelines.

J. Policy Guidelines for Women of Childbearing Age

All women of childbearing age who present themselves for elective procedures utilizing ionizing radiation should be questioned regarding the possibility of pregnancy. If the patient is unsure of the possibility of pregnancy, proceed to the following:

1. **What was the first day of your last menstrual cycle?**
   If within 10 days preceding the exam, the test will be performed.
   If longer than 10 calendar days preceding the exam, proceed to Question #2.

2. **Are you on a reliable form of birth control? What type?**
   If yes, the test should be performed.
   If the answer is no, then proceed to #3.

3. **Either:**
   A. The patient will reschedule the exam upon the start of her next menstrual cycle.
   B. Contact the ordering physician for further instructions, which may result in the physician ordering a pregnancy test.

4. If a pregnancy test is ordered and the results are negative, then the radiology examination will be performed. If the pregnancy test is ordered lab results must be checked prior to performing radiology exam.

The date of the patient's last menstrual period (LMP) and pregnancy status will be documented per each clinical site protocol.
K. Makeup Clinical Experience

Clinical experience is critical to the study of Radiologic Technology and the attainment of clinical skills. Students are expected to makeup all missed clinical time, unless exempted by the instructor. It is the responsibility of the student to make arrangements with the instructor to make up the missed clinical day or days. If arrangements cannot be made with clinical sites, the student may be charged for make-up time. When multiple clinical days are taken, extra clinical assignments may be assigned. Faculty decisions regarding make up clinical experience are final.

If there have been excessive absences, clinical make-up time may not be possible. The student may have to withdraw. If so, the student may be eligible to apply for readmission.

L. Corrective Action Policy (Clinical and Classroom)

Satisfactory progression through the Radiologic Technology Program will be continuously assessed. Formal review will occur at the end of the semester to discuss the student’s progression. This is outlined in the Clinical Conceptual Framework using the levels of progression. The Radiologic Technology Corrective Action policy will also be utilized to assess progress of the student.

Incident forms (green sheet) are used to indicate the need for improvement and for any corrective action by the student. If the incident is of a serious nature, the corrective action policy will be followed and severity of corrective action will be designated on the form. This may include issue of a Final Warning-Deficiency form (yellow sheet) which is used for a Final warning. A student action plan and time frame will be determined at the time of the warning. The incident form and/or Warning Notice-Deficiency forms will stay in the students file.

Corrective action may be implemented at any level based on the severity of the problem, the actual and potential consequences of the problem, other related information including student progression and prior corrective action.

**Documented verbal warning** – An incident form with corrective action plan and goals will be utilized to correct the problem. The student will be informed of the consequences if the problem continues. On the incident form the box for verbal warning will be checked.

**Written warning** – An incident form with corrective action plan and goals will again be utilized. A meeting will be held with the student, the corrective action plan and goals will be evaluated and the student will be informed of the consequences if the problem continues. On the incident form the box for written warning will be checked.

**Final Warning** – A Final Warning / Deficiency form will be filled out by the Program Director. A meeting will be held with the student, the action plan will be discussed and assigned and the student will be informed of the consequences if the problem continues. While on final warning, any program violation may subject the student to dismissal.
Dismissal- A student who does not follow their action plan and satisfactorily complete the competency will be dismissed.

M. Incident Form

The course instructors and clinical instructors will evaluate students of their progress in the clinical area or course area. Failure to meet course or clinical competencies will result in an Incident Form and/or Final Warning/ Deficiency form, as defined above. These reports are used to communicate situations in writing to students and faculty. An incident form may be given to a student in which suggestions for improvement, or minor infractions occur but corrective action may not be implemented at that time. Corrective action steps occur when the verbal or written box is checked on the green Incident Form. The following are examples of situations where a form may be utilized:

• An incident which is not expected
• Out of the ordinary
• Noncompliance with any course or clinical competence
• Failed course test grade
• Quality/patient safety issue
• Minor infraction of the rules (clinical, classroom, college, or facility)
• Causes injury or may be potentially injurious to patients, nursing students, faculty, visitors or hospital staff

Specific Unacceptable Examples are as follows. The list in Group 3 is the most severe. These are guidelines only and not intended as an all-inclusive list. Corrective action may be imposed to cover situations outside of any of these specific examples:

Group 1
Following are examples of conduct that will result in a documented verbal warning:
1. Failure to follow program dress code
2. Smoking, eating, or drinking in unauthorized places (i.e. in front of patients)
3. Violating study policy
4. Abuse of break and lunch times
5. Not submitting clinical assignments on time
6. Not notifying the program properly in case of absence (phone messages to Program Director and clinical site one hour prior to start time).
7. Having unauthorized visitors in the clinical area (disrupting clinical area)
8. Not keeping radiation dosimeter badges, nametags, and markers in possession during clinical time
9. Failure to accomplish assignments and have appropriate materials available for class.
10. Violation of clinical site and college parking rules
11. Inappropriate use of cell phones and electronic devices (i.e. leaving ringer on in classroom, use of phones during class or clinical, including text messaging at inappropriate times).
12. Breach of medical or surgical asepsis.
13. Failure to prepare for procedures.
14. Failure to properly document required clinical information.
Group 2
Following are examples of conduct that will be cause for issuance of a written or final warning, depending on circumstances of the violation:
1. Deliberate refusal to obey instructions, whether through neglect, postponing action or deliberate insubordination.
2. Gambling at clinical site or college.
3. Disrespect of others
4. Disruptive behavior in classroom or clinical area (i.e. inappropriate conversations, open negative comments)
5. Unauthorized use of equipment or other clinical site property (including phones and computers)
6. Failure or inability to meet minimum standards of responsibility, skill, and other requirements
7. Failure to follow instructions
8. Disregard of the policies and procedures of the clinical sites and the Radiography Program. Examples are listed below:
   - Failure to follow safety procedures
   - Failure to follow assigned classroom and clinical schedules, including being in assigned rotations as appropriate

Group 3
Following are examples of conduct resulting in immediate dismissal:
1. Harassment of any kind, including sexual harassment is prohibited and will not be tolerated. Complaints of harassment are investigated and handled consistent with established college and clinical site procedures.
2. Reporting to the college classroom or clinical area in an unfit or unsafe condition
3. Using abusive, obscene, or improper language on college or clinical site premises
4. Making false or malicious statements
5. Violating patient rights
6. Improper disclosure or failure to safeguard confidential information
7. Falsification of records (timesheets, tally sheets, tests)
8. Unauthorized use of equipment or other college or clinical site property (including phones and computers)
9. Dishonesty
10. Cheating
11. Deliberate abuse or mishandling of patients verbally or physically
12. Possession of firearms or other weapons on college or clinical site property
13. Unauthorized possession, use, or distribution of drugs, alcohol, or controlled substances
14. Fighting, threatening, and attempting to inflict bodily injury on another person on college or clinical site premises
15. Theft or attempted theft
16. Gross negligence
17. Failing grade in didactic/clinical classes
18. Unprofessional or unethical conduct
19. Felony conviction

When a problem or misconduct occurs, a plan of corrective action including goals for improvement will be completed by the student. A copy of the Incident Form will be
signed by the student and instructor and the form will be forwarded to the Program Director.

**N. Final Warning/ Deficiency**

A Final Warning/ Deficiency Form is to communicate in writing to the student and faculty that expected clinical behaviors are not being met. Corrective action by the student must be taken immediately to prevent clinical failure. This form is considered a final warning.

The procedure for implementation of a Final Warning/Deficiency Form is as follows:

1. The instructor will advise the student that a deficiency exists.
2. The student, clinical instructor, and Program Director will meet to discuss the deficiency and discuss the student’s plan for corrective action.
3. The student will write a plan for correcting the deficiency. Copies of the form will be made for all parties involved. The original form will be given to the Program Director for signature.
4. The time and place for progress evaluation will be established at the first conference.
5. The evaluating committee will meet to determine if the deficiency is corrected, and to authorize the lifting of the clinical warning.
6. If a Final Warning/Deficiency Form is lifted, the original form will be placed in the student’s file.

**O. Clinical Failure**

If students fail to meet guidelines presented by the Final Warning/Deficiency Form, then failure will occur. See Dismissal Policy. Those faculty involved in the remediation process, along with the Radiologic Technology Program Director, have the duty to decide whether or not the student has achieved the necessary corrective action.

**P. Student Duties** (Performed in cooperation with technologists)

**Daily**
1. Hang up all lead aprons.
2. Clean table prior to each examination.
3. Clean upright bucky prior to each examination.
4. Image receptors used in direct contact with patient should be wiped down after use.
5. Dust fluoro tower at the beginning of each room rotation.
6. Stock linens in assigned room.
7. Change pillow cases between patients.
8. Dispose of soiled laundry in laundry bin.
9. Clean and help stock barium kitchen.
10. Stock supplies in radiographic rooms.
Periodically
1. Clean the inside and outside of image receptors.

Q. Team Membership Roles
1. Dress patients for exams.
2. Answer viewing room phone: “Radiology Viewing Room” and give your name “how may I help you”. If O.R. calls, ask what kind of equipment is needed (portable or C-arm), room number, and type of exam.
4. Providing data information system.
5. Providing data in PACS system.
6. Teamwork with other students, physicians, and clinical site staff is expected.

R. Studying During Clinical Program Hours
Studying during program hours is allowed with clinical instructor permission when clinical area is not busy and all clinical assignments are completed.

S. Expectations of Employee/Student Roles
Students in the past have been employed at clinical sites. Students must have complete understanding of the following expectations:

1. Time spent as an employee does not count as student clinical time.
2. All school-related problems should be addressed to the SC4 Radiologic Technology Program Director.
3. All work-related problems should be addressed to the employment site supervisors during non-clinical hours.
4. Students are not to do clinical evaluations or clinical assignments during time as an employee.

Graduation and Certification Information

A. Graduate Competencies
Upon completion of the program, the graduate will be able to effectively demonstrate the ability to:

1. Apply knowledge of the principles of radiation protection to the patient, oneself, and others.
2. Apply knowledge of anatomy, positioning, and radiographic exposure to accurately demonstrate anatomical structures on a radiograph.
3. Determine exposure factors considering pathologic conditions and minimum radiation exposure to achieve optimum radiographic technique for patients.
4. Operate a variety of imaging equipment and accessory devices taking into consideration safe limits and report equipment malfunctions.
5. Examine images to evaluate exposure factors, patient positioning, and technical quality.
9. Recognize the importance of the profession’s code of ethics, scope of practice, continued education, and active membership in professional organizations for personal and professional growth.
10. Use interpersonal skills, problem solving, critical thinking, and communication skills in relationships with patients, peers, physicians, and others.

B. Graduation
The program begins in July and students graduate in June two years later. Students that are eligible to graduate are encouraged to attend graduation to receive their diplomas and school pins.

To graduate the student must attain a grade of 2.0 in every course listed as required in the model schedule for the Radiologic Technology program in which he/she is enrolled. It is the responsibility of the student to:

- Monitor general education requirement for graduation
- Apply for graduation at appropriate time
- Apply for Radiologic Technology National Registry Exam.
- May participate in annual College Commencement Ceremony

C. Certification

Following successful completion of this accredited program, students are eligible to take the national certifying examination given by the American Registry of Radiologic Technology. If a student commits a misdemeanor/felony prior to the registry date, the student’s registry exam may be delayed or denied. Consult the ARRT for details at www.arrt.org.

D. SC4 Articulation Agreement with Siena Heights University

Students interested in obtaining a bachelor degree need to contact Siena Heights University at 1-800-521-0009 or contact the website www.sienaheights.edu and type in the search line radiologic technology for information. SC4 has an articulation agreement with Siena Heights University for a Bachelor Degree in Applied Science.
Acknowledgement of Receipt of Handbook for the Student Radiographer

The SC4 Radiologic Technology Program follows the JRCERT Standards to ensure the quality of the program. The JRCERT Standards are:

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

2. Resources. The program has sufficient resources to support the quality and effectiveness of the education process.

3. Curriculum and Academic Practices. The program’s curriculum and academic practices prepare students for professional practice.

4. Health and Safety. The program’s policies and procedures promote health, safety and optimal use of radiation for students, patients, and the public.

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

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

Any non-compliance of the standards needs to be reported to the program director immediately.

I do hereby acknowledge receipt of the policies and procedures manual, and that said manual has been explained to me in detail. This manual includes the rules and expectations regarding my term as a student at St. Clair County Community College Radiologic Technology Program.

I understand that I am expected to abide by these rules.

I confirm that fact by my signature.

_________________________________________       ____________________________
Student’s Name (printed)            Student’s Signature

_________________________________________
Date

_________________________________________       ___________________________
Program Director               Date