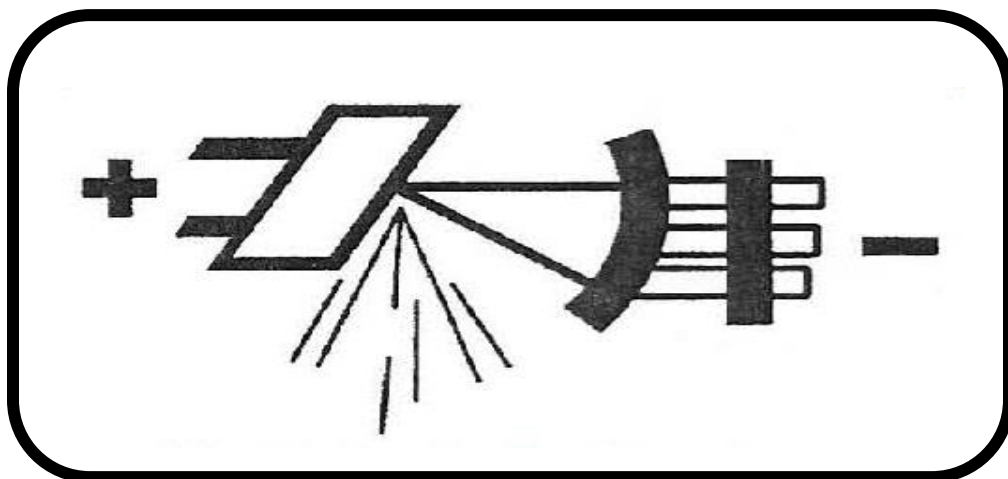


**ST. LOUIS COMMUNITY COLLEGE AT
FOREST PARK**

**RADIOLOGIC TECHNOLOGY
PROGRAM**



Class of 2024

STUDENT HANDBOOK

WELCOME

St. Louis Community College at Forest Park is proud to offer the students in the Radiologic Technology Program this Student Handbook. The purpose is to provide students with the necessary information they will need in order to become very familiar with the Program. The Radiologic Technology Program first came into being in 1967 and has since graduated well over a thousand radiologic technologists for the St. Louis area, surrounding counties as well as the entire state of Missouri. Upon graduation, you will be awarded the Associate in Applied Science Degree and will be eligible to sit for the certification examination of the American Registry of Radiologic Technologists.

The field of Radiologic Technology is an exciting and expanding field. There are many opportunities for graduates of the Program.

The faculty, counselors and administrators at St. Louis Community College at Forest Park, along with the clinical preceptors, supervisors, and registered technologists at the clinical education sites, wish to help you reach your goal. Feel free to contact any of us for advice and assistance during your academic career. We are here to help you. We all welcome you and wish you the best in your professional endeavors!

Radiologic Technology Program Faculty

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PROGRAM OVERVIEW

INTRODUCTION

This student handbook is designed to assist you with answers to many questions that are likely to arise while you are a student in the Radiologic Technology Program. It is also intended to be used by you as a reference concerning your responsibilities as a student. If you don't find the answers to your questions - ask! There are a number of other publications that are issued by campus and college offices which give detailed procedures and descriptions of services to students. The policies and regulations from those publications are to be observed in addition to the radiologic technology program-specific information outlined in this handbook. **It is extremely important that you read and understand the policies found in this handbook.**

PHILOSOPHY OF THE PROGRAM

The St. Louis Community College Radiologic Technology Program is committed to providing quality education and meeting the needs of the community for professional radiologic technologists. The program personnel are aware of its leadership responsibilities. They will maintain a collegiate radiologic technology program sufficiently flexible to adjust to the changing educational requirements of the profession. To fulfill these needs, the program offers radiographic instruction, coordinated clinical education, and those academic courses deemed desirable to assure both a concerned and aware citizen, as well as a thinking and compassionate radiologic technologist.

MISSION STATEMENT

The mission of the Radiologic Technology Program conducted at St. Louis Community College is to graduate students with the employment skills of a radiologic technologist to meet the needs of the medical imaging community while providing quality patient care. The program will foster a supportive environment for student success.

PROGRAM GOALS

Goal 1: Students will graduate with critical thinking and problem-solving skills.

Student Learning Outcomes:

- Students will evaluate images for appropriate positioning and image quality.
- Students will demonstrate the ability to adapt during difficult and trauma exams.

Goal 2: Students will achieve clinical competence.

Student Learning Outcomes:

- Students will position the patient and imaging system to perform acceptable radiographic examinations and procedures.
- Students will maintain a safe environment.

Goal 3: Students will demonstrate professionalism.

Student Learning Outcomes:

- Students will demonstrate ethical and professional values.
- Students will exhibit professional traits expected of radiologic technologists.

Goal 4: Students will effectively communicate with people from diverse backgrounds.

Student Learning Outcomes:

- Students will demonstrate effective written communication.
- Students will demonstrate effective oral communication.

TYPE OF PROGRAM

A twenty-three month community college based program which includes didactic instruction with coordinated clinical education in all aspects of the field of Radiologic Technology.

DEGREE GRANTED

Associate of Applied Science

FACULTY

Ashley Schroeder, MEd, RT(R)

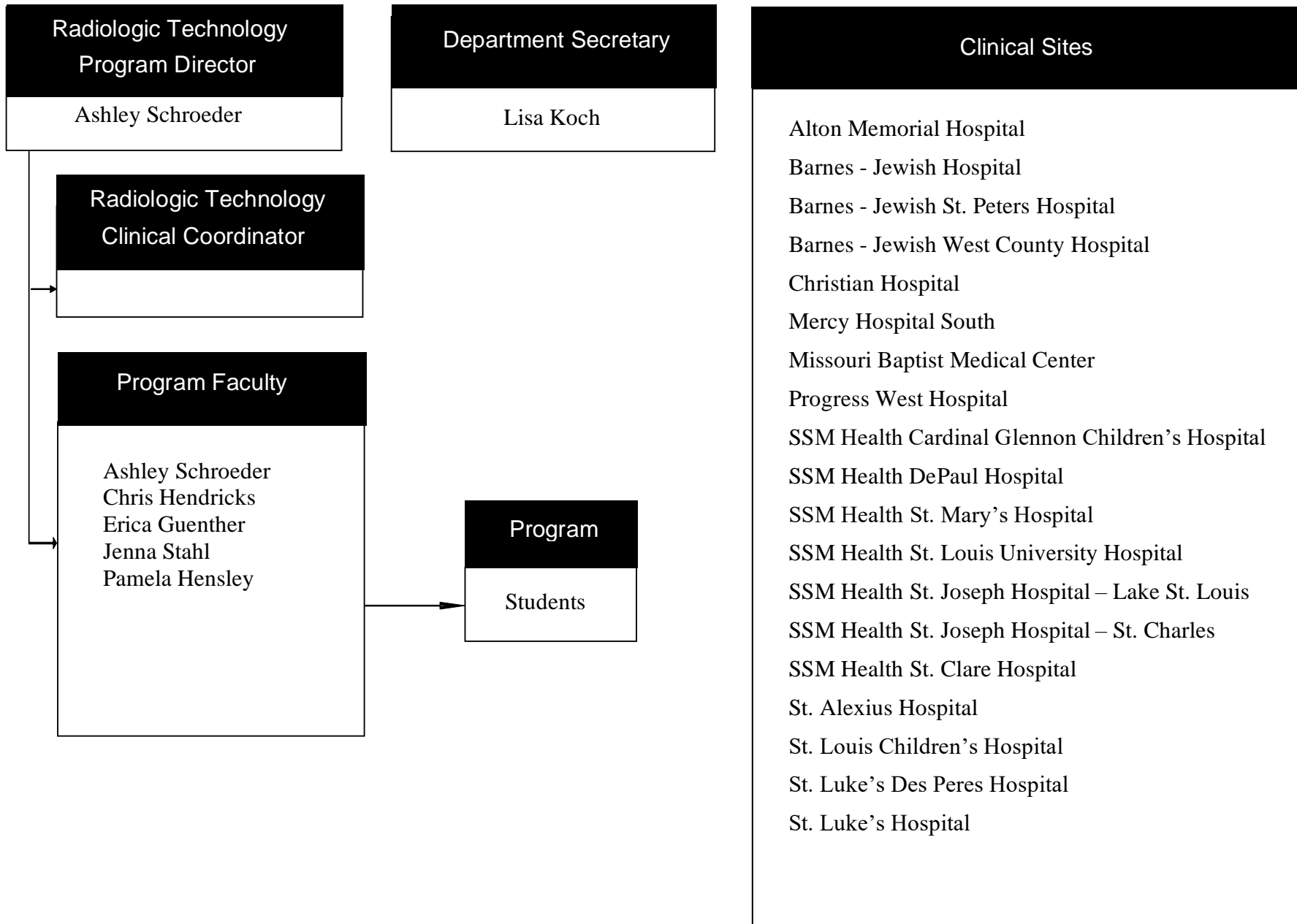
Chris Hendricks, RT(R)(CT)

Erica Guenther, RT(R)

Jenna Stahl, RT(R)

Pamela Hensley, BA, RT(R)(M)(BD)

Organizational Chart for the Radiologic Technology Program



ACCREDITATION

St. Louis Community College at Forest Park is fully accredited by the North Central Association of Colleges and Schools and approved by the Missouri State Department of Vocational Education.

The Radiologic Technology Program at Forest Park is accredited by the:

Joint Review Committee on Education in Radiologic Technology (JRCERT)

20 North Wacker Drive, Suite 2850

Chicago, IL 60606-3182

(312) 704-5300

e-mail: mail@jrcert.org

www.jrcert.org

STANDARDS FOR AN ACCREDITED EDUCATIONAL PROGRAM IN RADIOGRAPHY - ADOPTED BY: THE JOINT REVIEW COMMITTEE ON EDUCATION IN RADIOLOGIC TECHNOLOGY

Effective January 1, 2021

Standard One: Accountability, Fair Practices, and Public Information

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

Objectives:

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

Standard Two: Institutional Commitment and Resources

The sponsoring institution demonstrates a sound financial commitment to the program by assuring sufficient academic, fiscal, personnel, and physical resources to achieve the program's mission.

Objectives:

- 2.1 The sponsoring institution provides appropriate administrative support and demonstrates a sound financial commitment to the program.
- 2.2 The sponsoring institution provides the program with the physical resources needed to support the achievement of the program's mission.
- 2.3 The sponsoring institution provides student resources.
- 2.4 The sponsoring institution and program maintain compliance with United States Department of Education (USDE) Title IV financial aid policies and procedures, if the JRCERT serves as gatekeeper.

Standard Three: Faculty and Staff

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

Objectives:

- 3.1 The sponsoring institution provides an adequate number of faculty to meet all educational, accreditation, and administrative requirements.
- 3.2 The sponsoring institution and program assure that all faculty and staff possess the academic and professional qualifications appropriate for their assignments.
- 3.3 The sponsoring institution and program assure the responsibilities of faculty and clinical staff are delineated and performed.
- 3.4 The sponsoring institution and program assure program faculty performance is evaluated and results are shared regularly to assure responsibilities are performed.
- 3.5 The sponsoring institution and/or program provide faculty with opportunities for continued professional development.

Standard Four: Curriculum and Academic Practices

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

Objectives:

- 4.1 The program has a mission statement that defines its purpose.
- 4.2 The program provides a well-structured curriculum that prepares students to practice in the professional discipline.

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

Standard Five: Health and Safety

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

Objectives:

- 5.1 The program assures the radiation safety of students through the implementation of published policies and procedures.
- 5.2 The program assures each energized laboratory is in compliance with applicable state and/or federal radiation safety laws.
- 5.3 The program assures that students employ proper safety practices.
- 5.4 The program assures that medical imaging procedures are performed under the appropriate supervision of a qualified radiographer.
- 5.5 The sponsoring institution and/or program have policies and procedures that safeguard the health and safety of students.

Standard Six: Programmatic Effectiveness and Assessment: Using Data for Sustained Improvement

The extent of a program's effectiveness is linked to the ability to meet its mission, goals, and student learning outcomes. A systematic, ongoing assessment process provides credible evidence that enables analysis and critical discussions to foster ongoing program improvement.

Objectives:

- 6.1 The program maintains the following program effectiveness data:
 - five-year average credentialing examination pass rate of not less than 75 percent at first attempt within six months of graduation,

- five-year average job placement rate of not less than 75 percent within twelve months of graduation, and
 - annual program completion rate.
- 6.2 The program analyzes and shares its program effectiveness data to facilitate ongoing program improvement.
- 6.3 The program has a systematic assessment plan that facilitates ongoing program improvement.
- 6.4 The program analyzes and shares student learning outcome data to facilitate ongoing program improvement.
- 6.5 The program periodically reevaluates its assessment process to assure continuous program improvement.

JRCERT DUE PROCESS

Reporting Process

Important Notes for Reporting Allegations Against a Program

1. The JRCERT cannot advocate on behalf of any student(s). An investigation into allegations of non-compliance addresses only the program's compliance with accreditation standards and will not affect the status of any individual student.
2. The investigation process may take several months.
3. The JRCERT will not divulge the identity of any complainant(s) unless required to do so through legal process.

Process

1. Before submitting allegations, the individual must first attempt to resolve the complaint directly with program/institution officials by following the due process or grievance procedures provided by the program/institution. Each program/institution is required to publish its internal complaint procedure in an informational document such as a catalog or student handbook.

If the individual is unable to resolve the complaint with program/institution officials or believes that the concerns have not been properly addressed, he or she may submit allegations of non-compliance to the JRCERT:

Chief Executive Officer
 Joint Review Committee on Education in Radiologic Technology
 20 North Wacker Drive, Suite 2850
 Chicago, IL 60606-3182
 Ph: (312) 704-5300
 Fax: (312) 704-5304
 e-mail: mail@jrcert.org

The Allegations Reporting Form must be completed and sent to the above address with required supporting materials. This form can be found at www.jrcert.org.

ADVISORY COMMITTEE

The primary function of the Radiologic Technology Advisory Committee is to provide counsel to the Program faculty and College administration to ensure that the Program continues to meet the needs of students and the community. The members of the committee are individuals involved in the imaging profession in various capacities.

As part of the professional development process, at least one student will be chosen by the radiologic technology faculty to serve as a guest to represent students at the committee meetings. This selection will occur no later than March 31st of each year of the student's first year in the Program. The term for the student selected will end on the scheduled day of their class graduation.

The student representative is expected to attend and actively participate in the annual advisory committee meetings. In addition, the student representative should share information about the meetings with the radiography program students.

The selection of the student representative will be based on the following criteria:

1. Possess the following characteristics:
 - In good standing in the program (didactic and clinical courses)
 - Demonstrate leadership qualities
 - Good communication skills
 - Demonstrate excellent patient care skills in both the lab and clinical settings
 - Very good attendance and punctuality in didactic and clinical courses
 - Mature
 - Adaptable
 - Demonstrate a professional attitude
 - Program advocate
2. All interested students are asked to provide a response to the following question:
“What role should a student play on the program’s advisory committee, and how will this assist the student in professional development?”

The response should be completed using a 12 font, double spaced and not less than 250 words, and sent to the program director via e-mail as an attachment no later than March 1st.

The paper will be reviewed using the following criteria:

- Personal reflection
- Content
- Organization
- Style - sentence fluency
- Grammar, spelling, punctuation

RADIOGRAPHY CLUB

The mission of the radiography club is:

1. To promote student involvement in the radiologic technology profession
2. To provide community service
3. To provide a means of communication and mentoring between 1st-year and 2nd-year radiography students
4. Membership is open to all students enrolled in the radiologic technology program at St. Louis Community College Forest Park.

A 2nd-year student will serve as president and a 1st-year student as vice president. Two secretaries and two treasurers will be elected, one from each class.

Officer elections will be conducted as follows:

1. Elections will be held during National Radiologic Technology Week in the fall semester.
2. Elections will be on paper ballots.
3. An announcement will be made two weeks in advance of elections so that those interested in being candidates can be added to the ballot.
4. In the event an office is left vacant, an emergency election will be held as soon after the position is vacant as is feasible.

Radiologic Technology – Curriculum

CAREER GENERAL EDUCATION CREDITS

__BIO:207	*Anatomy & Physiology I	4
__BIO:208	*Anatomy & Physiology II	4
__COM:101	Oral Communication I	3
__ENG:101	College Composition I	3
__MTH:140S	Intermediate Algebra (or higher)*	3
__PSY:200	General Psychology	3
__XXX:XXX	Civics Requirement #	3

**Required – Math and science course grade of C or higher*

AREA OF CONCENTRATION

Fall Semester I

__XRT:101	Radiographic Procedures I	4
__XRT:104	Principles of Radiographic Exposure I	3
__XRT:111	Clinical Education I	2

Spring Semester I

__XRT:102	Radiographic Procedures II	3
__XRT:105	Principles of Radiographic Exposure II	3
__XRT:107	Radiologic Physics I	2
__XRT:112	Clinical Education II	2

Intersession I

__XRT:121	Radiographic Image Evaluation I	2
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Summer I

__XRT:116	Clinical Education III	3
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AREA OF CONCENTRATION (CONT.) CREDITS

Fall Semester II

__XRT:103	Radiographic Procedures III	3
__XRT:108	Radiologic Physics II	2
__XRT:122	Radiographic Image Evaluation II	2
__XRT:213	Clinical Education IV	3

Spring Semester II

__XRT:207	Radiologic Pathology	2
__XRT:208	Advanced Imaging Modalities	2
__XRT:209	Radiobiology	2
__XRT:214	Clinical Education V	3

Intersession II

__XRT:215	Clinical Education VI +	
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Summer II

__XRT:211	Radiologic Technology Review	3
__XRT:212	Professional Development in Radiography	2
__XRT:215	Clinical Education VI +	2

Program Total 73

#See current college catalog for courses that meet the Civics Requirement

+ XRT:215 will start during Intersession II and end mid-July

ADVISING

Academic advisors are “course specialists” who have the expertise needed to provide you with program planning assistance.

Services provided include:

- Assist students who are experiencing academic difficulty
- Offer suggestions for improving academic performance
- Provide advice on proper sequencing of academic courses
- Provide information regarding specific degree and general education requirements
- Evaluate academic course history to determine graduation eligibility
- Make referrals to various college support services
- Advise students wanting to transfer to four-year institutions

The Academic Advising office is located in SC-200 and can be reached by calling (314) 644-9457. For more information visit <https://www.stlcc.edu/admissions/advising/>

COUNSELING

Professional counselors are available to assist students with educational, career and personal concerns. All services are free to STLCC students and alumni.

Counselors are available to assist with:

- Personal counseling
- Family problems
- Depression
- Substance abuse
- Motivational issues
- Relationship issues
- Stress and anxiety

Academic counseling:

- Setting educational goals
- Managing time
- Reducing test anxiety
- Accessing campus resources
- Developing transfer plans
- Learning skills to achieve success

Counseling is located on the second floor Student Center and can be reached by calling (314) 644-9239. For more information, visit <https://www.stlcc.edu/student-support/counseling.aspx>.

ACADEMIC SUPPORT CENTER

The Academic Support Center offers a variety of learning services to students. The Center provides tutoring in English as a Second Language (ESL), reading, basic study skills, writing assistance and all levels of math and sciences. The Center offers workshops in Microsoft applications and study skills improvement. Computers are available for student use for homework assignments and research. You may contact the Academic Support Center by calling (314) 644-9270. For more information, visit <https://www.stlcc.edu/student-support/academic-support/>

AMERICANS WITH DISABILITIES ACT (ADA) ACCESS

STLCC is committed to providing all students equal access to learning opportunities. Access Office staff, available on each campus, work with students who have disabilities to provide and/or arrange academic accommodations. Students who have, or think they may have, a disability are encouraged to contact the campus Access Office:

- Forest Park & Harrison Center: 314-644-9039 or FPAccess@stlcc.edu

Students with academic accommodations are responsible for providing their professors with instructor Memos and should do so early in the course. For more information, see [Access services \(https://www.stlcc.edu/student-support/disability-services/\)](https://www.stlcc.edu/student-support/disability-services/).

ADVICE/GUIDANCE TO STUDENTS

To a large degree, your future success as a student depends on how you are perceived by the personnel in the radiology department at the clinical site where you are assigned. While long-lasting perceptions about you develop over time, first impressions are very important. Therefore, from the beginning of your clinical experience, you should present yourself as a student who is serious about learning the art and science of medical imaging. The technologists at the hospital are the people you will spend the majority of your time with during the program. It is important to have them on your side. You should present yourself as a student who is interested and motivated by asking questions, and taking the initiative to seek out exams. **Watch, listen, ask questions, perform and learn!**

You should be aware, that not all the procedures you observe will be done in the way in which it was taught in the classroom or at a previous clinical site. Many of the “textbook” procedures are altered by department protocol to suit their particular needs. There are multiple ways to perform a procedure. Just because it is not being done by the book, does not mean it is not being done adequately. Ask questions in order to understand why things are being done the way they are before forming any firm opinions.

You should remember that the goals of the hospital are different than the goals of the college. Their purpose is to provide quality care to patients. As a result, there may be times when you feel neglected. You should learn to accept this, and take full advantage of times when the staff technologists are more available to you.

PROGRAM POLICIES

ACADEMIC INTEGRITY STATEMENT

St. Louis Community College recognizes that the core value of academic integrity is essential to all activities of an academic community and provides the cornerstone for teaching and learning. It is characterized by upholding the foundational principles of honesty, equity, mutual responsibility, respect, and personal integrity. Advancing the principles of academic integrity is essential because doing so enhances academic discourse, the quality of academic work, institutional operations, and the assessment of educational goals.

Observing academic integrity involves:

- Maintaining the standards of the College's degrees, certificates, and awards to preserve the academic credibility and reputation of the College;
- Communicating expectations, best practices, and procedures in order to promote the principles of academic integrity and ensure compliance;
- Providing environments, instruction, and access to resources necessary for maintaining integrity in learning;
- Taking responsibility and personal accountability for the merit and authenticity of one's work;
- Giving proper acknowledgment and attribution to those who directly contribute to a project or whose work is used in the completion of a project;
- Recognizing what compromises academic integrity, whether intentional or unintentional (plagiarism, cheating, uncivil behavior, etc.).

It is the shared duty of faculty, students, and staff of the College to understand, abide by, and endorse academic integrity.

ACCIDENTAL INJURY AND EXPOSURE POLICY

In the event of an injury to a student at school or at the clinical education site the following procedure must be adhered to:

1. If a student is accidentally injured or becomes ill while performing clinical education at a recognized St. Louis Community College at Forest Park clinical site, that student may receive emergency treatment in the facility at his/her own expense, and on conclusion of emergency treatment will be referred to the care of their own physician.
2. An Accidental Injury/Exposure report form will be completed by a St. Louis Community College at Forest Park representative in all situations. (See Appendix L)
3. It is the student's responsibility to notify program faculty so the appropriate accidental / injury form can be completed.
4. Direct any questions you may have to your clinical preceptor or faculty member.

APPLICATION FOR AMERICAN REGISTRY OF RADIOLOGIC TECHNOLOGISTS (ARRT) EXAM

It is the student's responsibility to complete the application form with all appropriate signatures and supporting documents and submit it to the ARRT office by the required deadline.

The address is: The American Registry of Radiologic Technologists

1255 Northland Drive

St. Paul, Minnesota 55120-1155

Telephone Number: (651) 687-0048

<http://www.arrt.org>

ATTENDANCE

You are expected to attend and be on time for all class sessions. Excessive absences and/or tardiness will affect a student's grade as determined by each instructor. Clinical attendance policies are addressed in the Clinical Syllabus section of this student handbook.

CHANGE OF ADDRESS/NAME

If you change your name, address or phone number while you are enrolled in the program, you need to inform the program director of these changes. Your new information should be put in writing and given to the program director to be placed in your file. It is necessary for you to make these revisions in Banner and notify your clinical preceptor.

CHEATING

Cheating or any other forms of academic dishonesty cannot be tolerated among anyone preparing to enter a health related field.

If it is determined that cheating or plagiarism has occurred, the instructor will determine the disciplinary action. Possible consequences could range from a warning up to the student receiving a grade of "F" for the course. According to the program's Retention Policy, receiving a grade of "F" would result in dismissal from the program. Students dismissed for cheating will not be considered for re-admission to the program.

DISCIPLINARY ACTION

The College and the radiography program have various expectations for each student in regards to conduct. Any non-compliance could result in student disciplinary action. Refer to the Retention Policies in Appendix G

GRADING SCALE

The following grading scale is used in all radiologic technology courses except for clinical evaluations:

100	-	93	=	A
92	-	84	=	B
83	-	75	=	C
74	-	68	=	D
67	-	0	=	F

GRADE POINT AVERAGE

To determine your grade point average multiply the number of grade points for each grade received by the number of semester hours for the course; then divide the total number of grade points by the total number of semester hours attempted. Points are allowed for the following grades: A-4; B-3; C-2; D-1. Grades of W, T, R, S, I and PR are excluded from the calculation of grade point average since they have no grade point value.

(EXAMPLE)

		<u>Credits</u>	<u>Grade</u>	<u>Points</u>	<u>Total Points</u>
BIO:207	Anatomy and Physiology	4	C	2	8
XRT:101	Radiographic Procedures I	4	B	3	12
XRT:111	Clinical Education I	2	C	2	4
XRT:104	Principles of Radiographic Exposure I	3	B	3	9
MTH:160	College Algebra	4	B	3	12
	Total	17			45

45 grade points divided by 17 credit hours = 2.64 G.P.A.

GRADUATION

It is the student's responsibility to ensure that all requirements for graduation have been met. During the spring semester of the second year in the program, an "Application for Graduation" must be completed with an academic advisor. The advisor will verify that graduation requirements are met. All students must perform a [degree audit](https://stlcc.edu/admissions/advising/degree-audit.aspx) (<https://stlcc.edu/admissions/advising/degree-audit.aspx>) using the Banner system to confirm that general education requirements have been met. Do not assume that courses completed at other institutions have been accepted to meet the general education requirements of the program. Contact an academic advisor regarding any discrepancies found. It is up to the student to be sure that all curriculum requirements have been satisfactorily met.

HIPAA VIOLATION POLICY

If it is determined that a HIPAA violation has occurred, the program faculty will determine the disciplinary action. Possible consequences will range from an assignment or course grade reduction and/or program dismissal. Students dismissed from the program due to a HIPAA violation will not be considered for re-admission to the program.

LEAVE OF ABSENCE

A student may be granted a leave of absence for a period not to exceed one year. Because the program courses have specific prerequisites, a student can only take a leave of absence for one year. Any student not returning after one year will have to reapply for admission to the Program.

A leave of absence can only be granted by the program director. The student must provide a reason for the leave of absence request.

If a student who requests and receives a leave of absence is failing any radiography course at the time the leave is granted, the grade for the course will be "F".

The following must be in completed status on CastleBranch prior to returning from a leave of absence:

- Background check
- Drug Screen
- Immunization tracking
- CPR (if expired)

POLICIES REQUIRING STUDENT SIGNATURE

Many program policies are contained in their entirety in the Appendix section of this handbook and require the student's signature as an acknowledgment of having read and understood them. The signed forms are filed in the student's folder which is kept by the program director. The following is a brief description of each of these policies.

Agreement with Respect to Participation in Clinical Programs

By signing , the student acknowledges the rights of the clinical education sites that have an affiliation agreement with St. Louis Community College. (Appendix B)

Pregnancy Policies - (Appendix F)

Pregnancy and the Student Radiologic Technologist –The student acknowledges that the pregnancy policies have been shared by the program. All students will sign the acknowledgment of the pregnancy policy form.

Attachment A, B and C - These attachments are signed once a student has declared to the program that she is pregnant. They contain information and clinical education options for pregnant students.

Attachment D - This document is signed when a student withdraws the declaration of pregnancy.

Retention Policies - States what a student must do with respect to grades, participation, health, conduct, and attendance to be deemed successful and be retained in the Radiologic Technology Program. (Appendix G)

Statement of Confidentiality - By signing this document, the student acknowledges their responsibility to keep confidential any information regarding hospital patients and all confidential information of the hospital. This includes the patient charts, reports and any other information pertaining to the patient. Requests for information concerning a patient should be referred to the clinical preceptor or designated supervisor. Students are expected to maintain confidentiality in a professional manner. (Appendix H)

Statement of Responsibility - This document addresses responsibility for student injury or loss sustained while the student is participating in the program at their assigned clinical site. (Appendix I)

Supervision/Repeat Policies -Before each clinical education course begins, all students will sign the Supervision/Repeat Policies. When a student performs an exam, they must do so either under direct or indirect supervision. Definitions and policies for direct and indirect supervision

are specified in this document. The policy that must be followed when a student repeats any radiographic image is included.

The consequences of not abiding by the supervision and repeat policies are listed. These policies are discussed in detail in the Clinical Syllabus section of this handbook on page 32. The form requiring student signature is found in Appendix J.

PROGRAM DISMISSAL/RE-ENTRY

Policies regarding requirements for successful completion of the Program are found in the Retention Policy in Appendix G.

STUDENT RIGHTS AND RESPONSIBILITIES

General and Academic Rights

As a St. Louis Community College student, you have certain general and academic rights and responsibilities outlined in detail on the College website. The process for addressing an alleged violation of general rights and/or responsibilities is outlined within the sections found on the College website. For more information, visit www.stlcc.edu/need2know.

Academic Disputes

Academic disputes are handled differently than violations of general rights. The student should first exhaust all informal channels for solving the problem beginning with an informal appeal to the faculty member. The importance of this initial step cannot be over-emphasized. This informal meeting with the instructor should take place as soon as possible after the student becomes aware of the alleged problem. In all cases where the dispute involves a purely academic matter, such as an allegedly unfair grade, please refer to the academic appeal procedure which includes specific timelines and process steps. For more information, visit [Academic Rights and Responsibilities](https://stlcc.edu/college-policy-procedures/academic-rights-and-responsibilities/) (<https://stlcc.edu/college-policy-procedures/academic-rights-and-responsibilities/>)

Clinical Problems

The protocol for handling clinical problems is outlined in the Clinical Syllabus section of this handbook on page 28.

WITHDRAWAL FROM CLASS AND/OR PROGRAM

A student who withdraws from a class before the withdrawal deadline at end of the 12th week of the semester will receive a grade of “W” on their official transcript. This grade will not be given to students who stopped attending or who only attended class once or twice. Under rare and extenuating circumstances, the instructor or appropriate administrator may initiate a withdrawal on the student’s behalf.

Radiologic technology students should not withdraw from any required course before meeting with the program director. Withdrawal from any radiologic technology course constitutes withdrawal from the program.

CLINICAL SYLLABUS

CLINICAL EDUCATION OVERVIEW AND CURRICULUM

CLINICAL EDUCATION

Clinical education is the application of your knowledge of radiologic technology in a real life situation. It enables you to put into practice what you have learned in the classroom, laboratory sessions and from your observation of the registered technologists at your clinical site.

The following must be in completed status in CastleBranch before the first day of attendance at an assigned clinical site:

- Background check
- Drug screen
- Physical Examination
- Immunizations
- PPD
- CPR certification
- Signed Confidentiality Statement
- Title IX training
- Acknowledgment of Student Handbook

If all of these items are not completed, the student will not be allowed to attend clinical. Any missed clinical time will have to be made up. The make-up time will need to be approved by the clinical preceptor and assigned faculty member.

CLINICAL EDUCATION COURSES & OBJECTIVES

The purpose of clinical education is to provide meaningful, well-balanced clinical experience for student radiologic technologists. This experience will be structured in an attempt to provide and ensure uniformity among the affiliated institutions.

XRT:111 - Clinical Education I

This course is designed to provide the student with an overview of all aspects of the radiology department and responsibilities of a radiologic technologist.

Prerequisite: Current enrollment in program

Credit hours: 2

When offered: Fall of first year

Upon successful completion of the course, the student will be able to:

1. Explain the importance of Radiologic Technology professional organizations.
2. Explain the policies and procedures for the Radiologic Technology Program.
3. Explain the general organizational structure within a health care facility.
4. Recognize the importance of effective patient care and communication for all patients.
5. Describe infection control/standard precautions techniques.
6. Describe the roles of TJC and OSHA with patient and employee safety.
7. Adhere to the established policies for patient confidentiality.
8. Exhibit ethical behavior in accordance with established professional standards.
9. Identify legal and professional standards and relate each to practice in health professions.
10. Employ acceptable radiation protection practices.

11. Demonstrate proper body mechanic techniques to safely transfer patients.
12. Apply the principles of quality patient care to the clinical environment.
13. Identify human diversity traits and the professional responsibility in relation to diversity.
14. Use appropriate and effective written, oral and nonverbal communication with patients, the public and members of the health care team in the clinical setting.
15. Demonstrate an understanding of conflict resolution and critical thinking strategies.
16. Describe vital signs used to assess patient condition, including sites for assessment and normal values.
17. Demonstrate basic positioning skills for the PA and Lateral chest.
18. Demonstrate basic positioning skills for the AP supine abdomen (KUB).

XRT:112 - Clinical Education II

This course is designed to provide the student with the clinical applications of basic radiographic positioning, radiation protection, patient care, radiographic exposure factors and image processing.

Prerequisite: XRT:111
Credit hours: 2
When offered: Spring of first year

Upon successful completion of the course, the student will know or understand:

1. Describe basic radiographic positioning procedures.
2. Apply appropriate radiation protection practices.
3. Identify appropriate patient care practices.
4. Describe proper setting of radiographic exposure factors.
5. Describe the image processing procedure.

Upon successful completion of the course, the student will demonstrate the ability to:

1. Demonstrate basic radiographic positioning procedures.
2. Employ appropriate radiation protection practices for the patient, others and self.
3. Demonstrate appropriate patient care practices.
4. Select the radiographic exposure factors to produce a diagnostic image.
5. Demonstrate image processing of a radiographic procedure.

XRT:116 - Clinical Education III

This course is designed to provide the student with an introduction to pediatric radiography and development of critical thinking skills in radiographic procedures.

Prerequisite: XRT:112
Credit hours: 3
When offered: Summer of first year

Upon successful completion of the course, the student will know or understand:

1. Describe pediatric radiographic positioning techniques.
2. Apply appropriate radiation protection practices for pediatric patients.
3. Identify effective communication techniques for pediatric patients.
4. Describe proper setting of radiographic exposure factors for pediatric patients.

Upon successful completion of the course, the student will demonstrate the ability to:

1. Demonstrate pediatric radiographic positioning techniques.
2. Employ appropriate radiation protection practices for the patient, others and self.
3. Demonstrate effective communication techniques for pediatric patients.
4. Select the radiographic exposure factors to produce a diagnostic image for the pediatric patient.

XRT:213 - Clinical Education IV

This course is designed to provide the student with an introduction to the specialized areas of the operating room and trauma radiography.

Prerequisite: XRT:116
Credit hours: 3
When offered: Fall of second year

Upon successful completion of the course, the student will know or understand:

1. Describe radiographic procedure techniques for operating room and trauma radiography.
2. Apply appropriate radiation protection practices for operating room and trauma radiography.
3. Describe specialized equipment used in operating room and trauma radiography.

Upon successful completion of the course, the student will demonstrate the ability to:

1. Demonstrate radiographic procedure techniques for operating room and trauma radiography.
2. Employ appropriate radiation protection practices during operating room and trauma radiography.
3. Identify specialized equipment used in operating room and trauma radiography.

XRT:214 - Clinical Education V

This course is designed to provide the student with an overview of interventional radiography, computed tomography (CT), diagnostic medical sonography (DMS), magnetic resonance imaging (MRI), nuclear medicine (NM) and radiation therapy (RT).

Prerequisite: XRT:213
Credit hours: 3
When offered: Spring of second year

Upon successful completion of the course, the student will know or understand:

1. Describe radiographic procedures and techniques for routine and non-routine exams.
2. Identify protocols for selective imaging modalities and radiation therapy.
3. Observe procedures in interventional radiography, computed tomography (CT), diagnostic Medical sonography (DMS), magnetic resonance imaging (MRI), nuclear medicine (NM) and radiation therapy (RT).

XRT:215 - Clinical Education VI

The course is designed to provide the student with the opportunity to complete all American Registry of Radiologic Technologists (ARRT) and Radiography program remaining clinical competency requirements.

Prerequisite: XRT:214
Credit hours: 2
When offered: Summer of second year

Upon successful completion of the course, the student will know or understand:

1. Apply acceptable positioning techniques for radiographic procedures.
2. Use proper radiation protection techniques during each radiographic procedure.
3. Use proper patient care techniques on every patient.
4. Identify the correct process for image production and acquisition.

Upon successful completion of the course, the student will demonstrate the ability to:

1. Demonstrate appropriate positioning techniques for radiographic procedures.
2. Employ radiation protection practices for the patient, others and self during radiographic exams.
3. Demonstrate appropriate patient care techniques on each patient.
4. Demonstrate the correct process for image production and acquisition.

CLINICAL EDUCATION CENTERS

The following hospital facilities are used for clinical education

Alton Memorial Hospital
One Memorial Dr, Alton, IL 62002

Barnes-Jewish Hospital
One Barnes-Jewish Hospital Plaza
St. Louis, MO 63110

Barnes-Jewish St. Peters Hospital
10 Hospital Drive
St. Peters, Missouri 63376

Barnes-Jewish West County Hospital
12634 Olive Blvd.
St. Louis, MO 63141

Christian Hospital
11133 Dunn Road
St. Louis, MO 63136

Mercy Hospital South
10010 Kennerly Road
St. Louis, MO 63128

Missouri Baptist Medical Center
3015 N. Ballas Road
St. Louis, MO 63131

Progress West Hospital
#2 Progress Point Parkway
O'Fallon, MO 63368

SSM Health Cardinal Glennon
Children's Hospital
1465 S Grand Blvd, St. Louis, MO 63104

SSM Health St. Clare Hospital
1015 Bowles
Fenton, MO 63026

SSM Health DePaul Hospital
12303 DePaul Drive
St. Louis, MO 63042

SSM Health St. Joseph Hospital
Lake St. Louis
100 Medical Plaza
Lake Saint Louis, MO 63367

SSM Health St. Joseph Hospital St. Charles
300 First Capitol Drive
St. Charles, MO 63301

SSM Health St. Louis University Hospital
3635 Vista Ave.
St. Louis, MO 63110

St. Alexius Hospital
3933 S. Broadway
St. Louis, MO 63118

St. Louis Children's Hospital
One Children's Place
St. Louis, MO 63110

St. Luke's Des Peres Hospital
2345 Dougherty Ferry Road
St. Louis, MO 63122

St. Luke's Hospital
232 Woods Mill Rd.
St. Louis, MO 63017

SSM Health St. Mary's Hospital
6420 Clayton Rd.
St. Louis, MO 63117

ASSIGNMENT TO CLINICAL SITE

Typically, a student is assigned to one clinical site for Clinical Education I – III and to another for Clinical Education IV-VI. During the program, students may be assigned to a brief rotation at St. Louis Children's Hospital. Due to the number of students accepted in the program, requests for specific hospitals **CANNOT** be honored. Clinical assignments will be made based on the following criteria: Clinical needs of the student, radiology department volume and examination mix, and the number of students requested by the clinical site.

LIABILITY INSURANCE

Each student will receive liability insurance through St. Louis Community College at Forest Park (with their paid tuition) for each summer, fall and spring semester of clinical education. For this reason, students may not attend clinical unless tuition is paid.

CLINICAL CONDUCT

CODE OF ETHICS

The principles in the code of ethics adopted by the American Registry of Radiologic Technologists should be studied and understood. They should serve as a guide for the technologist throughout their professional career.

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 the concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, familial status, disability, sexual orientation, gender identity, veteran status, age, or any other legally protected basis.
4. The radiologic technologist practices technology founded upon theoretical knowledge and concepts, uses equipment and accessories consistent with the purposes for which they were designed, and employs procedures and techniques appropriately.
5. The radiologic technologist assesses situations; exercises care, discretion, and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.
6. The radiologic technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.
7. The radiologic technologist uses equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice, and demonstrates expertise in minimizing radiation exposure to the patient, self, and other members of the healthcare 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.
11. The radiologic technologist refrains from the use of illegal drugs and/or any legally controlled substances which result in impairment of professional judgment and/or ability to practice radiologic technology with reasonable skill and safety to patients.

PROFESSIONAL CONDUCT

Students must remember that their clinical institution is cooperating with the College to provide necessary learning experiences. Students are **guests** of the cooperating agency and must conduct themselves in an appropriate professional manner.

Follow these guidelines:

- Introduce yourself to your patient and address the patient by the correct title (Ms., Mr., etc.)
- When addressing a patient, avoid using terms of endearment such as honey and sweetie.
- Give a warm smile to patients and visitors and develop a friendly rapport.
- Empathize with them and their situation when needed.
- Learn to be a good listener when your patients describe their problems, concerns and fears.
- Explain each procedure in a manner that your patient can understand.
- Conduct should not include any sign of impatience, loud or fast-talking, boredom on your part, working in a hurried manner, etc.
- Be especially careful of your conversation. Patients should be the center of all conversations when they are in your care. Be very careful about giggling and laughing, as this can be easily misinterpreted by the patient.
- Be especially careful not to talk about “your grade” or “checking out” of an exam when the patient is nearby and within hearing range.

A question sometimes asked by students is, “Since I have to wear my ID that identifies me as a student, won’t this cause the patient to have unnecessary concern?” This usually is not a problem as long as your conduct is professional. If you handle your patient and the examination with confidence and communicate clearly with your patient, you will rarely have any problem.

STUDENT RESPONSIBILITIES IN CLINICAL

Patient care takes priority over all other responsibilities.

Students are part of the medical team.

Students are expected to:

- Show respect to patients and staff
- Follow directions
- Act professionally at all times

As part of the department, students contribute to patient care and the operation of the department. This includes helping to keep the department neat, clean and stocked with necessary supplies. Reducing medical costs includes working carefully to minimize equipment and supply expenses.

Students are expected to be aware of hospital, department and program policies and will be held responsible for following them.

RESPONSIBILITIES TO THE PHYSICIAN

Technologists and students have responsibilities to the physicians under whom they are working.

- Strictly carry out the orders of the physician.
- Never discuss or criticize a physician with a patient or with a patient's friend/family. Never express to them a preference for the services of a physician.
- Never interpret images or express an opinion of diagnosis or treatment to a patient.
- Always accord to a physician the proper amount of respect and consideration due to their higher professional position.

RESPONSIBILITIES TO THE PATIENT

Patient care is the **highest** priority.

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that requires staff to ensure patient privacy. No information about a patient should be shared with anyone except individuals involved with the care of that patient. Only information necessary to deliver care should be divulged. Patients and their affairs should not be made a subject of conversation or discussion between technologists or others not involved with their care.

Information concerning patients should not be relayed or displayed where other patients or visitors might overhear or see.

Students should remember that educational activities such as case studies are subject to HIPAA privacy guidelines. Protected health information (PHI) for example, patient name and birth date must be removed from all images and reports. **PHI should never leave the hospital.**

YOUR HEALTH

Since many patients are in a weakened condition, it is important to take precautions to avoid transmitting any health problems to patients or staff. If you are sick - **DO NOT** go to your clinical site. Take care of yourself and seek medical attention.

Students are required to inform clinical faculty of any medical procedure or injury that results in clinical absence. Before being allowed to return to clinical, the student must provide documentation of orders from a physician stating they may return with **no restrictions**.

COMMUNICATION

A radiology department cannot function smoothly without proper communication. As a member of the radiology department you will need to adhere to certain principles of communication:

- Relay all messages promptly.
- Report all equipment malfunctions to the immediate supervisor as soon as possible.
- Messages regarding patients and/or their relatives should be communicated clearly.
- Notify the person in charge prior to leaving the immediate work area.
- If relieved during an examination, explain what needs to be completed along with any other necessary details pertinent to the exam.

- When leaving the radiology department to do a mobile exam, exam in the O.R., obtain supplies, or any other errand that requires you leaving the radiology department, be sure to let the person in charge know.
- When a faculty member is present, let them know when you are leaving the floor for lunch, breaks, mobile exams, etc.

There are many other instances where proper communication is absolutely vital. Be certain to maintain proper communication in all of these instances!

DRESS CODE /PERSONAL HYGIENE POLICIES

Students who are following the dress code policies will present a professional image to their patients and visitors. In addition, some of the policies also serve to reduce the possibility of infections to patients and personnel. The prescribed uniforms are comfortable as well as conducive to the nature of the work done in a radiology department. Each student must be thoroughly familiar with the dress code policies. If a student is judged to be dressed inappropriately for clinical or does not comply with one of the other codes, the student could be sent home by the clinical preceptor or faculty member. A student who is sent home for non-compliance with the dress code will be required to make up all missed time. Failure to comply with these codes may result in clinical grade reduction or dismissal from the program.

UNIFORMS

- Uniforms will be available for purchase from the STLCC-Forest Park Bookstore.
- Students must purchase at least two (2) teal radiologic technology scrub tops from STLCC-Forest Park Bookstore.
- Black scrub bottoms may be purchased through the bookstore or they may purchased at any retailer.
- Optional: Solid teal scrub jackets matching the scrub tops are available for purchase from the STLCC-Forest Park Bookstore.
- Optional: Mid-length white lab coats.

DRESS CODE POLICIES

1. The approved uniform
2. Students are always to be neat and well-groomed when in the clinical areas. Students must be clean and free of body odor.
3. Scrubs and shoes must be clean and in good condition.
4. Use of excessive fragrances must be avoided.
5. Hair must be neat, clean and well controlled. Students with hair longer than shoulder length must restrain it in a neat manner with a clip or barrette (fashion scarves, ribbons, feathers and hats are unacceptable). This will reduce the possibility of infections to patients and personnel. Any hair style and/or color that draws undue attention will not be tolerated.

6. Must be clean shaven or mustaches, beards and sideburns must be neatly trimmed and of reasonable length.
7. No jewelry can be worn except engagement and/or wedding rings, watches and earrings that do not draw undue attention. Earrings should be no larger than the size of a quarter and should be professional in style. Small dangling styles are acceptable provided they hang no longer than 1” from the earlobe.
8. Facial, tongue, nose or other piercings including multiple earrings cannot be worn. No more than two (2) earrings per ear can be worn during clinical.
9. Visible tattoos must always be covered.
10. Fingernails must be short and clean: **Fingernail polish or fake fingernails may not be worn.**
11. Make-up of any type is not to be worn in excess.
12. Sweaters, sweatshirts, and thermal wear are not permitted.
13. Short or long sleeved T-shirts, Under Armour apparel and “sleeves” are permitted provided they are white, black or match the color of the scrubs and do not have a logo. Short sleeved T-shirt sleeves should not be visible below the scrub top sleeve or below the bottom hem.
14. The appropriate ID badge must be worn at all times in a visible location.
15. Any gum chewing must be done discreetly.
16. Smoking or vaping is not allowed on any clinical site property.
17. High top tennis shoes and basketball shoes and those with multiple bright colors or logos are not acceptable. Crocs (without holes) may be worn if the color is black or white.

A student not in compliance with these policies could be sent home by the clinical preceptor or faculty member. Any missed time must be made up.

CELL PHONE AND SMART DEVICES

Personal cell phone and smart device use, including texting, is never allowed in the clinical work area or in patient care areas. Cell phones may only be used during breaks and lunches. At all other times it must be silenced and out of sight. Noncompliance will be reflected on the Professional Development Evaluation and may result in disciplinary action.

The department phone may be used in case of personal emergencies.

STUDYING IN CLINICAL AREAS

If permitted by the clinical site, students may study during slow time. Students are expected to participate in department activities and are not allowed to study when there are exams or work to be done. E-books may be prohibited by hospital policy.

PROTOCOL FOR HANDLING CLINICAL PROBLEMS

1. Student - document and discuss the problem with the clinical preceptor. If there is no resolution, proceed to step 2.
2. Student - provide documentation and discuss the problem with faculty. Faculty member will document meeting with the student. Faculty will meet with the clinical preceptor. If there is no resolution, proceed to step 3.
3. Student - provide documentation from step 1 and 2, discuss the problem with the clinical coordinator. If there is no resolution, proceed to step 4.
4. Student - provide documentation from steps 1, 2 and 3 and discuss the problem with the program director.
5. If the program director does not resolve the issue, refer to St. Louis Community College Academic Rights and Responsibilities policies. For more information, visit [Academic Rights and Responsibilities](#)

DOCUMENTATION FORM

The Documentation Form (Appendix O) is used as a means of documenting various facts, incidents, etc. The documentation form can be completed by a faculty member or clinical preceptor. The completed document will be kept in the student's file. If a number of these documentation forms are completed and an undesirable pattern emerges, various disciplinary actions could be taken up to and including dismissal from the program.

INCIDENT REPORT FORM

The Incident Report Form (Appendix P) is used when an incident occurs requiring some form of disciplinary action. This form can be completed by a faculty member or clinical preceptor and is kept in the student's file. However, since this is a community college based program, all disciplinary action taken is to be determined by the Forest Park faculty member

CLINICAL COMPETENCY

CLINICAL COMPETENCY SYSTEM

Students will be required to demonstrate clinical competency in all procedures required by the ARRT and the radiologic technology program prior to graduation. The flow chart on the following page demonstrates the process by which clinical competency will be achieved.

The clinical competency evaluation system is a method of evaluating the performance and images of students for a given exam or procedure. Students achieve a level of competency according to the following steps:

1. Classroom
2. Lab experience (demonstration, practice, simulation)
3. Written exam
4. Clinical experience

EVALUATION OF CLINICAL COMPETENCY

The student must first successfully complete a simulation competency in the campus lab or at the clinical site before requesting a clinical competency evaluation. Simulations may only be evaluated by faculty members, and a simulation on the same exam may only be attempted once in a day. A list of all simulation routines required prior to competency evaluation begins on page 37. Because the student can only progress to evaluation for clinical competency once the simulation competency is achieved, **the importance of completing these simulations in a timely manner must be emphasized.** The student is expected to be prepared for and take advantage of opportunities to perform simulations throughout the semester. Simulations must be evaluated by St. Louis Community College faculty and may be conducted during course labs, clinical site visits, and open lab sessions on the STLCC– Forest Park campus. Completing simulation competencies demonstrates initiative and is reflected in the clinical grading.

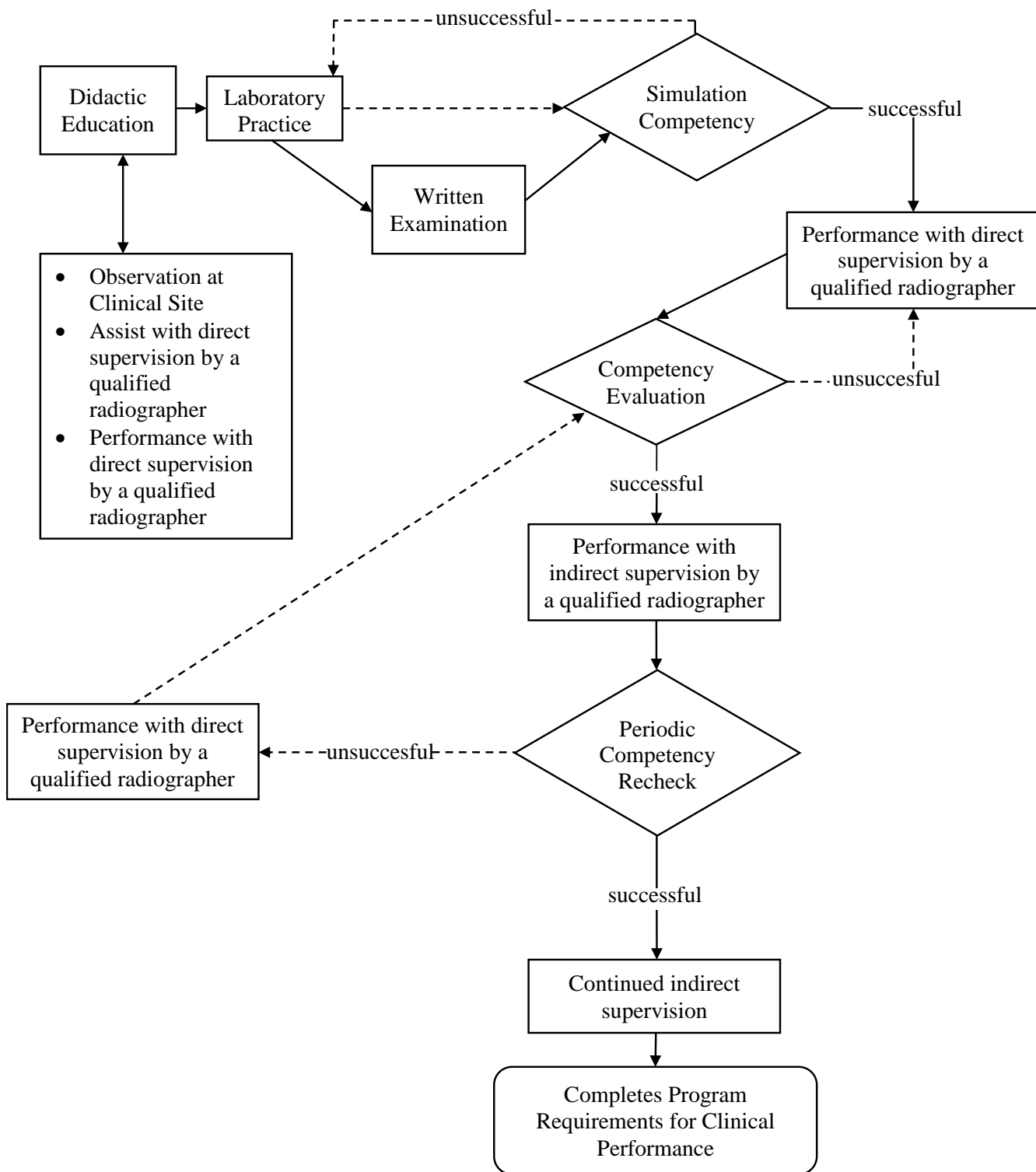
When the student is able to complete the procedure(s) on patients at an acceptable level of performance and has recorded a sufficient number of exams performed under direct supervision, an evaluation of clinical competency may be requested. At that time the student has the opportunity to demonstrate skill and competency for a particular radiographic examination. Prior to beginning the exam, the student will request this evaluation from their clinical preceptor, faculty member or an inserviced radiologic technologist. The student must perform the entire examination without any technical assistance and in the presence of the evaluator.

Upon the successful completion (pass) of the clinical competency evaluation, the student will be expected to continue to perform that particular exam, now under indirect supervision.

If the student is unsuccessful in the evaluation process, the evaluator should still complete the competency evaluation. The student will return to the clinical participation stage for additional experience in that category of exams before being allowed to re-test. A second failure will require more clinical experience and re-examination.

This process is repeated for each procedure on the Master Competency List (MCL).

FLOW CHART FOR CLINICAL COMPETENCY EVALUATIONS



CLINICAL COMPETENCY EVALUATION DOCUMENTATION

The competency evaluation form is included in Appendix N. This is a pass/retest evaluation. There are four main areas of consideration on the evaluation. If a student receives one U (unsatisfactory) in any critical criteria, or more than three (3) U's in other criteria, the student will not pass the competency evaluation. If the competency evaluation is not passed, the evaluation must still be completed by the evaluator.

It is the responsibility of the student to ensure that the evaluation has been completed by the evaluator in Trajecsyst with all necessary information included.

MASTER COMPETENCY LIST (MCL)

In order to complete the program, the student shall competently perform a full range of radiographic procedures on adults and selected radiographic procedures on children in the following categories:

- Chest and Thorax
- Upper Extremity
- Lower Extremity
- Head
- Spine and Pelvis
- Abdomen
- Fluoroscopic Procedures
- Mobile C-arm Studies & Surgery
- Mobile
- Geriatric

Those radiographic procedures from the categories above, as well as clinical objectives that the student is required to complete, are included in the Master Competency List (MCL) beginning on page 45. The MCL is used to record the student's completion of simulations, competency evaluations and clinical orientation objectives, which will also be recorded in Trajecsyst.

Several procedures listed on the Master Competency List (MCL) do not require simulation competencies prior to being clinically evaluated. These procedures may not be evaluated for clinical competence prior to receiving classroom instruction and written examination. Difficult, trauma and specialized projections cannot be evaluated until the student has been successfully evaluated in the basic procedures.

PERIODIC COMPETENCY RECHECKS

Starting in Clinical Education III, each student will be required to satisfactorily perform several competency rechecks (evaluations) of procedures previously mastered. This is to ensure that the student's skill level for those procedures is being maintained. Each semester thereafter, competency rechecks will be randomly performed over any procedure previously mastered. The number of recheck exams is not specified and left to the discretion of the faculty member.

For each exam recheck, a competency evaluation is completed and documented on the recheck section of the Master Competency List. Refer to the Clinical Competency Flowchart on page 32. regarding how to proceed if the recheck evaluation is unsuccessful. If the student is unsuccessful in the recheck evaluation process, the evaluator should still complete the competency evaluation.

CONTINUING PERFORMANCE OF COMPLETED COMPETENCIES

After a student successfully completes a competency evaluation, they are still expected to perform those exams to maintain competency and develop proficiency.

DIRECT/INDIRECT SUPERVISION

Until a student achieves competency for a particular examination, the student will be under direct supervision as required by the Standards for an Accredited Educational Program in Radiography. Direct supervision is defined as follows: A qualified registered radiographer reviews the request for the radiographic examination and assesses the patient's condition to determine that the student can perform the examination with reasonable success. **The presence of the radiographer in the radiographic room is required.** The radiographer checks and approves the images prior to the dismissal of the patient. The consequences for not complying with this policy are included in Appendix J.

Students who have achieved competency for a particular exam are allowed to perform those exams under indirect supervision as required by the Standards for an Accredited Educational Program in Radiography. Indirect supervision is defined as follows: A qualified registered radiographer is immediately available to assist students regardless of student achievements. The consequences for not complying with this policy are included in Appendix J.

Before each clinical Education course begins, all students will sign the Direct/Indirect Supervision Policy (Appendix J).

All images must be approved by a qualified radiographer, whether performed under direct or indirect supervision.

REPEAT RADIOGRAPH POLICY

The Standards for an Accredited Educational Program in Radiography require **all repeat radiographs to be performed in the presence of a qualified radiographer**. The consequences for not complying with these policies are included in Appendix J.

If it is necessary for a student to repeat an image for any reason, the repeat radiograph policy must be followed.

At the beginning of each clinical education course, all students will sign the "Supervision Policy" (Appendix J).

Students are required to enter every repeated image into Trajecsyst and include the name of the radiologic technologist who supervised the repeated exposure.

CLINICAL EXPERIENCE DOCUMENTATION

Students are required to record participation for every exam throughout the entirety of the program. The purpose is to document the type and quantity of clinical experience that the student is receiving. This information is used by the clinical preceptor and/or faculty member to determine that the student is receiving sufficient experience. Decisions affecting rotation schedules or whether a student is ready to be evaluated for clinical competency for an exam are made with the aid of this information. Thus, failure to maintain a proper record of exams will slow the rate of student progress.

This is to be started from the first day of clinical education. It is necessary that all exams be entered into Trajecsyst before the start of your next clinical day.

The level of student participation that is recorded for each exam is explained below.

Observed

Indicate observed in Trajecsyst when you only watched the radiologic technologist perform the exam.

Assisted Radiologic Technologist

Indicate assisted in Trajecsyst if you give the radiologic technologist any assistance during the exam. Perhaps you assisted with carrying image receptors, helping to move the patient, or other non-technical duties. The technologist is performing the majority of the exam but you are giving assistance to him/her.

Direct Supervision

Indicate direct supervision in Trajecsyst whenever the radiologic technologist **is present and immediately available in the room** with you while you are performing the exam. The student is performing the majority of the exam with minimal assistance from the radiologic technologist.

Indirect Supervision

Indicate indirect supervision in Trajecsyst after you have achieved exam competency and you are performing the exam without assistance. A qualified radiographer must be immediately available to provide assistance if needed.

Repeat Images

Any radiograph that is repeated for any reason must be documented.

- All repeat examinations will be performed in the presence of a qualified radiographer. Repeats will be documented in Trajecsyst.
- **The student must record the reason for repeating the image and the projection/position repeated in the comment section when logging the exam in Trajecsyst.**

ENTERING EXAMS IN TRAJECYSY

When entering exams in Trajecsys, there are certain exams that require information to be added as a comment by the student for the purpose of clarification. The table below provides the information that must be entered for those exams.

Exam	Comments Needed
Trauma Shoulder or Humerus: Scapular Y, Transthoracic or Axial	Indicate shoulder or humerus, which trauma exam was performed (scapular Y, Transthoracic or Axial), and why the exam was considered a trauma exam.
Trauma Upper Extremity (Non-shoulder)	Indicate what upper extremity exam was performed and why the exam was considered a trauma exam.
Trauma Lower Extremity	Indicate what lower extremity exam was performed and why the exam was considered a trauma exam.
Cross-Table (Horizontal Beam) Lateral Spine	Indicate what exam was performed (C-spine, T-spine or L-spine)
Upper GI Series, Contrast Enema, Esophagus	If no overheads were ordered, “no overheads” List projections/positions of any scouts/overheads performed
Myelography	Indicate the region of the study (C-spine, T-spine or L-spine) If no overheads were ordered, “no overheads” List projections/positions of any scouts/overheads performed
Arthrogram	Indicate the region of the study (knee, shoulder, wrist, etc.) and what images were performed (excluding fluoroscopy)
Surgical C-Arm Procedure (Requiring Manipulation Around a Sterile Field)	Identify the specific procedure.
C-Arm Procedure (Requiring Manipulation to Obtain More Than One Projection)	Identify the specific procedure.
Surgery (C-Arm or Mobile)	Identify the specific procedure and indicate if C-Arm or mobile unit was used
Mobile Chest “difficult” pt.	Indicate what determined the exam was “difficult”.
Mobile Orthopedic	Indicate the exam (foot, knee, hand, elbow, etc.)
Mobile Pelvis/Hip	Indicate which exam was performed.
Pediatric Upper Ext., Lower Ext., Mobile	Indicate which exam was performed.
Geriatric	Indicate exam performed and what determined the exam was “geriatric”.
Repeated images	List the projection repeated and reason for repeat.

When you are evaluated for competency, log that exam in Trajecsys as direct supervision and add the comment, “comp” and indicate all projections/positions performed.

**ST. LOUIS COMMUNITY COLLEGE AT FOREST PARK
RADIOLOGIC TECHNOLOGY PROGRAM**

SIMULATION ROUTINES

(Simulation on same exam may only be attempted once per day)

COMPETENCY	ROUTINE	IR SIZE & ORIENTATION (Lengthwise unless noted otherwise)	SID	SHIELDING (Y/N)	RESPIRATION	IR LOCATION
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Chest and Thorax

Chest, PA & Lateral	PA & Lateral	14 x 17	72"	Y	Exposure on second full inspiration	Wall Bucky
Chest Wheelchair	AP	14 x 17 (LW or CW)	72"	Y	Exposure on second full inspiration	Wheelchair
	Lateral	14 x 17 (LW)	72"	Y	Exposure on second full inspiration	Wall bucky
Chest Stretcher (Simulation must be completed before checking out of Mobile Chest exam)	AP	14 x 17 (LW or CW)	72"	Y	Exposure on second full inspiration	Stretcher
Chest, Lat. Decubitus	AP, Left or Rt. Lateral	14 x 17	72"	Y	Exposure on second full inspiration	Table Bucky
Upper Airway (Soft Tissue Neck)	AP	10 x 12	40" or 72"	Y	During slow, deep inspiration	Wall Bucky
	Lateral	10 x 12	72"	Y	During slow, deep inspiration	Wall Bucky
Ribs (center to affected side for all views)	AP (above diaphragm)	14 x 17	40"	Y	Inspiration	Wall Bucky
	AP (below diaphragm)	10 x 12 (CW)	40"	Y	Expiration	Wall Bucky
	RPO & LPO	14 x 17	40"	Y	Inspiration	Wall Bucky
Sternum	RAO	10 x 12	40"	Y	Breathing Technique	Wall Bucky
	Lateral	10 x 12	72"	Y	Inspiration	Wall Bucky
Sternoclavicular Joints	PA	10 x 12 (LW)	40"	Y	Expiration	Table or Wall
	RAO & LAO	10 x 12 (CW)	40"	Y	Expiration	Table or Wall

COMPETENCY Abdomen	ROUTINE	IR SIZE & ORIENTATION (Lengthwise unless noted otherwise)	SID	SHIELDING (Y/N)	RESPIRATION	IR LOCATION
Abdomen Supine (KUB)	AP	14 x 17	40"	N	Expiration	Table Bucky
Abdomen Upright	AP	14 x 17	40"	N	Expiration	Wall Bucky
Abdomen Decubitus	AP, Left Lateral	14 x 17	40"	N	Expiration	Table Bucky
IVU/IVP Complete	KUB, RPO & LPO, PA	14 x 17	40"	N	Expiration	Table Bucky
	AP Kidneys	10 x 12 (CW)	40"	N	Expiration	Table Bucky
	Bladder	10 x 12 (LW)	40"	N	Expiration	Table Bucky

Fluoroscopic Procedures

Upper GI Series	PA (or AP), R. Lateral, RAO, LPO	14 x 17	40"	N	Expiration	Table Bucky
Contrast Enema	AP (high), AP (low)	14 x 17 (CW)	40"	N	Expiration	Table Bucky
	LPO, Butterfly	14 x 17	40"	N	Expiration	Table Bucky
	Lateral	10 x 12	40"	N	Expiration	
Small Bowel Series	AP (high), AP (low)	14 x 17	40"	N	Expiration	Table Bucky
Esophagus	PA or AP, RAO, R. Lateral	14 x 17	40"	N	Pt. drinking contrast	Table Bucky

Upper Extremity

Finger	PA Hand	10 x 12	40"	Y	N/A	Table top
	Oblique, Lateral (collimate to finger of interest)	10 x 12	40"	Y	N/A	Table top
Thumb (collimate to thumb for all views)	AP, Oblique, Lateral	10 x 12	40"	Y	N/A	Table top
Hand	PA, Oblique, Lateral	10 x 12	40"	Y	N/A	Table top
Wrist	PA, Oblique, Lateral	10 x 12	40"	Y	N/A	Table top
Forearm	AP & Lateral	14 x 17	40"	Y	N/A	Table top
Elbow	AP, External & Internal Oblique, Lateral	10 x 12	40"	Y	N/A	Table top
Humerus	AP & Lateral	14 x 17	40"	Y	Suspend	Wall Bucky or Table top

COMPETENCY Upper Ext. (cont'd)	ROUTINE	IR SIZE & ORIENTATION (Lengthwise unless noted otherwise)	SID	SHIELDING (Y/N)	RESPIRATION	IR LOCATION
Shoulder	AP Internal & External Rotation, Grashey	10 x 12 (CW)	40"	Y	Suspend	Wall Bucky
	Lateral Y	10 x 12	40"	Y	Suspend	Wall Bucky
Trauma Shoulder (perform either exam for simulation)	AP Scapular Y	10 x 12	40"	Y	Suspend	Table Bucky
	Transthoracic Lateral	10 x 12	40"	Y	Breathing Technique	Wall Bucky or Table top
Clavicle	AP & AP Axial	10 x 12 (CW)	40"	Y	Suspend	Wall or Table Bucky
Scapula	AP	10 x 12	40"	Y	Breathing Technique	Wall Bucky
	Lateral (Anterior Oblique)	10 x 12	40"	Y	Suspend	Wall Bucky
AC Joints	AP with & without weights	14 x 17 (CW)	72"	Y	Expiration	Wall Bucky

Lower Extremity

Foot	AP, Medial Oblique, Lateral	10 x 12	40"	Y	N/A	Table top
Ankle	AP, Internal Oblique, Lateral	10 x 12	40"	Y	N/A	Table top
Knee	AP, Internal & External Oblique, Lateral	10 x 12	40"	Y	N/A	Table Bucky
Tibia/Fibula	AP & Lateral	14 x 17 (LW or diag.)	40"- 48"	Y	N/A	Table top
Femur	Distal AP & Lateral	14 x 17	40"	Y	N/A	Table Bucky
	Proximal AP & Lateral	14 x 17	40"	N	N/A	Table Bucky
Patella	Hughston or Inferosuperior projection	10 x 12 (CW or LW)	40"- 48"	Y	NA	Table top
Calcaneus	Axial	10 x 12	40"	Y	N/A	Table top
	Lateral	10 x 12 (CW or LW)	40"	Y	N/A	Table top
Toe	AP Foot	10 x 12	40"	Y	N/A	Table top
	Oblique & Lateral (collimate to toe of interest)	10 x 12	40"	Y	N/A	Table top

COMPETENCY	ROUTINE	IR SIZE & ORIENTATION (Lengthwise unless noted otherwise)	SID	SHIELDING (Y/N)	RESPIRATION	IR LOCATION
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Spine and Pelvis

Cervical Spine	AP	10 x 12	40" or 72"	Y	Suspend	Wall Bucky
	Open mouth	10 x 12	40"	Y	Suspend	Wall Bucky
	RPO & LPO	10 x 12	72"	Y	Suspend	Wall Bucky
	Lateral	10 x 12	72"	Y	Expiration	Wall Bucky
Cross-Table (Horizontal Beam) Lateral c-spine	Lateral	10 x 12	72"	Y	Expiration	Table top
Thoracic Spine	AP	14 x 17	40"	Y	Expiration	Wall or Table Bucky
	Lateral	14 x 17	40" or 72"	Y	Breathing Technique or Expiration	Wall or Table Bucky
	Swimmers (Twining)	10 x 12	40" or 72"	Y		Wall or Table Bucky
Lumbar Spine	AP, RPO, LPO, Lateral	14 x 17	40"	N	Expiration	Table Bucky
	Lateral L5 - S1	10 x 12	40"	N	Suspend	Table Bucky
Sacrum/Coccyx	AP Sacrum, AP Coccyx, Lateral Sacrum/Coccyx	10 x 12	40"	N	Suspend	Table Bucky
Scoliosis (include entire spine)	AP (high to include base of skull)	14 x 17	72"	Y	Inspiration	Wall Bucky
	AP (low to include hip joints)	14 x 17	72"	N	Expiration	Wall Bucky
Pelvis	AP	14 x 17 (CW)	40"	N	Suspend	Table Bucky
Hip; AP & Frog-Lateral	AP	10 x 12	40"	N	Suspend	Table Bucky
Hip; AP & Frog-Lateral	Frog-Lateral	10 x 12 (CW)	40"	N	Suspend	Table Bucky
Cross-Table (Horizontal Beam) Lateral Hip (AP & Frog-Lat. hip must be completed first)	Lateral	10 x 12	40"	N	Suspend	Table top
SI Joints	AP Axial, RPO or LPO	10 x 12	40"	N	Suspend	Table Bucky

COMPETENCY	ROUTINE	IR SIZE & ORIENTATION (Lengthwise unless noted otherwise)	SID	SHIELDING (Y/N)	RESPIRATION	IR LOCATION
Cranium						
Skull	Towne, Caldwell, PA 0 ⁰ ,	10 x 12	40"	Y	Suspend	Wall or Table Bucky
	Lateral	10 x 12 (CW)	40"	Y	Suspend	Wall or Table Bucky
Facial Bones	Waters, Lateral	10 x 12	40"	Y	Suspend	Wall Bucky
Nasal Bones	R or L Lateral	10 x 12 (CW or LW)	40"	Y	Suspend	Table top
Orbits	PA Rhese	10 x 12 (CW or LW)	40"	Y	Suspend	Wall or Table Bucky
Mandible	PA	10 x 12	40"	Y	Suspend	Wall Bucky
	Axiolateral	10 x 12 (CW)	40"	Y	Suspend	Wall Bucky
Sinuses	Caldwell, Waters, Open Mouth Waters, SMV, Lateral	10 x 12	40"	Y	Suspend	Wall Bucky
TMJ (R or L Lateral)	Axiolateral Oblique (closed & open)	10 x 12	40"	Y	Suspend	Table Bucky
	Axiolateral (closed & open)	10 x 12	40"	Y	Suspend	Table Bucky

FIRST YEAR CLINICAL SITE CLINICAL EDUCATION ORIENTATION OBJECTIVES

- Objectives 1 through 8 must be completed and approved by the clinical preceptor in Trajecsys before a student can request a competency evaluation.
- The remaining objectives must be completed before the end of Clinical Education I.

Orientation Objectives:

1. Provide information concerning the location and functions of the emergency cart, fire extinguisher, AED, hospital emergency codes, oxygen, suction, and blood pressure equipment.
2. State the names of the chief radiologist, other radiologists, the radiology manager and the immediate supervisor.
3. Provide information concerning Trajecsys clocking in and out procedures, lunch, breaks, personal phone calls, cell phone use, parking regulations, and applicable department and hospital policies.
4. Describe the radiology department layout.
5. Utilize the departmental procedure manual, which has been provided by the radiology department of the assigned clinical site.
6. Assist transporting patients, find the location of wheelchairs, stretchers, etc., in the radiology department and on the nursing floors; demonstrate proper body mechanics; learn the numbering system of the patients' rooms; use the proper in-patient sign-out and return procedure on the nursing floors.
7. Explain independently the process of patient registration, order verification, exam completion and image transmittal.

GENERAL RADIOGRAPHY

8. Describe the basic radiographic procedure for various general radiography procedures. The minimum number of exams that must be entered in Trajecsys consists of:
 - 10 PA/Lat chest exams under **direct supervision**
 - 8 (total) orthopedic or bone exams (upper/lower extremity, vertebral column, and pelvis) under observed/assisted.
9. Explain the steps of setting up the fluoroscopic equipment prior to starting upper gastrointestinal examinations.

UPPER G.I. TRACT

10. Explain the process of preparing the barium sulfate or water-soluble mixture.
11. Describe the duties of the radiologic technologist during an upper G.I. exam.

LOWER G.I.

12. Explain the steps of setting up the fluoroscopic equipment prior to starting lower gastrointestinal examinations.
13. Explain the process of preparing the barium sulfate or water-soluble mixture.
14. Describe the duties of the radiologic technologist during a lower G.I. exam.

MOBILE EXAMS

15. Transport the mobile unit; explain basic mobile radiation protection principles; and define the meaning of STAT vs. routine requests.
16. Describe the basic radiographic procedure involved in mobile radiography of the chest after having observed at least 4 mobile chest exams.

SECOND YEAR CLINICAL SITE ORIENTATION OBJECTIVES CLINICAL EDUCATION OBJECTIVES

These objectives must be completed and approved by the clinical preceptor in Trajecsys before a student can request a competency evaluation. The student will be able to:

1. Provide the clinical preceptor with information concerning the location and functions of: the emergency cart, fire extinguisher, AED, hospital emergency codes, oxygen, suction, and blood pressure equipment.
2. State the names of the chief radiologist, other radiologists, the radiology manager and the immediate supervisor.
3. Provide information concerning sign-in and sign-out (where applicable), lunch, breaks, personal phone calls, cell phone use, parking regulations, and applicable department and hospital policies.
4. Describe the radiology department layout.
5. Become familiar with the radiologic equipment.
6. Utilize the department procedure manual which has been provided by the radiology department of the assigned clinical site.
7. Learn the numbering system of the patient's rooms; use the proper in-patient sign-out and return procedure on the nursing floors.
8. Explain independently the process of patient registration, order verification, exam completion and image transmittal.

CLINICAL EDUCATION OBJECTIVES FOR RETURNING AND RE-ASSIGNED STUDENTS

Objectives 1 through 9 **must** completed and approved by the clinical preceptor in Trajecsys **before** objective 10.

The student will be able to:

1. Provide the clinical preceptor with information concerning the location and functions of the emergency cart, fire extinguisher, AED, oxygen, suction, and blood pressure equipment.
2. Provide information concerning policies of lunch and breaks, personal phone calls, cell phone use, parking regulations and applicable department and hospital policies.
3. Provide the clinical preceptor with information concerning hospital emergency codes.
4. State the names of the chief radiologist, other radiologists, the radiology manager and the immediate supervisor.
5. Describe the layout of the radiology department.
6. Become familiar with the radiographic equipment.
7. Utilize the department procedure manual to become familiar with the hospital protocols.
8. Learn the numbering system of patient rooms.
9. Document a minimum of 5 exams for the following:
 - Chest (PA and Lateral)
 - Mobile Chest
 - Orthopedic
10. Perform recheck or initial competencies on the following exams:
 - Chest (PA and Lateral)
 - Mobile chest
 - Orthopedic

RADIOLOGIC TECHNOLOGY

CLINICAL EDUCATION MASTER COMPETENCY LIST

STUDENT NAME: _____

- The student will demonstrate competency in all of the following procedures by passing a competency evaluation to the satisfaction of the clinical faculty and/or designated radiologic technologist.
- The patient should be of no more than average difficulty except for those exams otherwise indicated.
- Competency evaluations are only allowed after the procedure has been taught in the classroom and the “Simulation” column has been dated and initialed by a faculty member.
- The “Semester Taught” column, indicates the Semester in which the competency is taught. e.g. Semester 4 would be the Spring Semester of the second year. Summer semesters are not counted.
- “Difficult”, trauma or mobile procedures competencies are only allowed after the student has been successfully evaluated for competency in the basic procedures.
- Trauma is considered a serious injury or shock to the body and requires modifications in positioning and monitoring of patient’s condition
- All Program and ARRT requirements must be fulfilled for program completion.
 - * indicates ARRT requirement
 - ** indicates ARRT elective (15 electives required. One of the 15 electives must be selected from the head section.)
 - + indicates program requirement above ARRT requirement or elective
 - ¹ Stretcher Chest OR Wheelchair Chest completes ARRT requirement. Both are required by the program.
 - ² Thumb OR Finger completes ARRT requirement. Both are required by the program.
 - ³ The Stretcher Chest simulation must be completed before attempting the Mobile Chest competency evaluation.

Clinical Site Orientation Objectives	Date Completed		Verified by
Orientation Objectives 1 st yr.	1 -8 [#]	Completed	
Orientation Objectives 2 nd yr.			
St. Louis Children’s Hospital			

#Orientation objectives 1 - 8 must be complete BEFORE the student is allowed to be evaluated for competency

Chest and Thorax	Sem. Taught	Simulation	Date Completed	Verified by	Pt. or Sim
Chest PA and Lat *	1				
Chest, Wheelchair * + ¹	1				
Chest, Stretcher * + ¹	1				
Chest, Lat. Decubitus **	1				
Ribs *	2				
Sternum **	2				
Sternoclavicular Joints**	2				
Soft tissue neck/Upper airway **	1				
Upper Extremity					
Finger * + ²	1				
Thumb * + ²	1				
Hand *	1				
Wrist *	1				
Elbow *	1				
Forearm *	1				

Upper Extremity continued	Sem. Taught	Simulation	Date Completed	Verified by	Pt. or Sim
Humerus *	2				
Shoulder *	2				
Clavicle *	2				
Scapula **	2				
AC Joints **	2				
Trauma: Shoulder or Humerus Scapular Y, Transthoracic or Axial*	3				
Trauma: Upper Extremity (Non-shoulder) *	3				
Lower Extremity					
Foot *	2				
Ankle *	2				
Knee*	2				
Tibia-Fibula *	2				
Femur *	2				
Patella **	2				
Calcaneus **	2				
Toe **	2				
Trauma: Lower Extremity *	3				
Head (1 required by ARRT)					
Skull **	3				
Paranasal Sinuses **	3				
Facial Bones **	3				
Orbits **	3				
Nasal Bones **	3				
Mandible (not Panorex) **	3				
Temporomandibular Joints**	3				
Spine and Pelvis					
Cervical Spine *	2				
Cross-Table (Horizontal Beam)* Lateral Spine	2				
Thoracic Spine*	2				
Lumbar Spine *	2				
Pelvis *	2				

Spine and Pelvis continued	Sem. Taught	Simulation	Date Completed	Verified by	Pt. or Sim
Hip AP & Frog Lateral *	2				
Cross-Table (Horizontal Beam) Lateral Hip *	2				
Sacrum and/or Coccyx **	2				
Scoliosis Series **	2				
SI Joints **	2				
Abdomen					
Abdomen Supine (KUB)*	1				
Abdomen Decubitus + **	1				
Abdomen Upright *	1				
IVU/IVP **	1				
Fluoroscopic Procedures					
Upper GI Series, (Single or Double contrast) ** +	1				
Contrast Enema, (Single or Double contrast) **	1				
Small Bowel Series ** +	1				
Esophagus ** +	1				
Cystography/Cystourethrography **	1				
ERCPC **	1				
Modified Swallow (program elective)	1				
Bariatric Procedure Evaluation	1				
GI Tube Placement (program elective)	3				
Myelography **	4				
Arthrogram **	4				
Hysterosalpingography**	4				
Mobile C-arm Studies & Surgery					
Surgical C-Arm Procedure (Requiring Manipulation Around a Sterile Field)*	3				
C-Arm Procedure (Requiring Manipulation to Obtain More Than One Projection)*	3				
Surgery #1 (C-Arm or Mobile) +	3				
Surgery #2 (C-Arm or Mobile) +	3				

Mobile Radiographic Studies	Sem. Taught	Simulation	Date Completed	Verified by	Pt. or Sim	
Mobile Chest * ³	1					
Mobile Chest “difficult” pt. +	1					
Mobile Abdomen *	1					
Mobile Upper/Lower Extremity *	1 & 2					
Mobile Pelvis/Hip +	2					
Pediatric (Age 6 or Younger)						
Ped. Chest Routine *	2					
Ped. Upper/Lower Extremity **+	2					
Ped. Abdomen **	2					
Ped. Mobile **	2					
Geriatric Patient (At Least 65 Years Old and Physically or Cognitively Impaired as a Result of Aging)						
Geriatric Chest (2 Projections)*	2					
Geriatric Upper/Lower Extremity *	2					
Geriatric Hip AP & Lateral **+	2					
Geriatric Spine **+	2					

General Patient Care	Sem. Taught	Date of Faculty Simulation	Date of Clinical Competency	Verified by
Vital signs (blood pressure, pulse, respiration, temp. pulse oximetry) *	1			
Transfer of Patient *	1			
Venipuncture *	3			
Care of patient medical equipment (O ₂ , IV tubing) *	3			
Sterile and Medical Aseptic technique *	4			

Additional Therapeutic and Imaging Modalities	Sem. Taught	Date completed/ Verified by
Computed Tomography +	4	
Sonography +	4	
MRI +	4	
Nuclear Medicine +	4	
Radiation Therapy +	4	
Interventional / Angiography +	4	
Mammography (1 day program elective)	4	

The modality rotations are completed in Clinical Ed. VI. Each modality requires a minimum 1-day rotation. Mammography is an elective rotation. Remaining observation time will be scheduled in the modalities of choice for a total of 14 days.

Advanced Modality Objectives and Logs

St. Louis Community College at Forest Park
Radiologic Technology Program
 Advanced Modality Objectives and Log

Computed Tomography

Patient Log	Type of Exam	Topogram (Scout) Projections taken	Positioning Landmark	Contrast Used
M F P				
M F P				
M F P				
M F P				
M F P				
M F P				
M F P				
M F P				
M F P				

Technologist's Comments and/or Observations

Technologist Signature _____ Date: _____

Technologist printed name _____

Student Signature _____ Date: _____

Student printed name _____

St. Louis Community College at Forest Park
Radiologic Technology Program
 Advanced Modality Objectives and Log

Interventional / Angiography

Students are expected to observe and assist where the student and staff feel comfortable, for example: loading contrast, assisting with sterile tray setup, running the radiographic equipment, etc.

The technologist should initial once the student demonstrates knowledge of the following:

- _____ 1. Describe the method of vessel access utilized for an angiographic procedure.
- _____ 2. Identify embolization devices or stents and give examples of their uses.
- _____ 3. Identify vessels on an image that are commonly demonstrated during an angiographic procedure

Patient Log	Type of Exam	Contrast Used
M F P		
M F P		
M F P		
M F P		
M F P		
M F P		
M F P		

Technologist's Comments and/or Observations

Technologist Signature _____ Date: _____

Technologist printed name _____

Student Signature _____ Date: _____

Student printed name _____

St. Louis Community College at Forest Park
Radiologic Technology Program
 Advanced Modality Objectives and Log

Mammography

The technologist should initial once the student demonstrates the following:

- _____ 1. Review images of basic projections with technologist to determine that anatomy is appropriately demonstrated.
- _____ 2. Explain the differences between a routine mammography screening and a diagnostic exam
- _____ 3. Identify screening eligibility requirements

Patient Log	Type of Exam
M F	
M F	
M F	
M F	
M F	
M F	
M F	
M F	
M F	
M F	

Technologist's Comments and/or Observations

Technologist Signature _____ Date: _____

Technologist printed name _____

Student Signature _____ Date: _____

Student printed name _____

**St. Louis Community College at Forest Park
Radiologic Technology Program
Advanced Modality Objectives and Log**

Magnetic Resonance Imaging

The technologist should initial once the student demonstrates knowledge of the following:

- _____ 1. The unique safety concerns related to MRI
- _____ 2. Department protocol for and importance of obtaining lab values prior to intravenous contrast exams
- _____ 3. Discuss what RF coils are and their various clinical applications.

Patient Log	Type of Exam	Coils used	Contrast Used
M F P			
M F P			
M F P			
M F P			
M F P			
M F P			
M F P			
M F P			
M F P			
M F P			

Technologist's Comments and/or Observations

Technologist Signature _____ Date: _____

Technologist printed name _____

Student Signature _____ Date: _____

Student printed name _____

**St. Louis Community College at Forest Park
Radiologic Technology Program
Advanced Modality Objectives and Log**

Nuclear Medicine

The technologist should initial once the student demonstrates knowledge of the following:

- _____ 1. The location and proper safety factors involved in using the “hot lab”
- _____ 2. Name five (5) common radiopharmaceuticals currently used for medical diagnosis.
- _____ 3. Why it is safe to be in the room with a patient containing a radioactive drug when you have to go behind a lead shield when taking an x-ray

Patient Log	Type of Exam	Radiopharmaceutical Used
M F P		
M F P		
M F P		
M F P		
M F P		
M F P		
M F P		

Technologist’s Comments and/or Observations

Technologist Signature _____ Date: _____

Technologist printed name _____

Student Signature _____ Date: _____

Student printed name _____

St. Louis Community College at Forest Park
Radiologic Technology Program
 Advanced Modality Objectives and Log

Radiation Therapy

The radiation therapist should initial once the student demonstrates knowledge of the following:

- _____ 1. Possible side effects after receiving radiation therapy
- _____ 2. Other than collimator or coning devices, how dose to healthy tissue is minimized
- _____ 3. How C.T. is utilized in radiation therapy.

Patient Log	Exam / Body Part	Pathology
M F P		
M F P		
M F P		
M F P		
M F P		
M F P		
M F P		
M F P		
M F P		

Technologist's Comments and/or Observations

Technologist Signature _____ Date: _____

Technologist printed name _____

Student Signature _____ Date: _____

Student printed name _____

St. Louis Community College at Forest Park
Radiologic Technology Program
 Advanced Modality Objectives and Log

Sonography

The sonographer should initial once the student demonstrates knowledge of the following:

- _____ 1. The student is able to differentiate between transverse and longitudinal exams.
- _____ 2. The purpose of a patient having a full bladder for a pelvis and OB sonogram
- _____ 3. Patient preparation for an exam of the right upper quadrant, including the biliary system, and why this preparation important

Patient Log	Type of Exam
M F P	
M F P	
M F P	
M F P	
M F P	
M F P	
M F P	
M F P	
M F P	
M F P	

Technologist's Comments and/or Observations

Technologist Signature _____ Date: _____

Technologist printed name _____

Student Signature _____ Date: _____

Student printed name _____

CLINICAL ATTENDANCE

REQUIRED CLINICAL HOURS

All St. Louis Community College at Forest Park students receiving clinical education at any of the college-affiliated hospitals will follow the schedule of clinical hours required below without pay. In a period of twenty-three months, the student is required to complete the following hours at assigned clinical sites. All scheduled clinical days are 8 hours.

Clinical education hours are not allowed on any day when St. Louis Community College is closed (including legal holidays when the college is closed), Faculty/Staff Professional Development Days, and during final examination days. Students may put in extra hours of clinical education; however, those hours may not be “banked” to be used as make-up hours in the event of missed clinical time.

Students must keep an accurate record of all clinical education hours.

XRT: 111 - Clinical Education I	First Fall Semester 6 weeks clinical orientation 16 hours/week x 10 weeks (Tuesday and Thursday)
XRT: 112 - Clinical Education II	First Spring Semester 16 hours/week x 15 weeks (Tuesday and Thursday) Additional clinical hours required: Winter Break - First Year up to 40 hours
XRT: 116 - Clinical Education III*	First Summer Session 40 hours/week x 8 weeks (Monday – Friday)
XRT: 213 - Clinical Education IV	Second Fall Semester 24 hours/week x 16 weeks (Monday, Wednesday and Friday)
XRT 214 - Clinical Education V	Second Spring Semester 24 hours/week x 15 weeks (Monday, Wednesday and Friday) Additional clinical hours required: Winter Break - First Year up to 40 hours
XRT 215 - Clinical Education VI**	Second Summer Session (early summer) 40 hours/week x 3 weeks (Monday – Friday) 24 hours / week X 6 weeks (summer session) (Monday, Wednesday and Friday)

* XRT: 116 (Clinical Ed III) begins the Monday following early summer session.

** XRT: 215 (Clinical Ed VI) is a nine-week course beginning on the first day of early summer session.

WINTER & SPRING BREAK HOURS

- Specific dates for both 1st-year and 2nd-year students will be announced annually for the winter break.
- The College is closed on certain days during the winter break. No clinical hours may be put in on those days. Faculty will advise students and clinical preceptors of these dates.
- Up to forty (40) hours are required for 1st-year and 2nd-year students during the Winter break.
 - Eight (8) hour shifts only
 - Day shifts only

CLINICAL ATTENDANCE & EXCESSIVE ABSENTEEISM POLICY

Absenteeism and excessive tardiness are sufficient cause for clinical grade reduction or possible dismissal from the program.

Excessive absenteeism is defined as follows:

Clinical Education I	3 days
Clinical Education II	5 days
Clinical Education III	5 days
Clinical Education IV	6 days
Clinical Education V	6 days
Clinical Education VI	4 days

If a student accumulates the number of absences identified by the excessive absenteeism definition, their clinical grade can be no higher than a “D”.

Additional absences beyond what has been identified as excessive absenteeism will result in a clinical grade of “F”, which results in dismissal from the program.

CLINICAL TARDY/LEAVING EARLY

- Tardy is defined as arriving one minute late or failing to clock-in according to the clinical attendance documentation policy (above) by the start of the clinical shift.
- Leaving early is defined as leaving one minute early or or failing to clock-out according to the clinical attendance documentation policy by the end of the clinical shift.
- Points for tardies/leaving early will be deducted from the punctuality category of each PDE as follows:
 - 0 points – no tardies and/or leaving early
 - 1 point – 1 tardy or leaving early
 - 2 points – 2 tardies and/or leaving early
 - 3 points – 3 tardies and/or leaving early
 - 4 points – greater than 3 tardies and/or leaving early

For the purpose of PDE grading:

- The counting of absences, tardies/leaving early will start over after the midterm PDE in Clinical Education II, IV and V.
- The counting of absences, tardies/leaving early will be cumulative for PDE I, III, and VI. (There is no midterm PDE).

For the purpose of identifying excessive absenteeism (not PDE grading):

- Three (3) incidents of tardy and/or leaving early will be counted as one (1) clinical absence and applied to the excessive absenteeism policy. The excessive absenteeism count is **cumulative** for each clinical education course. (See clinical attendance & excessive absenteeism policy above)

CLINICAL ATTENDANCE DOCUMENTATION

The clinical record-keeping program, Trajecsys, will be used to document all clinical time. Students are required to follow all clinical guidelines and policies. In rare instances, exceptions to the Trajecsys time record may be required. Exceptions can only be entered by clinical preceptors or program faculty. Any attempt to falsify clinical time will result in disciplinary action.

NOTIFICATION OF LATE ARRIVAL

A student who is unable to clock in at the designated clinical site start time is required to:

- In person or by telephone, speak directly to the clinical preceptor no later than one hour after the designated start time of clinical. The student must speak to a supervisor if the clinical preceptor is absent.
- If more than 15 minutes late, the student must also notify (via e-mail or phone call) the assigned faculty no later than one hour after the scheduled start time of clinical.
- State the reason for the tardiness to the clinical preceptor and faculty.

NOTIFICATION OF LEAVING EARLY

If the student must leave the hospital at any time during their scheduled clinical shift, they must notify the clinical preceptor and assigned faculty before leaving. If the clinical preceptor is absent, the supervisor must be informed.

NOTIFICATION OF ABSENCE

A student who is unable to attend clinical, for any reason, is required to:

- Telephone and speak directly to the clinical preceptor *before* the designated start time of the clinical site. If the clinical preceptor is absent, the student must speak to a supervisor.
- Notify faculty *before* the scheduled start time of clinical.
- State the reason for the absence to the clinical preceptor and faculty.

Only in the event that the clinical preceptor or supervisor is not available is it acceptable to leave a message. Communication regarding your absence is expected to be done by you personally.

NO CALL/NO SHOW POLICY

A no call/no show incident is defined as:

- *Tardy*: Arriving after the beginning of the scheduled clinical start time or failing to clock-in according to the clinical attendance documentation process without having notified the clinical preceptor and assigned faculty as required in the Notification of Late Arrival Policy.
- *Leaving early*: Leaving before the scheduled clinical end time or failing to clock-out according to the clinical attendance documentation process without having notified the clinical preceptor and assigned faculty as required in the Notification of Leaving Early policy.
- *Absent*: Being absent from clinical without having notified the clinical preceptor and assigned faculty member before the designated start time.

Grading for violations of the No Call/No Show Policy:

The impact on grading for these incidents are NOT restricted to each clinical course. They are counted **cumulatively** throughout the duration of the program.

- *First incident in the program:* Will be documented in an incident report and deductions on the Professional Development Evaluation.
- *Second incident in the program:* The student will receive no higher than a grade of “C” for the clinical education course.
- *Third incident in the program:* The student will receive no higher than a grade of “D” for the clinical education course.
- *Fourth incident in the program:* The student will receive no higher than a grade of “F” for the clinical education course, which results in dismissal from the program.

MAKE-UP OF CLINICAL HOURS

It is mandatory that students make up any missed clinical time as soon as possible.

Students must **schedule** the proposed make-up hours with their assigned faculty member and the clinical preceptor **ahead of time** by completing the Absence/Tardy/Excused day document.

After the Absence/Tardy/Excused day form is submitted and approved, the agreed upon hours become the student’s new schedule. The attendance and tardy policies are applicable.

Making up clinical time does not negate an absence on the PDE. If clinical make-up time is not properly scheduled, the hours that are put in will not be accepted nor counted.

All clinical hours must be completed by the last day of finals week. Students that do not complete all required hours by the last day of finals week will not be eligible for a clinical grade above a “C”. (See Clinical Education Grading Policies on pages 66 – 71). Remaining make-up time may be scheduled after the student completes all final exams.

In special circumstances, a large amount of clinical education time can be made up following the scheduled class graduation date. This option may be initiated only by a faculty member. In the event this option is utilized, the make-up time will begin during “service week”, which is the week prior to the start of the regular fall semester.

EXTENDED CLINICAL HOURS

Students may put in more than eight (8) hour shifts in certain instances with prior approval; however, students are not allowed to put in more than ten (10) hours in a shift. Students are required to take at least a thirty minute lunch period if the shift is scheduled for more than six (6) hours. If a student signs in at 7:00 a.m. and out at 5:30 p.m., the student would be credited with ten hours. The latest a student may be at clinical is 7 p.m.

BREAKS AND LUNCH PERIODS

Radiology departments differ as to their policies on breaks for employees. They also differ as to the amount of time granted for lunch periods. Students will observe the breaks and lunch periods according to the department policies at their assigned clinical site. Students are required to take at least a thirty minute lunch period if the shift is scheduled for more than six (6) hours.

Skipping lunch is not permitted. Therefore, working through your lunch period to make up time is not allowed. Likewise, working through your lunch period in order to be able to leave earlier in the afternoon is also not permitted. The same holds true regarding skipping of breaks.

EXCUSED DAY

Each student is allowed one excused day off from clinical during **Clinical II**, **Clinical III**, **Clinical IV**, and **Clinical V**.

- The student will not be required to make up the eight hours.
- If the day is scheduled with assigned faculty member at least one day in advance, it will not affect the student's Professional Development Evaluation (PDE).
- The day may not be carried over into another semester. If it is not used during a specified semester, the student will lose the excused day.
- The day may not be scheduled for the first day of Clinical IV.
- The day will not be allowed the last day of Clinical III due to a mandatory meeting on campus.
- If the student calls in absent and has not yet used their excused day, it will be counted as their excused day and an absence.
- If the student has an excused day scheduled and calls in absent, the absence will be counted as their excused day and an absence. The scheduled day is canceled.
- The day may only be used as a whole 8 hours; the student will not be allowed to take the time in increments.
- Students are required to notify the clinical instructor of their absence. This must be done at least one day in advance when the day is scheduled.
- One additional excused day will also be allowed. This day may be used in Clinical IV or Clinical V. For example, a student uses two excused days during Clinical IV. That student may only use one excused day in Clinical V.

HOLIDAYS

Students will not attend classes or clinical education on legal holidays when the College is closed. Students are not allowed to make up clinical education hours on holidays observed by St. Louis Community College. Holidays normally observed are:

- New Year's Day
- Martin Luther King's Birthday
- President's Day
- Spring Holiday
- Memorial Day
- Juneteenth
- Fourth of July
- Labor Day
- Thanksgiving Holiday Weekend
- Christmas

Students may be excused from clinical education for observance of a religious holiday when such observance, as is required, cannot be made outside the hours when clinical is scheduled or because a student's religion forbids secular activity during a school day. Students must make a written request in advance to receive permission to be excused from clinical education.

JURY DUTY/COURT SUMMONS

If a student is going to serve on a jury or is subpoenaed to appear in court, the student is excused from clinical education and the time does not need to be made up. The student is required to show his/her subpoena or call for jury duty to the faculty. If a student is subpoenaed to appear in traffic court this policy does **NOT** apply.

BEREAVEMENT LEAVE

Three (3) consecutive days bereavement leave, not counting weekends, will be granted for immediate family members. **Immediate family:** mother, father, mother or father-in-law, sister, brother, husband, wife, child and grandparents. One (1) day bereavement leave will be granted for cousins, aunts, nieces, nephews and uncles. Clinical time missed during bereavement leave does not need to be made up. Documentation must be provided to faculty, i.e. obituary, funeral service announcement, etc.

NEW EMPLOYMENT IN RADIOLOGIC TECHNOLOGY

A student may be excused from clinical a total of no more than 16 hours during the length of the program for the interview/physical/orientation for a radiographer position. Documentation of scheduled new employment requirements must be provided to faculty in advance.

INCLEMENT WEATHER POLICY

- COLLEGE IS CLOSED - All classes and clinical are canceled for the day. All classes, labs, library, student center, writing center, and other services will be closed. Evening classes and online instruction are also canceled.
- DELAYED SCHEDULE- **Clinical** will begin at 9:30 a.m. Campus classes beginning before 9:30 a.m. will be canceled for that day.
 - If the media announces that classes are canceled or the College is closed, students are not required to attend clinical. However, if the Forest Park Campus remains open, students are expected to attend clinical or classes as scheduled.
 - If the announcement is made that the College is closed after a student arrives to clinical, the student has the option to remain at clinical. The time will be given to the student later that same semester and must be scheduled. If the hospital sends the staff home early because of inclement weather, the student may also be sent home by the clinical instructor. If the student stays, the time will be given to the student later in the semester. This time must be scheduled. If the student leaves, this time does not have to be made up.
- When inclement weather is forecasted, students are expected to “plan ahead” and make every reasonable effort to get to the clinical site on time.
- St. Louis Community College will remain open except under very severe weather conditions. Official announcements will be broadcast on KMOX-AM (1120) Radio and television channels 2, 4, and 5. On television, announcements are broadcast as early as possible at the bottom of the screen. Severe weather announcements are announced by campus.
- An STLCC alert will be broadcast via email and text when the College closes due to weather.
- Updates also will also be posted on the home page of the STLCC website and on the main page for each campus, as well as a broadcast email when feasible.
- In the absence of any announcement, students should assume the college is operating on its normal schedule.
- Students may also call 314 644-9100, option 7, for severe weather closing announcements.

CLINICAL EVALUATION AND GRADING

EVALUATION OF STUDENT CLINICAL PERFORMANCE

Clinical performance will be evaluated at mid-term and end of the semester for Clinical Education II, IV, and V. Clinical performance will be evaluated at the end of the semester for Clinical Education I, III, and VI.

The evaluation is documented using the Professional Development Evaluation (PDE), and is one tool used in determining the student's clinical grade.

The PDE used for each clinical semester is included in Appendix Q. Note that each category on the PDE is followed by five boxes which describe different general levels of student performance for that category.

Each box is assigned a number value. The highest level of performance in a category is assigned 4 points, followed by 3, 2, 1, and 0 for the remaining boxes. The number of points is totaled and the grading scale for each semester PDE is included in the clinical education grading policy that follows.

CASE STUDIES

Each student will be required to submit two (2) case studies during the second year of the program. The purpose of developing case studies is to demonstrate knowledge of radiographic concepts, anatomy, pathology and critical thinking, writing and computer skills.

Case study grades will be factored in to Clinical Education IV and V grading.

CLINICAL EDUCATION GRADING POLICIES

Notes: Master Competency List is referred to as the MCL throughout the grading criteria.
All successful simulations will be applied to the Clinical Education grading policies.

CLINICAL I (FALL I)

Midterm Grade Clin ED I

During clinical orientation, there will be two (2) unit exams. Each exam will consist of 50 true/false, multiple/multiple- and multiple-choice questions. Each exam will be worth 100 points, totaling 200 points possible for midterm grade calculation.

1. The **midterm** grade will be calculated by averaging the scores earned on the first attempt of each orientation exam.
 - “A” Achieve an average of 100 – 93% for the two orientation exams.
 - “B” Achieve an average of 92 – 84% for the two orientation exams.
 - “C” Achieve an average of 83 – 75% for the two orientation exams.
 - “D” Achieve an average of 74 – 68% for the two orientation exams.
 - “F” Achieve an average of 67% or less for the two orientation exams.

A student must score 75% or higher to successfully pass each unit exam. If this score is not achieved, the student will need to retake the exam within one week of the first exam. This must be scheduled with Mrs. Schroeder. Only three (3) attempts will be allowed, and multiple attempts will impact the final course grade. (See the Final Grade criteria)

2. Clinical orientation session punctuality and attendance will impact the midterm grade.
 - **Tardy/ leaving early:** Each occurrence of being tardy and/or leaving early during the 6 weeks of clinical orientation will lower the midterm course grade by two percentage points.
 - **Absences:** Each absence during the 6 weeks of clinical orientation will lower the midterm course grade by five percentage points.

Final Grade Clin ED I

- A” Do ALL of the following:
1. Immunization tracking and CPR in completed status in CastleBranch by the end of the third week of the semester.
 2. Midterm grade of 75% or higher.
 3. Earn 40 - 36 points on the Professional Development Evaluation.
 4. Simulations: Completed during three scheduled attempts before the first day of clinical.
 - Chest PA and Lateral
 - Abdomen Supine (KUB)
 5. Simulations: Completed by the last day of the semester (not including finals week).
 - Stretcher Chest
 - Wheelchair Chest
 - Upright abdomen
 - All exams in the Upper Extremity section of the MCL “Sem. Taught 1”
 6. Clinical Competencies: Completed by the last day of the semester (not including finals week).

- All Orientation Objectives in Trajecsys
 - Chest PA and Lateral
7. Complete all clinical hours in scheduled time.

“B” Do ALL of the following:

1. Have immunization tracking and CPR in completed status in CastleBranch by the end of the third week of the semester.
2. Midterm grade of 75% or higher.
3. Achieve a 75% or higher on the second attempt on either of the Clinical Orientation Exams I or II.
4. Earn a minimum of 35-30 points on the Professional Development Evaluation.
5. Simulations: Completed by the last day of the semester (not including finals week).
 - Stretcher Chest
 - Wheelchair chest
 - Abdomen Supine (KUB)
 - Upright Abdomen
6. Clinical Competencies: Completed by the last day of the semester (not including finals week).
 - All Orientation Objectives
 - Chest PA and Lateral
7. Complete all clinical hours in scheduled time.

“C” Do ALL of the following:

1. Midterm grade of 75% or higher is not achieved.
2. Achieve 75% or higher on the third attempt on either of the Clinical Orientation Exams I or II. (3 total attempts are allowed to achieve this score)
3. Earn a minimum of 29-23 points on the Professional Development Evaluation.
4. Clinical Competencies: Completed by the last day of the semester (not including finals week).
 - All Orientation Objectives
 - Chest PA and Lateral
5. Complete all clinical hours in scheduled time.

“D” Do any **ONE** of the following:

1. Midterm grade of 75% or higher is not achieved.
2. A grade of 75% or higher is not achieved by the end of Clinical Education I on both Clinical Orientation Exams I and II. (3 total attempts are allowed to achieve this score)
3. Earn 22-16 points on the Professional Development Evaluation.
4. **One** of the following comps is NOT completed by the last day of the semester (not including finals week).
 - All Orientation Objectives
 - Chest PA and Lateral
5. Absent 3 days from clinical.

“F” Do any **ONE** of the following:

1. Midterm grade of 75% or higher is not achieved.
2. A grade of 75% or higher is not achieved by the end of Clinical Education I on both Clinical Orientation Exams I and II. (3 total attempts are allowed to achieve this score)

3. Earn 15-0 points on the Professional Development Evaluation.
4. **Neither** of the following comps are completed by the last day of the semester. (not including finals week)
 - All Orientation Objectives
 - Chest PA and Lateral
5. Does not complete all clinical hours.
6. Absent more than 3 days from clinical.

* Simulation opportunities may be provided within other courses. Any simulation completed during that time, will be counted toward the clinical education course grading criteria.

CLINICAL II (SPRING I)

“A” Do ALL of the following:

1. Earn an average of 52-46 points on the Professional Development Evaluations.
2. Simulations: Completed by midterm
 - All exams in the Chest and Thorax section of the MCL “Sem. Taught 1”
 - All exams in the Upper Extremity section of the MCL “Sem. Taught 1”
 - All exams in the Abdomen section of the MCL
 - All exams in the “Fluoroscopic Procedures” section of the MCL
3. Simulations: Completed by the last day of the semester (not including finals week).
 - All exams in the Upper Extremity section of the MCL “Sem. Taught 2”
 - All exams in the Lower Extremity section of the MCL “Sem. Taught 2”
4. Complete all clinical hours in scheduled time.

“B” Do ALL of the following:

1. Earn a minimum average of 45-38 points on the Professional Development Evaluations.
2. Simulations: Completed by midterm
 - All exams in the Chest and Thorax section of the MCL “Sem. Taught 1”
 - All exams in the Upper Extremity section of the MCL “Sem. Taught 1”
 - All exams in the Abdomen section of the MCL
3. Simulations: Completed by the last day of the semester (not including finals week).
 - All exams in the “Fluoroscopic Procedures” section of the MCL
4. Complete all clinical hours in scheduled time.

“C” Do ALL of the following:

1. Earn a minimum average of 37-29 points on the Professional Development Evaluations.
2. Simulations: Completed by the last day of the semester (not including finals week).
 - All exams in the Chest and Thorax section of the MCL “Sem. Taught 1”
 - All exams in the Upper Extremity section of the MCL “Sem. Taught 1”
 - All exams in the Abdomen section of the MCL
 - All exams in the “Fluoroscopic Procedures” section of the MCL

- “D” Do any **ONE** of the following:
1. Earn an average of 28-19 points on the Professional Development Evaluations.
 2. Does NOT complete ALL of the following simulations by the end of the semester*:
 - All exams in the Chest and Thorax section of the MCL “Sem. Taught 1”
 - All exams in the Upper Extremity section of the MCL “Sem. Taught 1”
 - All exams in the Abdomen section of the MCL
 - All exams in the “Fluoroscopic Procedures” section of the MCL
 3. Have 5 clinical absences.

- “F” Do any **ONE** of the following:
1. Earn an average of 18-0 points on the Professional Development Evaluations.
 2. Have 6 clinical absences.

CLINICAL III (SUMMER I)

- “A” Do ALL of the following:
1. Earn 52-46 points on the Professional Development Evaluation.
 2. Sims (completed by the end of the semester*)
 - Cervical Spine, Thoracic Spine, Lumbar Spine, Cross-Table Lateral Spine
 3. And complete all previously required sims by the end of the semester*
 - All exams in the Chest and Thorax section of the MCL “Sem. Taught 1”
 - All exams in the Upper Extremity section of the MCL “Sem. Taught 1 and 2”
 - All exams in the Lower Extremity section of the MCL “Sem. Taught 2”
 - All exams in the Abdomen section of the MCL
 - All exams in the “Fluoroscopic Procedures” section of the MCL
 4. Complete all clinical hours in scheduled time.

- “B” Do ALL of the following:
1. Earn a minimum of 45-38 points on the Professional Development Evaluation.
 2. Complete all previously required sims by the end of the semester*
 - All exams in the Chest and Thorax section of the MCL “Sem. Taught 1”
 - All exams in the Upper Extremity section of the MCL “Sem. Taught 1 and 2”
 - All exams in the Lower Extremity section of the MCL “Sem. Taught 2”
 - All exams in the Abdomen section of the MCL
 - All exams in the “Fluoroscopic Procedures” section of the MCL
 3. Complete all clinical hours in scheduled time.

- “C” Do the following:
1. Earn a minimum of 37-29 points on the Professional Development Evaluation.

- “D” Do any **ONE** of the following:
1. Earn 28-19 points on the Professional Development Evaluation.
 2. Have 5 clinical absences.

- “F” Do any **ONE** of the following:
1. Earn 18-0 points on Professional Development Evaluation.
 2. Have 6 clinical absences.

CLINICAL IV (FALL II)

- “A” Do ALL of the following:
1. Earn an average of 52-46 points on the Professional Development Evaluations.
 2. Successfully completes case study with a grade of 84-100%.
 3. Complete all simulations (with the exception of head exams) by the end of the sixth week of the semester.
 4. Complete all head simulations by the end of the semester.*
 5. Complete all clinical hours in scheduled time.
- “B” Do ALL of the following:
1. Earn a minimum average of 45-38 points on the Professional Development Evaluations.
 2. Successfully complete 1 case study with a minimum grade of 68%.
 3. Complete all simulations (with the exception of head exams) by the end of the eighth week of the semester.
 4. Complete all head simulations by the end of the semester.*
 5. Complete all clinical hours in scheduled time.
- “C” Do ALL of the following:
1. Earn a minimum average of 37-29 points on the Professional Development Evaluations.
 2. Successfully completes 1 case study.
 3. Complete all simulations (with the exception of head exams) by the end of the tenth week.
 4. Complete all head simulations by the end of the semester.*
- “D” Do any **ONE** of the following:
1. Earn an average of 28-19 points on the Professional Development Evaluations.
 2. Does not successfully complete one case study.
 3. Complete all simulations (with the exception of head exams) after the tenth week of the semester.
 4. Have 6 clinical absences.
- “F” Do any **ONE** of the following:
1. Earn an average of 18-0 points on the Professional Development Evaluations.
 2. **ALL** program simulations are not completed by the end of the semester (including head exams)
 3. Have 7 clinical absences.

CLINICAL V (SPRING II)

- “A” Do ALL of the following:
1. Earn an average of 52-46 points on the Professional Development Evaluations.
 2. Successfully complete 1 case study with a grade of 84-100%.
 3. Complete all clinical hours in scheduled time.
- “B” Do ALL of the following:
1. Earn a minimum average of 45-38 points on the Professional Development Evaluations.
 2. Successfully complete 1 case study with a minimum grade of 68%.
 3. Complete all clinical hours in scheduled time
- “C” Do ALL of the following:
1. Earn an average of 37-29 points on the Professional Development Evaluations.
 2. Successfully complete 1 case study.
- “D” Do any **ONE** of the following:
1. Earn an average of 29-19 points on Professional Development Evaluations.
 2. Does NOT successfully complete 1 case study.
 3. Have 6 clinical absences.
- “F” Do any **ONE** of the following:
1. Earn an average of 18-0 points on Professional Development Evaluations.
 2. Have 7 clinical absences.

CLINICAL VI (SUMMER II)

- “A” Do ALL of the following:
1. Earn 52-46 points on the Professional Development Evaluation.
 2. Complete all remaining competencies on the MCL.
 3. Complete all clinical hours in scheduled time.
- “B” Do ALL of the following:
1. Earn a minimum of 45-38 points on Professional Development Evaluation.
 2. Complete all remaining competencies on the MCL.
 3. Complete all clinical hours in scheduled time.
- “C” Do ALL of the following:
1. Earn a minimum of 37-29 points on Professional Development Evaluation.
 2. Complete all remaining competencies on the MCL.
- “D” Does any **ONE** of the following:
1. Earn 29-19 points on Professional Development Evaluation.
 2. Does NOT complete all remaining competencies on the MCL .
 3. Have 4 clinical absences.
- “F” Does any **ONE** of the following:
1. Earn an average of 18-0 points on Professional Development Evaluations.
 2. Does NOT complete all remaining competencies on the MCL.
 3. Have 5 clinical absences.

APPENDIX A

**ST. LOUIS COMMUNITY COLLEGE AT FOREST PARK
RADIOLOGIC TECHNOLOGY PROGRAM**

ABSENCE/TARDY/EXCUSED DAY DOCUMENTATION

Student name: _____ Date: _____ Time: _____

Date(s) of Absence _____ Notified C.I. _____ Notified faculty _____

Reason _____

Make -up date(s) and hours _____

Date of Tardy _____ Notified C.I. _____ Notified faculty _____

Time arrived _____

Reason _____

Make-up date(s) and hours _____

Date Student Left Early _____

Time departed _____

Reason _____

Make-up date(s) and hours _____

Date of Requested Excused Day _____

(To be scheduled with faculty member only)

Student signature

Faculty and/or Clinical Preceptor

Student printed name

Faculty and/or Clinical Preceptor (Print)

APPENDIX B

**ST. LOUIS COMMUNITY COLLEGE AT FOREST PARK
RADIOLOGIC TECHNOLOGY PROGRAM**

AGREEMENT WITH RESPECT TO PARTICIPATION IN CLINICAL PROGRAMS

EXPLANATION

St. Louis Community College, as a part of its educational services, sponsors a number of clinical programs which are conducted in cooperation with various organizations and institutions throughout the metropolitan St. Louis area. Each of these programs is subject to a specific contract in which the organization or institution reserves the rights with respect to the program conducted, including the right to determine when and in what circumstances the organization or institution can deny placement or require removal of a student participating in a program from its premises. Such a determination is often completely outside the control of the College and may be exercised without its agreement or consent.

AGREEMENTS

Therefore, the undersigned, as a condition precedent to enrollment in any clinical program, hereby understands and/or agrees:

1. To comply with rules and regulations of the organizations and institutions that are sponsoring clinical programs in which the undersigned is participating. These rules and regulations include, but are not limited to, completion and/or maintenance of the background check, drug screen, immunizations, body mechanics lab, PPD, health form and CPR certification (The immunization tracking system must be maintained in order to provide documentation of immunizations, PPD, health form, and CPR certification.)
2. That he/she is a guest of said organization and/or institution and that he/she may be summarily denied placement or further access to the premises where the clinical program is conducted, by the participating organization or institution without the consent and independent of any decision of St. Louis Community College.
3. That as a result of such denial or access, he/she may not be able to satisfactorily complete such program or the course of study for which completion of the program may be required.
4. In the event of such denial of access, that he/she will not have any recourse through the usual student grievance procedures or otherwise against the College, but will have to proceed, if at all, independently against the organization or institution withdrawing access to the specific clinical program.

I hereby certify that I have read and understand the foregoing explanation and agreements and that I agree to be bound thereby in consideration of my acceptance into and participating in any clinical program conducted in any facility owned or operated by and organization or institution independent of St. Louis Community College.

I have read and understand the preceding agreement.

Student signature

Date

Student printed name

APPENDIX C

**ST. LOUIS COMMUNITY COLLEGE AT FOREST PARK
RADIOLOGIC TECHNOLOGY PROGRAM**

BLOODBORNE PATHOGEN EXPOSURE CONTROL

Policy

It is the policy of St. Louis Community College that faculty, students, and staff will utilize OSHA (Occupational Health and Safety Administration) guidelines to minimize contact with Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV), and other bloodborne pathogens. It is also the policy of the College that exposure incidents involving blood or other potentially infectious materials, which occur as a result of College activities, will be reported for appropriate follow up, in accordance with administrative procedures.

Bloodborne pathogens are infectious microorganisms present in blood that can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV), the virus that causes AIDS. Those exposed to bloodborne pathogens are at risk for serious or life-threatening illnesses.

Faculty, students, and staff must implement the use of universal precautions treating all human blood and OPIM (other potentially infectious materials) as if known to be infectious for bloodborne pathogens.

Faculty, students and staff must identify and ensure the use of practices that reduce the possibility of exposure by changing the way a task is performed, such as appropriate practices for handling and disposing of contaminated sharps, handling specimens, handling laundry, and cleaning contaminated surfaces and items.

Faculty, students and staff must use personal protective equipment (PPE), such as gloves, gowns, eye protection, and masks to prevent blood or other potentially infectious material from passing through or contacting clothing or skin, eye, mouth, or other mucous membranes. Although this equipment is meant to reduce the risks of exposure, it may not eliminate it.

BLOODBORNE PATHOGEN EXPOSURE
CONTROL POLICY
(Cont'd)

Procedure in Case of Exposure Incident Involving Student in Allied Health Programs

Any student who has an exposure incident during training or clinical practice should:

1. Notify his/her clinical preceptor and assigned faculty member IMMEDIATELY.
2. Follow the clinical site's protocol for bloodborne pathogen exposure incidents. If the student is unaware of the protocol, the student should wash exposed skin with soap and water and/or flush exposed mucous membranes with water, and seek further direction from the clinical preceptor and assigned faculty member.
3. Complete the clinical site's injury/exposure incident report form.
4. If possible, retain a copy of the clinical site's injury/exposure incident report and submit a copy of the report to the assigned faculty member. If the report includes the names of any clinical site patients, those names should be deleted or blacked-out to protect patient confidentiality, before the report is submitted to the assigned faculty member.
5. Complete a College Bloodborne Pathogen Exposure Incident Report Form carefully and accurately describing the circumstances and details of the exposure, and submit that report to the faculty member within two (2) business days of the exposure incident.
6. Read and sign the "Post-Exposure Acknowledgement Form".
7. **SEEK MEDICAL ATTENTION FOR IMMEDIATE TREATMENT/TESTING/FOLLOW-UP.** Students are responsible for all costs associated with their treatment/testing/follow-up.
8. Direct any questions to your clinical preceptor or faculty member.



BLOODBORNE PATHOGEN EXPOSURE INCIDENT REPORT FORM

To Be Completed by Faculty & Staff

BASIC DATA ON PERSON EXPOSED:

Name: _____ Student ID _____

Address: _____

School/Program/Department in which enrolled: _____

DATA ON INCIDENT:

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Exposed to: (circle all appropriate categories below)

Blood	Pleural Fluid	Saliva in dental procedure
Semen	Pericardial Fluid	Any body fluid where it is impossible to determine identity of fluid or presence of blood
Vaginal Secretions	Peritoneal Fluid	Unfixed tissue or organ (specify, if known)
Cerebrospinal Fluid	Amniotic Fluid	Any body fluid visibly contaminated with blood (specify type of fluid, if known)
Synovial Fluid	Specify:	

TYPE OF EXPOSURE: (circle appropriate categories)

Needle stick	Contact with mucous membrane (specify type of membrane)	Contact with non-intact skin (specify)
Sharps accident		

SEVERITY OF EXPOSURE: (circle appropriate categories)

Estimated amount of fluid? _____

Estimated length of exposure (if applicable)? _____

SOURCE OF EXPOSURE: [circle appropriate categories]

Patient at Clinical Site

Other Student Name (if known) _____

Other Person Name (if known) _____

DESCRIBE ACTIVITY LEADING TO EXPOSURE AND HOW EXPOSURE OCCURRED:

WITNESSES: _____

WAS PERSONAL PROTECTIVE EQUIPMENT (PPE) IN USE AT THE TIME OF INCIDENT? _____

Circle appropriate PPE: gloves gown/apron face mask other _____

PERSONS NOTIFIED OF INCIDENT:

Clinical Site Supervisor – Name: _____

Faculty Supervisor – Name: _____

Other – Name: _____

CLINICAL SITE INCIDENT REPORT COMPLETED?

_____ Yes – Date of Report _____

_____ No

Signature of Individual Completing Report

Date/Time Report Completed

Printed or typed Name and Title (if applicable) of Person Completing Report

Original: Department, Copy to Student, Copy to EHS Specialist

Revised: 6/6/12

APPENDIX D

ST. LOUIS COMMUNITY COLLEGE AT FOREST PARK
RADIOLOGIC TECHNOLOGY PROGRAM
RADIATION PROTECTION POLICY

Students should understand that while radiation can be a very useful diagnostic tool, it also poses certain dangers to themselves, their patients, and others in the immediate area. In order to minimize the risk of adverse radiation effects, students in the radiologic technology program will adhere to the following policies:

- All students **MUST** wear a radiation monitoring device (dosimeter). The dosimeter is to be worn on the collar. When wearing a lead apron, the dosimeter should be worn outside the apron.
- Students must wear lead aprons when involved in fluoroscopic, mobile or operating room procedures. Lead gloves must also be worn in situations in which exposure to the hands is likely.
- Students must never stand in the primary X-ray beam.
- Students should not hold patients during any radiographic procedure when an immobilization method is the appropriate standard of care.
- Students must not hold image receptors during any radiographic procedure while the exposure is made.
- Students must never make exposures in the lab unless the exposure is part of a laboratory experiment and under the direct supervision of a faculty member.
- Students will at all times utilize the three Cardinal Rules of Radiation Protection as listed:
 - Time – Use as short an exposure time as possible
 - Distance – Stand as far away from the source as possible
 - Shielding – Use shielding (such as lead aprons and lead barriers)
- Students will minimize the risk of exposure to patients by utilizing the principle of A.L.A.R.A. (As Low As Reasonably Achievable)
- Students will reduce patient exposure through the use of shielding and collimating to the I.R. size or smaller.
- Students will minimize exposure to others in the area by making certain the door to the examination room is closed when making exposures.
- Students will minimize exposure to others in the area when performing mobile examinations by making sure that family members and other non-essential personnel are out of the room when making an exposure, or by providing them with a shield.
- Students will minimize exposure to others in the area when performing portable examinations by announcing clearly and audibly that an X-ray exposure is about to be made.

Students found not following these policies will be subject to penalties ranging from Documentation Forms, to failure of competencies.

Revised: September 2016

APPENDIX

ST. LOUIS COMMUNITY COLLEGE AT FOREST PARK
RADIOLOGIC TECHNOLOGY PROGRAM
DOSIMETER POLICIES

1. The dosimeter must be worn at clinical at all times.
2. Always wear the dosimeter outside the apron at the collar.
3. Do not leave the dosimeter in the room (e.g. hanging on a lab coat or lead apron on the back of a door) where it may be exposed.
4. Do not expose the dosimeter to heat or static electricity.
5. NEVER INTENTIONALLY EXPOSE THE DOSIMETER.
6. If the dosimeter is lost, damaged or stolen, notify the clinical coordinator immediately. The dosimeter can be replaced, but students may not return to clinical until the replacement is issued. Any time missed must be made up.
7. Students are responsible for the dosimeter. If lost or stolen, students will be responsible for the \$25 replacement cost.
8. Leave the dosimeter in a secure location.
9. Students are responsible for monthly dosimeter reporting. The dates for filing reports will be noted on the Program Calendar. Students not entering the required information by the deadline date will have points deducted from the next Professional Development Evaluation.
10. If a student becomes pregnant, they have the **OPTION** to notify the program director in writing to declare thier pregnancy. Upon notification, a second dosimeter will be provided to be worn at the waist (under lead aprons, when worn). This dosimeter will be designated as a “fetal” monitor.
11. The exposure limit for a radiation worker is 5 rem (5000 mrem) per year, with a maximum of 3 rem (3000 mrem) in any one quarter. It is the policy of the Radiologic Technology Program at St. Louis Community College at Forest Park, that any student in a radiation area be monitored at all times during clinical education hours and in labs when exposures are being made. If a dose equal to or exceeding 400 mrem to deep tissue, or 100 mrem to shallow tissue or 5000 mrem to extremities is reached in any single month, and investigation will be undertaken to determine the cause of the exposure.

THE ABOVE POLICIES ARE STRICTLY ENFORCED. CORRECTIVE ACTION WILL BE IMPLEMENTED UPON ANY VIOLATION.

APPENDIX F

**ST. LOUIS COMMUNITY COLLEGE AT FOREST PARK
RADIOLOGIC TECHNOLOGY PROGRAM**

PREGNANCY AND THE STUDENT RADIOLOGIC TECHNOLOGIST

1. Student declaration of her pregnancy to the Program is personal and VOLUNTARY. If a pregnant student chooses to declare her pregnancy, a written statement to the program director must be provided. In the event she opts to withdraw the declaration of pregnancy, a written statement must be provided to the program director.
2. As there must be effective control and monitoring in the relatively early stages of pregnancy, it is RECOMMENDED that the student disclose her known or suspected pregnancy to the program director and clinical preceptor at as early a date as possible. This matter shall be the responsibility of the student and is completely VOLUNTARY.
3. St. Louis Community College is not responsible for restricting the fetal dose prior to the student voluntarily declaring her pregnancy to the program director.
4. Upon declaration of pregnancy, the student MUST read appendices A and B of the U.S. Nuclear Regulatory Commission's Regulatory Guide 8.13 - "Instruction Concerning Prenatal Radiation Exposure" - published December, 1987.

After reading the appendices A and B of the Regulatory Guide and then clarifying any questions over the content, the declared pregnant student MUST sign ATTACHMENT A (declaring she has been properly counseled).

5. The declared pregnant student will also be required to sign the attached form, "Radiation Safety for the Pregnant Student Working in a Controlled Area" (Attachment B) regarding the hazards and requirements.
6. The declared pregnant student will also be required to sign the attached form, "Voluntary Selection of Clinical Education Options for the Pregnant Student," (Attachment C).
7. Upon a student's declaration of pregnancy, the student's exposure history will be reviewed. Clinical assignments may be adjusted to assure that the effective dose equivalent remains below 50 mrem per month with a total effective dose equivalent of less than 500 mrem for the entire gestation period.
8. In the event the limit of 500 mrem is likely to be reached prior to the end of pregnancy, the pregnant student will be required to discontinue her clinical education for the duration of the pregnancy.
9. A declared pregnant student SHALL NOT assist in holding a patient during radiographic procedures.
10. A declared pregnant student WILL wear a protective lead apron (wrap around apron, covering front and back is optional) when performing mobile, fluoroscopic and O.R. procedures.

11. The results of exposure of the embryo/fetus to the risk factors are directly dependent upon the amount of exposure.

THE RADIATION RISKS ARE:

- 1) Childhood Cancer
- 2) Mental retardation and abnormal smallness of the head (microcephaly)
- 3) Genetic effects: Radiation induced genetic effects have not been observed to date in humans.

THE NON-RADIATION RISKS ARE:

- 1) Occupational (mental, chemical, textile, wood)
- 2) Alcohol
- 3) Smoking
- 4) Miscellaneous: medical drugs

Although the risks to the unborn child are small under normal working conditions using ALARA, (as low as reasonably achievable), it is still advisable to limit the radiation dose from occupational exposure to no more than 500 mrem for the total pregnancy.

13. Fetal dose shall not exceed 500 mrem. The pregnant student will be allowed to wear double aprons (a full apron with a half apron to shield the abdomen), and a badge under the apron to monitor fetal exposure.

In signing this form, I acknowledge that I understand the above policies.

Student signature

Date

Student printed name

**ST. LOUIS COMMUNITY COLLEGE AT FOREST PARK
RADIOLOGIC TECHNOLOGY PROGRAM**

ATTACHMENT A

**ACKNOWLEDGMENT OF POTENTIAL HAZARDS TO
RADIATION EXPOSURE OF THE FETUS**

I have read the Appendix to Regulatory Guide 8.13 of the US Nuclear Regulatory Commission and have received oral instruction on the material contained therein and answers to any questions that I had concerning the subject matter.

I am aware of the possible hazards to my fetus from the radiation exposure I may receive while participating in clinical education as a student during my pregnancy. I am also aware of the precautions I must take to minimize the exposure to my fetus. In addition, I will seek further counsel should I have additional questions or concerns.

I am pregnant and my estimated date of conception is _____ .

Student signature

Date

Student printed name

Program Director signature

Date

**ST. LOUIS COMMUNITY COLLEGE AT FOREST PARK
RADIOLOGIC TECHNOLOGY PROGRAM**

ATTACHMENT B

**RADIATION SAFETY FOR THE PREGNANT STUDENT WORKING
IN A CONTROLLED AREA**

1. I understand that the Standards for Protection Against Radiation regulations state that the maximum permissible dose equivalent to the embryo/fetus from occupational exposure should be limited to 500 mrem over the entire gestation period.
2. I am fully aware of the potential dangers of exposure to radiation and I fully accept responsibility for my decisions to continue my clinical education as a student radiographer.
3. I have reviewed my radiation exposure history with the program director/faculty member.
4. During procedures which require lead aprons to be worn, I agree to wear two dosimeters: one at the required collar level and the additional badge at my waist will be worn under the lead apron for the duration of my pregnancy.

I understand and fully acknowledge all of the above-mentioned sections and do not have any additional questions which have not been answered to my satisfaction.

Student signature

Date

Student printed name

Program Director signature

Date

**ST. LOUIS COMMUNITY COLLEGE AT FOREST PARK
RADIOLOGIC TECHNOLOGY PROGRAM**

ATTACHMENT C

**VOLUNTARY SELECTION OF CLINICAL EDUCATION OPTIONS
FOR THE
DECLARED PREGNANT STUDENT**

After receiving counsel on the following options and in due consideration of the potential risks to my embryo/fetus, I VOLUNTARILY elect to:

Option A

Discontinue clinical education until completion of my pregnancy. I realize that all clinical time, assignments/rotations and competencies must be made up and completed before I can graduate from the Program.

Option B

Continue clinical education performing radiography only. Mobile, fluoroscopy and O.R. procedures will not be performed. I realize that faculty and clinical preceptor(s) will assign an appropriate amount of mobile, fluoroscopy and O.R. experience (EQUIVALENT TO WHAT I MISSED DURING MY PREGNANCY) for me after completion of my pregnancy. I further acknowledge that all assignments/rotations and competencies must be made up and completed before I can graduate from the Program.

Option C

Continue clinical education without any restrictions or limitations. I will perform all procedures, assignments and rotations as assigned and will utilize all radiation safety precautions.

I am aware that if I select Option B or C, I may discontinue clinical education at any time for health reasons and that all clinical time, assignments/rotations and competencies must be made up and completed before I can graduate from the program. I am aware that I may be asked to discontinue clinical education if there are health or performance concerns as indicated to me by faculty.

Student signature

Date

Student printed name

Program Director signature

Date

**ST. LOUIS COMMUNITY COLLEGE AT FOREST PARK
RADIOLOGIC TECHNOLOGY PROGRAM**

ATTACHMENT D

WITHDRAWAL OF DECLARATION OF PREGNANCY

Student declaration of her pregnancy to the program is personal and VOLUNTARY. If a student chooses to declare her pregnancy, a written statement to the program director must be provided. The student must also submit a written statement to the program director when she wishes to withdraw the declaration of pregnancy. Withdrawal of declaration of pregnancy may occur at any time.

Student signature

Date

Student printed name

Program Director Signature

Date

APPENDIX G

**ST. LOUIS COMMUNITY COLLEGE AT FOREST PARK
RADIOLOGIC TECHNOLOGY PROGRAM**

RETENTION/PROGRAM COMPLETION POLICIES

A student in the Radiologic Technology Program will be retained and deemed successful in the Program if they:

1. Achieves a "C" grade or better in all radiography, math and science courses in the curriculum. A student who receives a grade of "D" or "F" in Anatomy and Physiology I or II and/or the required math course(s), must repeat the course(s) and achieve a grade of "C" or better to meet the Program requirements for graduation.

The following grading scale will be used in all Radiologic Technology courses:

A =	100 - 93
B =	92 - 84
C =	83 - 75
D =	74 - 68
F =	67 - 0

2. Maintains a 2.00 semester and cumulative grade point average (G.P.A.) in the Program. A student who fails to maintain a 2.00 cumulative G.P.A. will be placed on College and departmental probation. He/she must raise his/her cumulative G.P.A. by the end of the probationary period or he/she will be dismissed from the Program. A student may not be on probation for more than one (1) semester.
3. Completes all required courses in order to be eligible for graduation and registry examination.

A grade of "W" will be issued if a student initiates and completes the course withdrawal process prior to the beginning of the 12th week during the fall and spring semester. Under rare and extenuating circumstances, the instructor or appropriate administrator may initiate a withdrawal on the student's behalf.

4. Does not withdraw from the Program. Withdrawing from any Radiologic Technology course in a given semester constitutes withdrawal from the Program. If the student wishes to return to the Program, he/she must reapply and meet all Program admission requirements.
5. Maintains good health. If a student exhibits health problems that are of a nature that is deemed not suitable for the student continuing in the Program, the student will be withdrawn from the Program. The health problems include those that involve risk to either the student or the patients they serve.
6. Does not have excessive clinical absences.
7. Satisfies the clinical requirements of the Radiologic Technology Program and complies with the regulations of the clinical institutions.

PROBATION AND/OR DISMISSAL

1. A student will be placed on **probation** and remain in the Program if:
 - a. During the first year receives one (1) "D" in any radiologic technology course.
Course must be repeated the next time it is offered and the student must achieve a grade of "C" or better.

Repeating courses at a scheduled time may conflict with clinic time. Therefore, clinic time must be made-up in accordance with a plan set by the faculty member of that clinical site.
 - b. During the fall semester of the second year, receive one (1) "D" in any radiologic technology course. The student will remain in the Program and **repeat course** the next time it is offered and the student must achieve a grade of "C" or better.
 - c. During the spring or summer semester of the second year, receive one (1) "D" in any radiologic technology course. The student will remain in the Program and **repeat course under Independent Study** the following semester and achieve a grade of "C" or better.

2. A student will be **dismissed and eligible for re-admission** from the Program if:
 - a. A second grade of "D" is received in any radiologic technology course or
 - b. One (1) "F" is received in any radiologic technology course.The course(s) must be repeated the next time offered and the student must achieve a grade of "C" or better. The student must audit the last clinical education course that was completed, provided this is not the course that has to be repeated.

The following must be in completed status on CastleBranch prior to returning from a leave of absence:

- Background check
 - Drug Screen
 - Immunization tracking
 - CPR (if expired)
3. A student will be **dismissed and not eligible for re-admission** from the Program if:
 - a. A grade of "D" or "F" in any radiologic technology course is earned **after re-admission into the Program.**
 - b. No grade of "C" or higher is earned for radiologic technology courses during the first semester of the program.
 5. A student is expected to attend classes. Excessive absences **as determined by the instructor** may result in a failing grade for any radiologic technology course.
 6. Students must follow all hospital and Radiologic Technology Program policies and procedures (refer to clinical syllabus). Any non-compliance may result in student disciplinary action. **Each hospital reserves the right to immediately remove a student from their facility for non-compliance of policies and procedures.** The student will be referred for disciplinary action to the faculty and administration of St. Louis Community College at Forest Park. In this event one of the following will apply:

- a. If possible, transfer to a different clinical site.
 - i. Course grade no higher than a “C”
 - ii. Any missed time will have to be made up according to the established make-up schedule.
 - iii. Only one (1) transfer will be allowed during the 23 month Program
- b. Suspended with clinical time to be made up following the completion date of the Program
- c. Dismissal from the Program. **Student is not eligible for re-admission.**

7. Didactic/Clinical Courses

If a student engages in unethical, inappropriate or dishonest behavior, one of the following actions can be taken:

- a. Warning
- b. Grade of “F” on an exam or assignment
- c. Course grade no higher than a “C”.
- d. Grade of “F” for the course
- e. Suspension from the Program
- f. Dismissal from the Program. **Student is not eligible for re-admission.**

Failure to abide with "Code of Ethics" as found in the student handbook will result in disciplinary action up to and including dismissal from the Program.

A student will **not be considered for re-admission** to the Program:

- 1. If they have been dismissed for HIPAA violation, cheating or any other unethical behavior.
- 2. If they have been dismissed from the Program resulting from disciplinary action.
- 3. If they cannot be assigned to a clinical site.

I have read and understand the preceding retention policies.

Student signature

Date

Student signature

APPENDIX H

**ST. LOUIS COMMUNITY COLLEGE – ALLIED HEALTH PROGRAMS
STUDENT CONFIDENTIALITY AGREEMENT**

As the undersigned student enrolled in an allied health program at **ST. LOUIS COMMUNITY COLLEGE** (“STLCC” or the “College”), I understand and agree to the following:

1. My clinical education will include access to confidential patient information at the clinical sites where I participate in clinical education (each, a “Clinical Site”). This information includes information about the patient or the patient's family including diagnosis, treatment, and/or the patient's ability to pay. The confidentiality of this information must be maintained regardless of the form of information, including electronic records, oral communications, paper records and computer programs and applications. I agree to protect to the fullest extent required by all state and federal laws and Clinical Site policies the patient’s right to confidentiality of medical and personal information.

2. My clinical education may also include access to other confidential information about: (a) an employee or job applicant; (b) a physician or other practitioner; (c) peer review or quality of care; (d) the business plans or finances of the College or Clinical Sites; (e) my computer password; (f) the computer password of others; (g) students and instructors; or (h) any other person who makes use of clinical facilities and services.

3. I agree that, except as clearly directed by my instructor, I will not at any time either during or after my studies at the College, seek, disclose or discuss confidential patient information or other confidential information as set forth in paragraph two.

4. I agree to become familiar with and fully comply with the HIPAA and other patient confidentiality policies and procedures of the Clinical Sites where I participate in clinical education.

5. I recognize my disclosure of confidential information may cause irreparable injury to a patient, the College, and/or a Clinical Site.

6. I understand my violation of this agreement or my disclosure of any confidential information in an unauthorized manner can result in my immediate dismissal from the Radiologic Technology program at the College.

7. I agree to seek the guidance of my clinical faculty or supervisor if I am uncertain or unclear of my confidentiality responsibilities.

By my signature below I certify that I have read, understand and agree to be bound by the terms of this Student Confidentiality Agreement.

Student signature

Date

Student printed name

APPENDIX I

**ST. LOUIS COMMUNITY COLLEGE AT FOREST PARK
RADIOLOGIC TECHNOLOGY PROGRAM
STATEMENT OF RESPONSIBILITY**

For and in consideration of the benefit provided the undersigned in the form of experience in evaluation and treatment of patients of _____ (“Hospital”),
The undersigned and his/her heirs, successors and/or assigns do hereby covenant and agree to assume all risks or, and be solely responsible for, any injury or loss sustained by the undersigned while participating in the Program operated by St. Louis Community College at Hospital unless such injury or loss arises solely out of the Hospital’s gross negligence or willful misconduct.

Student signature

Date

Student printed name

APPENDIX J

**ST. LOUIS COMMUNITY COLLEGE AT FOREST PARK
RADIOLOGIC TECHNOLOGY PROGRAM**

DIRECT SUPERVISION POLICY

Until a student successfully completes a competency evaluation for an exam, the student will be under direct supervision when performing that exam. Direct supervision is defined as follows: *

- A qualified radiographer reviews the request for radiographic examination to determine that the student can perform the examination with reasonable success.
- The radiographer ascertains that the condition of the patient does not contradict performance of the examination by the student.
- **The presence of the radiographer in the radiographic room is required.**
- The radiographer checks and approves the radiograph prior to the dismissal of the patient.

INDIRECT SUPERVISION POLICY*

Students who have successfully completed a competency evaluation for an exam are allowed to perform that exam under indirect supervision. Indirect supervision is defined as follows:

- A qualified radiographer is immediately available to assist students regardless of student competence.

REPEAT RADIOGRAPH POLICY*

- All repeat radiographs must be performed in the presence of a qualified radiographer (the radiographer must be in the room with the student).

The above policies have been thoroughly explained to me. I understand these policies and agree to follow them to the best of my ability. I further understand that failure on my part to abide by these policies will result in adverse clinical evaluations and will lower my clinical grade. Specifically, noncompliance will be taken into account on my PDE evaluation.

***All images must be approved by a qualified radiographer whether performed under direct or indirect supervision.**

1st incident = grade of “C” for the course
2nd incident = grade of “D” for the course
3rd incident = grade of “F” for the course

Student signature

Date

Student printed name

Clinical Ed. I II III IV V VI

APPENDIX K

**ST. LOUIS COMMUNITY COLLEGE AT FOREST PARK
RADIOLOGIC TECHNOLOGY PROGRAM**

ESSENTIAL FUNCTIONS

The essential functions listed below only serve as a way to inform interested individuals about certain physical and cognitive abilities that are required to perform the duties of a Radiologic Technologist. The standards will not be used by the program as a condition for admissions to the Radiography Program.

The inability to meet any of the essential functions could cause injury and or jeopardize the safety and well-being of the student, patients, professional staff and fellow students.

Students must be able to demonstrate the ability to perform the essential functions in the classroom, laboratory and clinical education with or without reasonable accommodations. Successful completion of the Radiography Program will depend on the ability of the student to meet the following essential functions:

Communication (verbal, nonverbal and written)

The student must be able to:

1. Read and understand requisitions, orders, charts, directions and other job related documents and communications.
2. Give clear directions and/or instructions to patients and professional staff verbally and in writing.
3. Explain procedure to the level of the patient understanding.
4. Document information.

Musculoskeletal

The student must be able to:

1. Assist in transferring patients from a wheelchair or stretcher to and from an x-ray table or hospital bed.
2. Operate and manipulate x-ray equipment and accessories or hospital equipment and accessories.
3. Recognize and respond quickly to all medical emergencies. This would include but not limited to; performing CPR and supporting a fainting patient.
4. Position or assist in positioning all patients, regardless of their condition, on the x-ray table or hospital bed.
5. Lift, move or push heavy equipment (mobile x-ray machine, patient in wheelchair/stretcher/hospital bed, image receptors and x-ray accessories).
6. Stand for extended amounts of time in laboratory or clinical rotations during procedural assignments and other related activities.
7. Wear required heavy protective lead aprons during some radiographic procedures.

Visual Acuity

The student must be able to:

1. Perform duties in dimly lit rooms where radiographic procedures are being performed.
2. Observe patient for compliance with instructions and assessment of the patient condition.
3. Evaluate radiographic images for technical quality.
4. Obtain supplies and equipment for radiographic specific procedures.
5. Read different size print and fonts on charts, requisitions, control panels, labels and computer screens.

Hearing

The student must be able to:

1. Respond appropriately to pages from the hospital public address system.
2. Respond appropriately to sounds from the radiographic machine.
3. Respond appropriately to patient needs.
4. Monitor equipment operation or dysfunction when indicator alarms (low-sounding bells or buzzers) are activated.
5. Respond appropriately to instructions and or directions given by physicians, supervisors, instructors, radiography staff and other members of the healthcare team.

Student signature

Date

Student printed name

APPENDIX L

Date of Report _____

**ST. LOUIS COMMUNITY COLLEGE AT FOREST PARK
ACCIDENTAL INJURY REPORT FORM**

Name _____ Age _____
(Last) (First) (Middle)

Sex: M _____ F _____ Date of Injury _____ Time _____

Status at time of accident:

- _____ 1. Student _____ 4. Visitor
_____ 2. Employee on duty _____ 5. Trades person
_____ 3. Employee off duty

Supervisor or instructor _____
(Person directing your activity at time of accident)

Specific location of accident _____

Your department or curriculum _____

Extent of injury _____

(State exact nature of injury: part of the body injured, right or left member, etc.)

Treatment _____

By whom _____ Did/Will see physician YES _____ NO _____

Next of kin notified? Yes _____ No _____ By whom _____

Statement of the injured person:

Describe accident including tools, machinery, or equipment involved:

Use back of form for name, address, and statement of any witnesses.

Signature of person supervising

APPENDIX M

**ST. LOUIS COMMUNITY COLLEGE AT FOREST PARK
RADIOLOGIC TECHNOLOGY PROGRAM**

CASE STUDY VERIFICATION FORM

I, _____ (student name) verify that I performed the patient procedure on _____ (date) for my case study presentation. I understand that procedures performed by other students or technologists are NOT allowed.

My case study examination is _____ (list anatomical part and diagnosis, for example: ankle with fracture) on a _____ (state patient gender and age).

Check level of student performance for exam

- _____ Student assisted technologist
- _____ Student performed exam with direct supervision
- _____ Student performed exam with indirect supervision

I, _____ (technologist name) verify that the student performed the exam.

Signature of supervising technologist

Date

Student signature

Date

This form must be turned in with the case study images.

APPENDIX N

ST. LOUIS COMMUNITY COLLEGE AT FOREST PARK
RADIOLOGIC TECHNOLOGY PROGRAM
CLINICAL COMPETENCY EVALUATION

Student Name: _____

Date: ____/____/20____

Exam: _____ Initial / Re-check **Pass** **Retest**

- Competency evaluations are allowed after the procedure has been taught in the classroom and the “Simulation” column has been initialed by a faculty member.
- The procedure must be performed without technical assistance according to department protocol. Technique charts may be used.
- The patient should be of no more than average difficulty except for those exams otherwise indicated.
- “Difficult”, trauma or mobile competencies are only allowed after the student has been successfully evaluated for competency in the basic procedures and has performed the procedure under direct supervision.
- Trauma is considered an injury or shock to the body that requires modifications in positioning and monitoring of patient’s condition.
- **Only competency evaluations performed with inserviced technologists will be accepted.**

Scoring: If a student receives one U in any critical criteria, or more than three (3) U’s in other criteria, circle Retest.

S = Satisfactory

U = Unsatisfactory

1. Proper exam preparation		
Evaluate examination order and patient information	S	U*
Prepare examination room by ensuring that it is clean, neat and stocked with necessary equipment	S	U
2. Effective patient communication and care		
Greet patient, and verify correct patient using two patient identifiers.	S	U*
Assist patient using proper body mechanics	S	U
Confirm correct examination and give clear and concise explanation of examination to patient.	S	U
Practice appropriate infection control procedures	S	U
Question patient about possible pregnancy when appropriate	S	U*
Obtain and document appropriate history according to department policy	S	U
Ensure patient comfort and safety by monitoring, communicating, and performing necessary patient care procedures	S	U
3. Positioning and technical skills		
Select appropriate size and type IR	S	U
Position IR appropriately (Bucky, tabletop)	S	U

Position patient/anatomical part correctly	S	U*
Mark IR correctly with lead markers	S	U*
CR appropriately angled and centered to IR and anatomical part	S	U*
Utilize standard SID per exam protocol	S	U
Properly collimate	S	U*
Utilize protective lead shielding for patient, self and others when appropriate	S	U*
Properly set control panel	S	U*
S number/Exposure Index within acceptable range	S	U
Instruct patient on proper breathing technique prior to and following exposure	S	U
Properly use exposure switch while watching patient	S	U
Perform skills confidently and efficiently	S	U
Correctly assemble and use accessories and supplies (grids, contrast, trays etc.)	S	U
Performs exam with acceptable or no repeats	S	U*

4. Finalize examination		
Release patient properly according to department protocol	S	U
Properly organize images and records according to department protocol	S	U
Clean and organize examination room	S	U
Evaluate images (identify anatomy of interest and evaluate positioning)	S	U

* Denotes critical criteria

If an instructor or technologist corrects a mistake during the exam, it will be scored as though the mistake were not corrected.

Before signing evaluation, check **all** boxes below that apply:

- I was present throughout the exam**
- The student performed the exam without technical assistance**

Comments:

Student signature

Evaluator signature (see above prior to signing)

Student printed name

Evaluator printed name

APPENDIX O

**ST. LOUIS COMMUNITY COLLEGE AT FOREST PARK
RADIOLOGIC TECHNOLOGY PROGRAM**

DOCUMENTATION FORM

Student Name: _____

Date: ____/____/20____

St. Louis Community College/Radiologic Technology Program/hospital rule violation or other counseling need:

Expectation and/or action (completed by faculty):

Student's comments:

Student signature

Faculty and/or Clinical Preceptor

Faculty and/or Clinical Preceptor (Print)

APPENDIX P

**ST. LOUIS COMMUNITY COLLEGE AT FOREST PARK
RADIOLOGIC TECHNOLOGY PROGRAM**

INCIDENT REPORT

NAME: _____ **DATE OF INCIDENT:** _____

Today, I talked with the above named student about the following:

To be completed by Forest Park Faculty member:

Disciplinary Action to Be Taken:

_____ Clinical Preceptor: and/or

_____ Forest Park Faculty Member

My signature indicates only that I have read the above report. I understand that I may add my own comments on the reverse side of this form.

Student signature

Date

Student printed name

APPENDIX Q

PROFESSIONAL DEVELOPMENT EVALUATION

Student _____

Date _____

Semester I Clinical Education

Instructions: Evaluate the student's abilities in the following categories based on the length of time in the program.					
	4 Points	3 Points	2 Points	1 Point	0
1. Performance: The ability to perform most basic tasks in the radiology department.	Performs most basic tasks with no assistance.	Performs most basic tasks well; seldom makes errors.	Satisfactorily performs most basic tasks with assistance.	Performance of most basic tasks is marginal, inconsistent.	Performance of most basic tasks is poor. Needs constant supervision and instruction.
2. Comprehension: Level of understanding the information, responsibilities, procedures, materials, equipment and techniques required to do the job.	The student demonstrates comprehensive knowledge of radiographic concepts.	The student demonstrates above average knowledge of radiographic concepts.	The student demonstrates adequate knowledge of radiographic concepts.	The student's demonstration of radiographic concepts is inconsistent.	The student has inadequate knowledge of radiographic concepts.
3. Patient Care: The ability to meet the needs of and interact effectively with patients.	Instills a high level of confidence to patients through communication and concern; anticipates and responds to patients' needs.	Responds to patients' needs; above average patient rapport.	Aware of patients' needs, but does not always respond and/or establish patient rapport.	Does not anticipate patients' needs or establish patient rapport; responds to requests only.	Minimal communication with patients; avoids active patient contact.
4. Communication/Cooperation: The ability to effectively convey information while recognizing the dignity and diversity of others; accepts instructions and constructive criticism.	Is cooperative and displays excellent communication skills; anticipates the needs of others and promotes teamwork; always responds appropriately to feedback.	Is cooperative and displays good communication skills; always responds to request of others and promotes teamwork.	Displays average communication skills; is usually cooperative and responsive to the requests of others; often responds appropriately to feedback.	Displays poor communication skills, or sometimes is uncooperative or not receptive to feedback.	Displays poor communication skills, or is uncooperative, or indifferent/hostile to feedback.

Page 1 Total _____

	4 Points	3 Points	2 Points	1 Point	0
5. Initiative: The energy and motivation displayed in starting and completing tasks.	Self-starter; always accepts responsibility; seeks additional work.	Usually a self-starter; works well when given responsibility.	Accepts responsibility as required but does not pursue additional responsibility.	Does only what is required; needs frequent encouragement to start and complete tasks.	Puts forth little effort.
6. Judgment: The ability to reason, interpret and follow policies; take responsibility for one's actions and behaviors with maturity and self-control.	Always uses sound reasoning in making decisions; is aware of policies and always follows and supports them.	Usually uses sound reasoning in making decisions; is aware of policies and usually follows and supports them.	Satisfactorily uses sound reasoning in making decisions; is aware of policies and usually follows them.	Only some ability to reason and make judgments; needs to be reminded of policies.	Reasoning is often not logical and/or inconsistently follows policies.
7. Attendance: The overall attendance record.	Missed no clinical time	Absent 4 hours	Absent 8 hours	Absent 16 hours	Absent 20 hours
8. Punctuality: The promptness record.	No tardies or leaving early	One tardy or leaving early	Two tardies and/or leaving early	Three tardies and/or leaving early	Greater than three tardies and/or leaving early
9. Professional Appearance: Grooming, cleanliness and appropriateness of dress.	Always presents a professional image; very well groomed and careful about appearance.	Usually well-groomed and presents a professional image.	Satisfactory personal appearance; clean and neat, and usually in accordance with dress code.	Personal appearance is marginal; frequently needs to be reminded of dress code.	Careless about personal appearance; does not comply with dress code.
10. Professionalism: The ability to treat all people with respect and dignity in every situation; acts with honesty and integrity; maintains confidentiality.	Conducts self in an appropriate manner at all times conforming to the highest standards of professional ethical behavior.	Conducts self in an appropriate manner conforming to standards of professional ethical behavior.	Generally adheres to standards of professional ethical behavior in an acceptable manner.	Sometimes does not follow standards of professional ethical behavior.	Often does not follow standards of professional ethical behavior.
11. Follows program direct supervision policy.*	Yes	No			
12. Follows program repeat policy.*	Yes	No			

Page 2 Total _____

COMMENTS:

STUDENT COMMENTS:

PAGE 1 TOTAL:	
PAGE 2 TOTAL:	
OVERALL TOTAL:	/40

Faculty Signature: _____	Date: ____/____/____
Clinical Preceptor: _____	Date: ____/____/____
Student: _____	Date: ____/____/____

* First incident of non-compliance with number 11 and /or 12 will result in ineligibility of clinical grade above a “C”.

* Second incident of non-compliance with number 11 and /or 12 will result in ineligibility of clinical grade above a “D”.

* Third incident of non-compliance with number 11 and / or 12 will result in a clinical grade of “F” and subsequent dismissal from the program.

Professional Development Evaluation Clinical Education II – VI

Student _____

Date _____

Clinical Course _____

Mid semester / Final

Instructions: Evaluate the student's abilities in the following categories based on the length of time in the program.					
	4 Points	3 Points	2 Points	1 Point	0
1. Comprehension: Level of understanding the information, responsibilities, procedures, materials, equipment and techniques required to do the job.	The student demonstrates comprehensive knowledge of radiographic concepts.	The student demonstrates above average knowledge of radiographic concepts.	The student demonstrates adequate knowledge of radiographic concepts.	The student's demonstration of radiographic concepts is inconsistent.	The student has inadequate knowledge of radiographic concepts.
2. Quality of Work: The ability to produce quality outcomes.	Meets highest standards of accuracy and thoroughness.	Work is consistently well done; seldom makes errors.	Quality of work is satisfactory; recognizes mistakes and takes corrective action.	Quality of work is marginal; inconsistent	Poor work quality; makes repeated mistakes.
3. Organization of work: The ability to prepare, execute and complete work in an organized, efficient manner.	Consistently plans procedures and needs no instructions to proceed; highly efficient.	Plans procedures and rarely needs instructions to proceed; starts work promptly.	Generally plans procedures; occasionally needs instructions to proceed.	Sometimes has difficulty organizing procedures and needs instructions to proceed.	Has difficulty organizing procedures and consistently needs instructions to proceed.
4. Productivity: The amount of work produced (including simulations, competencies, rechecks and exams).	Does more work than expected.	Produces more than average amount of work.	Completes appropriate amount of work in the time expected.	Does just enough to get by; often functions in an assistive role.	Avoids work; functions primarily in an assistive role.

Page 1 Total _____

	4 Points	3 Points	2 Points	1 Point	0
5. Patient Care: The ability to meet the needs of and interact effectively with patients.	Instills a high level of confidence to patients through communication and concern; anticipates and responds to patients' needs.	Responds to patients' needs; above average patient rapport.	Aware of patients' needs, but does not always respond and/or establish patient rapport.	Does not anticipate patients' needs or establish patient rapport; responds to requests only.	Minimal communication with patients; avoids active patient contact.
6. Adaptability: The ability to remain flexible and adapt to changes while maintaining a positive attitude.	Always responds appropriately and effectively to unexpected situations and changing conditions.	Responds appropriately and effectively to most unexpected situations and changing conditions.	Displays average ability to respond appropriately and effectively to most unexpected situations and changing conditions.	Frequently is inflexible to change; does not maintain a positive attitude.	Inflexible to change and does not maintain a positive attitude.
7. Communication/Cooperation: The ability to effectively convey information while recognizing the dignity and diversity of others; accepts instructions and constructive criticism.	Is cooperative and displays excellent communication skills; anticipates the needs of others and promotes teamwork; always responds appropriately to feedback.	Is cooperative and displays good communication skills; always responds to request of others and promotes teamwork.	Displays average communication skills; is usually cooperative and responsive to the requests of others; often responds appropriately to feedback.	Displays poor communication skills, or sometimes is uncooperative or not receptive to feedback.	Displays poor communication skills, or is uncooperative, or indifferent/hostile to feedback.
8. Initiative: The energy and motivation displayed in starting and completing tasks.	Self-starter; always accepts responsibility; seeks additional work.	Usually a self-starter; works well when given responsibility.	Accepts responsibility as required but does not pursue additional responsibility.	Does only what is required; needs frequent encouragement to start and complete tasks.	Puts forth little effort.
9. Judgment: The ability to reason, interpret and follow policies; take responsibility for one's actions and behaviors with maturity and self-control.	Always uses sound reasoning in making decisions; is aware of policies and always follows and supports them.	Usually uses sound reasoning in making decisions; is aware of policies and usually follows and supports them.	Satisfactorily uses sound reasoning in making decisions; is aware of policies and usually follows them.	Only some ability to reason and make judgments; needs to be reminded of policies.	Reasoning is often not logical and/or inconsistently follows policies.

	4 Points	3 Points	2 Points	1 Point	0
10. Attendance: The overall attendance record.	See table below for scoring.	See table below for scoring.	See table below for scoring.	See table below for scoring.	See table below for scoring.
11. Punctuality: The promptness record	No tardies or leaving early	One tardy or leaving early	Two tardies and/or leaving early	Three tardies and/or leaving early	Greater than three tardies and/or leaving early
12. Professional Appearance: Grooming, cleanliness and appropriateness of dress.	Always presents a professional image; very well groomed and careful about appearance.	Usually well-groomed and presents a professional image.	Satisfactory personal appearance; clean and neat, and usually in accordance with dress code.	Personal appearance is marginal; frequently needs to be reminded of dress code.	Careless about personal appearance; does not comply with dress code.
13. Professionalism: The ability to treat all people with respect and dignity in every situation; acts with honesty and integrity; maintains confidentiality.	Conducts self in an appropriate manner at all times conforming to the highest standards of professional ethical behavior.	Conducts self in an appropriate manner conforming to standards of professional ethical behavior.	Generally adheres to standards of professional ethical behavior in an acceptable manner.	Sometimes does not follow standards of professional ethical behavior.	Often does not follow standards of professional ethical behavior.
14. Follows program direct supervision policy.*	Yes	No			
15. Follows program repeat policy.*	Yes	No			

Page 3 Total _____

Score:	4	3	2	1	0	Excessive
Absences: (Clinical II)	0	1	2	3	4	(5)
Absences: (Clinical III)	0	1	2	3	4	(5)
Absences: (Clinical IV & V)	0	1	2	3	4	(6)
Absences: (Clinical VI)	0	1	2	3	4	(4)

COMMENTS:

STUDENT COMMENTS:

PAGE 1 TOTAL:	
PAGE 2 TOTAL:	
PAGE 3 TOTAL:	
OVERALL TOTAL:	/52

Faculty Signature: _____	Date: ____/____/____
Clinical Preceptor: _____	Date: ____/____/____
Student: _____	Date: ____/____/____

* First incident of non-compliance with number 14 and /or 15 will result in ineligibility of clinical grade above a “C”.

* Second incident of non-compliance with number 14 and /or 15 will result in ineligibility of clinical grade above a “D”.

* Third incident of non-compliance with number 14 and / or 15 will result in a clinical grade of “F” and subsequent dismissal from the program.

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