ST. LOUIS COMMUNITY COLLEGE AT FOREST PARK

RADIOLOGIC TECHNOLOGY PROGRAM

Class of 2017

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 instructors, 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
### TABLE OF CONTENTS

**PROGRAM OVERVIEW**

- Introduction ................................................................................................................. 1
- Philosophy of the Program ......................................................................................... 1
- Mission Statement ...................................................................................................... 1
- Program Goals ........................................................................................................... 1
- Type of Program .......................................................................................................... 2
- Degree Granted .......................................................................................................... 2
- Faculty ......................................................................................................................... 2
- Radiologic Technology Program Organizational Chart .................................................. 3
- College Organization .................................................................................................. 4
- College Organizational/Functional Structure .............................................................. 5
- Allied Health, Natural Sciences and Physical Education Organizational Chart ............ 6
- Accreditation ................................................................................................................ 7
- Standards for an Educational Program In Radiography ................................................ 7
- Advisory Committee .................................................................................................... 12
- Radiography Club ....................................................................................................... 13
- Radiologic Technology – Curriculum ......................................................................... 14
- Advising ....................................................................................................................... 15
- Counseling .................................................................................................................... 15
- Career and Technical Education Student Advocate ...................................................... 16
- Academic Support Center .......................................................................................... 16
- Americans With Disabilities (ADA) Access ................................................................ 16
- Advice/Guidance to Students ..................................................................................... 16

**PROGRAM POLICIES** .............................................................................................. 18

- Academic Integrity Statement .................................................................................... 18
- Accidental Injury and Exposure ................................................................................... 18
- Application for ARRT Exam ......................................................................................... 19
- Attendance .................................................................................................................... 19
- Change of Address/Name ............................................................................................ 19
- Cheating ....................................................................................................................... 19
- Disciplinary Action ...................................................................................................... 19
- Grade Point Average ................................................................................................... 20
- Grading Scale ............................................................................................................... 20
- Graduation .................................................................................................................... 20
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIPAA Violation Policy</td>
<td>20</td>
</tr>
<tr>
<td>JRCERT Due Process</td>
<td>21</td>
</tr>
<tr>
<td>Leave of Absence</td>
<td>21</td>
</tr>
<tr>
<td>Policies Requiring Student Signature</td>
<td>22</td>
</tr>
<tr>
<td>Agreement Form</td>
<td>22</td>
</tr>
<tr>
<td>Agreement With Respect to Participation in Clinical Programs</td>
<td>22</td>
</tr>
<tr>
<td>Bloodborne Pathogen Exposure Control Policy</td>
<td>22</td>
</tr>
<tr>
<td>Radiation Protection Policy</td>
<td>22</td>
</tr>
<tr>
<td>Dosimeter Policy</td>
<td>22</td>
</tr>
<tr>
<td>Pregnancy Policies</td>
<td>22</td>
</tr>
<tr>
<td>Retention Policies</td>
<td>22</td>
</tr>
<tr>
<td>Statement of Confidentiality</td>
<td>22</td>
</tr>
<tr>
<td>Statement of Responsibility</td>
<td>23</td>
</tr>
<tr>
<td>Supervision/Repeat Policies</td>
<td>23</td>
</tr>
<tr>
<td>Essential Functions</td>
<td>23</td>
</tr>
<tr>
<td>Program Dismissal/Re-entry</td>
<td>23</td>
</tr>
<tr>
<td>Student Rights and Responsibilities</td>
<td>23</td>
</tr>
<tr>
<td>Withdrawal from Class and/or Program</td>
<td>23</td>
</tr>
<tr>
<td><strong>CLINICAL SYLLABUS</strong></td>
<td>25</td>
</tr>
<tr>
<td><strong>CLINICAL EDUCATION OVERVIEW AND CURRICULUM</strong></td>
<td>25</td>
</tr>
<tr>
<td>Clinical Education</td>
<td>25</td>
</tr>
<tr>
<td>Clinical Education Courses and Objectives</td>
<td>25</td>
</tr>
<tr>
<td>Clinical Education Centers</td>
<td>29</td>
</tr>
<tr>
<td>Assignment to Clinical Site</td>
<td>29</td>
</tr>
<tr>
<td>Liability Insurance</td>
<td>29</td>
</tr>
<tr>
<td><strong>CLINICAL CONDUCT</strong></td>
<td>30</td>
</tr>
<tr>
<td>Code of Ethics</td>
<td>30</td>
</tr>
<tr>
<td>Professional Conduct</td>
<td>31</td>
</tr>
<tr>
<td>Student Responsibilities</td>
<td>31</td>
</tr>
<tr>
<td>Your Health</td>
<td>32</td>
</tr>
<tr>
<td>Communication</td>
<td>32</td>
</tr>
<tr>
<td>Uniform/Personal Hygiene Policies</td>
<td>33</td>
</tr>
<tr>
<td>Telephones</td>
<td>35</td>
</tr>
</tbody>
</table>
# TABLE OF CONTENTS

Books in Clinical Area ........................................................................................................ 35
Protocol for Handling Clinical Problems ............................................................................. 35
Documentation Form ............................................................................................................ 36
Incident Report Form ........................................................................................................... 36

**CLINICAL COMPETENCY** ................................................................................................. 37
Clinical Competency System ............................................................................................... 37
Evaluation of Clinical Competency ..................................................................................... 37
Flowchart for Clinical Competency Evaluation .................................................................... 38
Clinical Competency Evaluation Forms ................................................................................ 39
Master Competency List ....................................................................................................... 39
Periodic Competency Rechecks .......................................................................................... 39
Continuing Performance of Completed Competencies .................................................................. 40
Direct/Indirect Supervision .................................................................................................. 40
Repeat Radiograph Policy .................................................................................................... 40
Log Book Policy .................................................................................................................. 41
Simulation Routine List ........................................................................................................ 43
Clinical Education Orientation Objectives ............................................................................ 48
Clinical Education Master Competency List ........................................................................ 51
Computed Tomography Clinical Objectives ......................................................................... 56
Sonography Clinical Objectives ........................................................................................... 58
Magnetic Resonance Imaging Clinical Objectives ................................................................... 59
Nuclear Medicine Clinical Objectives ................................................................................... 60
Radiation Therapy Clinical Objectives .................................................................................. 61
Interventional / Angiography Clinical Objectives ................................................................. 62

**CLINICAL ATTENDANCE** .................................................................................................. 63
Required Clinical Hours ....................................................................................................... 63
Terminal Vacations ................................................................................................................ 63
Winter and Spring Break Hours ............................................................................................ 63
Attendance Policy ................................................................................................................ 63
Notification of Absence ........................................................................................................ 64
Make-up of Clinical Hours .................................................................................................... 64
Extended Clinical Hours ...................................................................................................... 64
Signing In and Out – Time Cards .......................................................................................... 65
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breaks and Lunch Periods</td>
<td>65</td>
</tr>
<tr>
<td>Leaving the Hospital During Scheduled Hours</td>
<td>65</td>
</tr>
<tr>
<td>Excused Day</td>
<td>66</td>
</tr>
<tr>
<td>Holidays</td>
<td>66</td>
</tr>
<tr>
<td>Jury Duty/Court Summons</td>
<td>67</td>
</tr>
<tr>
<td>Bereavement Leave</td>
<td>67</td>
</tr>
<tr>
<td>New Employment in Radiologic Technology</td>
<td>67</td>
</tr>
<tr>
<td>Inclement Weather Policy</td>
<td>67</td>
</tr>
<tr>
<td>CLINICAL EVALUATION AND GRADING</td>
<td>68</td>
</tr>
<tr>
<td>Evaluation of Student Clinical Performance</td>
<td>68</td>
</tr>
<tr>
<td>Clinical Education Grading Policies</td>
<td>68</td>
</tr>
<tr>
<td>Case Studies</td>
<td>74</td>
</tr>
</tbody>
</table>

## APPENDICES

<table>
<thead>
<tr>
<th>Appendix</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendix A</td>
<td>Agreement Form</td>
<td>83</td>
</tr>
<tr>
<td>Appendix B</td>
<td>Agreement With Respect to Participation in Clinical Programs</td>
<td>85</td>
</tr>
<tr>
<td>Appendix C</td>
<td>Bloodborne Pathogen Exposure Control Policy</td>
<td>86</td>
</tr>
<tr>
<td>Appendix D</td>
<td>Radiation Protection Policy</td>
<td>91</td>
</tr>
<tr>
<td>Appendix E</td>
<td>Dosimeter Policies</td>
<td>92</td>
</tr>
<tr>
<td>Appendix F</td>
<td>Pregnancy and the Student Radiologic Technologist</td>
<td>93</td>
</tr>
<tr>
<td>Appendix G</td>
<td>Retention Policies</td>
<td>99</td>
</tr>
<tr>
<td>Appendix H</td>
<td>Statement of Confidentiality</td>
<td>102</td>
</tr>
<tr>
<td>Appendix I</td>
<td>Statement of Responsibility</td>
<td>103</td>
</tr>
<tr>
<td>Appendix J</td>
<td>Supervision Policies</td>
<td>104</td>
</tr>
<tr>
<td>Appendix K</td>
<td>Essential Functions</td>
<td>105</td>
</tr>
<tr>
<td>Appendix L</td>
<td>Accidental Injury/Exposure Report Form</td>
<td>108</td>
</tr>
<tr>
<td>Appendix M</td>
<td>Absence/Tardy/Excused Day Documentation</td>
<td>109</td>
</tr>
<tr>
<td>Appendix N</td>
<td>Case Study Verification Form</td>
<td>110</td>
</tr>
<tr>
<td>Appendix O</td>
<td>Clinical Competency Evaluation</td>
<td>111</td>
</tr>
<tr>
<td>Appendix P</td>
<td>Documentation Form</td>
<td>113</td>
</tr>
<tr>
<td>Appendix Q</td>
<td>Incident Report</td>
<td>114</td>
</tr>
<tr>
<td>Appendix R</td>
<td>Student Sign In Sheet</td>
<td>115</td>
</tr>
<tr>
<td>Appendix S</td>
<td>Professional Development Evaluation</td>
<td>116</td>
</tr>
<tr>
<td>INDEX</td>
<td>123</td>
<td></td>
</tr>
</tbody>
</table>
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 quick 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 those items outlined in this student handbook which is detailed information specifically for Radiologic Technology students. 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 well aware of its leadership responsibilities and 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 entry-level employment skills of a Radiologic Technologist to meet the needs of the medical imaging community while providing quality patient care. In addition 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 to difficult and trauma exams

Goal 2: Students will achieve an acceptable level of 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.
- Students will provide quality patient care.
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
Rebecca Northern, DC, RT(R)  Matt DeNu, AAS, RT(R)(CT)
Program Director  Adjunct Faculty
Assistant Professor  mdenu@stlcc.edu
(314) 644-9640 - office
rnorthern@stlcc.edu

Jon Hartwein, BA, RT(R)  Dane Clark, AAS, RT(R)
Coordinator of Clinical Education  Adjunct Faculty
dclark281@stlcc.edu
(314) 644-9318 - office
jhartwein@stlcc.edu

Sally Polta, BA, RT(R)(M)  Danielle Schuler, AAS, RT(R)(CT), RDCS
Associate Professor  Adjunct Faculty
dschuler11@stlcc.edu
(314) 644-9324 - office
spolta@stlcc.edu

Dean Brake, MEd, RT(R)  
Associate Professor  
(314) 644-9325 - office
dbrake@stlcc.edu
Organizational Chart for the Radiologic Technology Program

Radiologic Technology Program Director
Rebecca Northern

Radiologic Technology Clinical Coordinator
Jon Hartwein

Program Faculty
Dean Brake
Dane Clark
Matt DeNu
Jon Hartwein
Rebecca Northern
Sally Polta
Danielle Schuler

Department Secretary
Traci Carpenter

Clinical Sites
Barnes - Jewish Hospital
Barnes - Jewish West County Hospital
Christian Hospital Northeast
DePaul Health Center
Des Peres Hospital
Missouri Baptist Medical Center
Progress West HealthCare Center
St. Alexius Hospital
St. Anthony’s Medical Center
St. Clare Health Center
St. Joseph’s Hospital
St. Louis Children’s Hospital
St. Louis University Medical Center
St. Luke’s Hospital
St. Mary’s Medical Center

Program Students
COLLEGE ORGANIZATION

St. Louis Community College consists of four campuses (Florissant Valley, Forest Park, Meramec and Wildwood) and the Cosand Center. At Forest Park there are three instructional divisions: Allied Health, Natural Sciences and Physical Education, Business, Mathematics and Technologies, and Humanities and Social Sciences. The Radiologic Technology Program is in the Health Technologies Department of the Allied Health, Natural Sciences and Physical Education Division.

The Dean of the Allied Health, Natural Sciences & Physical Education Division along with the deans of the other two divisions of instruction all report to the Vice Presidents. The Vice President of Student Affairs and Vice President of Academic Affairs report to the College President. The College President reports to the Chancellor.
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

Standard One

Integrity

Standard One: The program demonstrates integrity in the following:

- Representations to communities of interest and the public,
- Pursuit of fair and equitable academic practices, and
- Treatment of, and respect for, students, faculty, and staff.

Objectives:

In support of Standard One, the program:

1.1 Adheres to high ethical standards in relation to students, faculty, and staff.
1.2 Provides equitable learning opportunities for all students.
1.3 Provides timely, appropriate, and educationally valid clinical experiences for each admitted student.
1.4 Limits required clinical assignments for students to not more than 10 hours per day and the total didactic and clinical involvement to not more than 40 hours per week.
1.5 Assures the security and confidentiality of student records, instructional materials, and other appropriate program materials.
1.6 Has a grievance procedure that is readily accessible, fair, and equitably applied.
1.7 Assures that students are made aware of the JRCERT Standards for an Accredited Educational Program in Radiography and the avenue to pursue allegations of non-compliance with the STANDARDS.
1.8 Has publications that accurately reflect the program’s policies, procedures, and offerings.
1.9 Makes available to students, faculty, and the general public accurate information about admission policies, tuition and fees, refund policies, academic calendars, clinical obligations, grading system, graduation requirements, and the criteria for transfer credit.

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

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

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

1.13 Has student recruitment and admission practices that are consistent with published policies of the sponsoring institution and the program.

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

1.15 Has procedures for maintaining the integrity of distance education courses.

**Standard Two:**

**Resources**

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

**Objectives:**

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

**Administrative Structure**

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

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

2.3 Provides faculty with opportunities for continued professional development.

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

**Learning Resources/Services**

2.5 Assures JRCERT recognition of all clinical settings.

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

2.7 Reviews and maintains program learning resources to assure the achievement of student learning.
2.8 Provides access to student services in support of student learning.

**Fiscal Support**

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

2.10 For those institutions and programs for which the JRCERT serves as a gatekeeper for Title IV financial aid, maintains compliance with United States Department of Education (USDE) policies and procedures.

**Standard Three**

*Curriculum and Academic Practices*

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

**Objectives:**

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

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

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

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

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

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

3.6 Maintains a master plan of education.

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

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

3.9 Evaluates program faculty and clinical instructor performance and shares evaluation results regularly to assure instructional responsibilities are performed.
Standard Four

Health and Safety

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

Objectives:

In support of Standard Four, the program:

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

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

4.3 Assures that students employ proper radiation safety practices.

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

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

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

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

4.8 Assures that students are oriented to clinical setting policies and procedures in regard to health and safety.
Standard Five
Assessment

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

Objectives:
In support of Standard Five, the program:

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

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

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

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

5.5 Periodically evaluates its assessment plan to assure continuous program improvement.

Standard Six
Institutional/Programmatic Data

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

Objectives:
In support of Standard Six, the program:

Sponsoring Institution
6.1 Documents the continuing institutional accreditation of the sponsoring institution.

6.2 Documents that the program’s energized laboratories are in compliance with applicable state and/or federal radiation safety laws.
Personnel
6.3 Documents that all faculty and staff possess academic and professional qualifications appropriate for their assignments.

Clinical Settings
6.4 Establishes and maintains affiliation agreements with clinical settings.
6.5 Documents that clinical settings are in compliance with applicable state and/or federal radiation safety laws.

Program Sponsorship, Substantive Changes, and Notification of Program Officials
6.6 Complies with requirements to achieve and maintain JRCERT accreditation.

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 First and Second Year Radiography students.

Membership is open to all students enrolled in the Radiologic Technology Program at St. Louis Community College Forest Park.

A second year student will serve as president and a first 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. 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:124  *Technical Mathematics I or higher  3-4
__PSY:200  General Psychology  3
__XXX:XXX  Missouri State Requirement #  3
Physical education activity  2

*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

Summer I
__XRT:116  Clinical Education III  3

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 +

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

Program Total  75 - 76

#See current college catalog for courses that meet the Missouri State 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) 644-9397. For more information visit www.stlcc.edu/Admissions_and_Registration/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) 644-9251. For more information visit www.stlcc.edu/Student_Resources/Counseling.
CAREER AND TECHNICAL EDUCATION TRANSITION SPECIALIST

The role of the Career and Technical Education Transition Specialist is to serve as student advocates to offer personalized support and encouragement to students in CTE programs. They can assist with finding appropriate support services, offer one-on-one attention, and follow-up to encourage student success. They can also assist in exploring educational and career options. Their main focus is on ensuring students have the necessary tools and resources to complete their program. At the Forest Park campus, your CTE Specialist is Valerie Turner (314) 644-9226. Please do not hesitate to contact her for any assistance you may need.

ACADEMIC SUPPORT CENTER

The Academic Support Center is located in Room L-024 and offers a variety of learning services to students. The Center provides tutoring in the areas of 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 a counselor by calling (314) 644-9267 or stop by the Center for more information.

AMERICANS WITH DISABILITIES ACT (ADA) ACCESS

St. Louis Community College makes every reasonable effort to accommodate individuals with disabilities. If you have accommodation needs, please contact the Access office (G-223) at (314) 644-9039, six weeks before or immediately after classes begin.

ADVICE/GUIDANCE TO STUDENTS

To a large degree your future success as a student depends on how well you are perceived by the personnel of the radiology department at the clinical site that you are assigned to. While long lasting perceptions about you develop over time, first impressions are very important. Therefore, from the beginning of your clinical experience it is very important that you present yourself as a student who is serious about wanting to learn the art and science of medical imaging. The technologists at the hospital are the ones 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 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 many different ways in which to carry out a particular procedure, just because it is not being done by the book, does not mean it is not being done adequately. Ask questions, 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 acknowledgement 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 filled out 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 instructor 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 instructor.

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 the student being dismissed from the Program. Any student dismissed for cheating will not be considered for re-admission to the Program.

DISCIPLINARY ACTION

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

<table>
<thead>
<tr>
<th>Credits</th>
<th>Grade</th>
<th>Points</th>
<th>Total Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIO:207</td>
<td>Anatomy and Physiology 4</td>
<td>C</td>
<td>2</td>
</tr>
<tr>
<td>XRT:101</td>
<td>Radiographic Procedures I 4</td>
<td>B</td>
<td>3</td>
</tr>
<tr>
<td>XRT:111</td>
<td>Clinical Education I 2</td>
<td>C</td>
<td>2</td>
</tr>
<tr>
<td>XRT:104</td>
<td>Principles of Radiographic Exposure I 3</td>
<td>B</td>
<td>3</td>
</tr>
<tr>
<td>MTH:160</td>
<td>College Algebra 4</td>
<td>B</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>17</strong></td>
<td><strong>45</strong></td>
<td></td>
</tr>
</tbody>
</table>

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

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

GRADUATION

It is the student’s responsibility to see to it that all requirements for graduation have been met. During the spring semester of the second year in the Program, an “Application for Graduation” needs to be completed with an academic advisor. The advisor will verify that you meet graduation requirements. All students should perform a degree audit using the Banner system to confirm that general education requirements have been met. During your enrollment in the Program you will find the faculty members as well as the program director willing to help you with any questions or situations that need clarification. However, you should be certain that all curriculum requirements have been satisfactorily met.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (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. A student dismissed from the program due to a HIPAA violation will not be considered for re-admission to the program.
**JRCERT DUE PROCESS**

If a student feels that the Program is non-compliant with the Standards set forth by JRCERT, the student must submit in writing the alleged violation(s) of non-compliance to the program director. The complaint must contain the names of the parties involved, nature of alleged violation, date of alleged violation and a requested resolution. The written complaint must be received by the program director within ten working days of the alleged violation(s). The program director will hold a conference with the student within ten working days of receipt of the written complaint. Within ten working days following the conference, the program director will provide a written response of the decision to the student.

If the student believes the matter is not resolved, he or she may submit the allegation(s) of non-compliance to the JRCERT. The specific procedure for submitting allegation(s) of non-compliance can be obtained from JRCERT.

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

The Program will keep a record of complaints and resolutions.

**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.

The leave of absence can only be granted by the program director. A reason why a leave of absence is requested must be given.

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”.

A student must satisfactorily complete the following prior to returning from a leave of absence:

- Background check
- Drug Screen
- PPD Test (Tuberculosis skin test)
- 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 acknowledgment of having read and understood them. The signed form is filed in the student’s folder which is kept by the program director. Following is a brief description of each of these policies.

Agreement Form - Contains a schedule of the required clinical hours that must be completed over the twenty-three month program as well as some of the clinical attendance policies- The student agrees to comply with all hospital and departmental policies and those outlined in the Clinical Education Syllabus. (Appendix A)

Agreement With Respect to Participation in Clinical Programs - The student acknowledges the rights of the institutions which St. Louis Community College contracts with to provide clinical education. (Appendix B)

Bloodborne Pathogen Exposure Control Policy - States the College policy on minimizing contact with bloodborne pathogens and reporting of exposure involving blood or other potentially infectious materials. (Appendix C)

Radiation Protection Policy - This document includes Program radiation protection policies. (Appendix D)

Dosimeter Policy - Includes all policies pertaining to the wearing, treatment, and exchanging of the dosimeter. (Appendix E)

Pregnancy Policies - (Appendix F)
  Pregnancy and the Student Radiologic Technologist - Outlines Program pregnancy policies. This policy is signed by all female students at the beginning of the Program.

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

Attachment D - This document is signed when the 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 - In signing this document, the student acknowledges his/her responsibility to keep confidential any information regarding hospital patients and all confidential information of the hospital. This includes the patient’s chart, reports and any other information pertaining to the patient. Requests for information concerning a patient should be referred to the clinical instructor 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 his/her 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, he or she must do so either under direct or indirect supervision. The definitions of and policies for direct and indirect supervision are specified in this document. The policy that must be followed when a student repeats any radiograph 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 39. (Appendix J)

Essential Functions - Outlines the essential functions of a radiologic technologist which the student must be able to perform with or without reasonable accommodations. (Appendix K)

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

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

It must be noted that academic disputes are handled differently. In all cases where the dispute involves a purely academic matter, such as an allegedly unfair grade, please refer to the academic appeal procedure, found at www.stlcc.edu/need2know, which includes specific time lines and process steps. 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.

The protocol for handling clinical problems is outlined in the Clinical Syllabus section of this handbook on page 35.

WITHDRAWAL FROM CLASS AND/OR PROGRAM

A student who withdraws from a class before the end of the 12th week of the semester will receive a grade of “W” on his/her 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. If a student does, this will jeopardize his/her eligibility for graduation and Registry examination at the normal time. Withdrawal from any Radiologic Technology course constitutes withdrawal from the Program.

Withdrawal from the Program during the first semester will cause the student to be placed at the end of the Program waiting list. Exceptions may be made on a case by case basis.
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. Students must complete the following before the first day of attendance at an assigned clinical site:

- Background check
- Drug screen
- Physical Examination
- Immunizations
- PPD
- CPR certification

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 instructor 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 insure 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 policies and procedures for the Radiologic Technology Program.
2. Explain the importance of Radiologic Technology professional organizations.
3. Adhere to the established policies for patient confidentiality.
4. Exhibit ethical behavior in accordance with established professional standards.
5. Employ acceptable radiation protection practices.
6. Describe infection control/standard precautions techniques.
7. Demonstrate proper body mechanic techniques to safely transfer patients.
8. Apply the principles of quality patient care to the clinical environment.
9. Demonstrate basic positioning skills for the PA and Lateral chest.
10. Demonstrate basic positioning skills for the AP supine abdomen.
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 acceptable radiation protection practices.
3. Identify acceptable 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 acceptable radiation protection practices for the patient, others and self.
3. Demonstrate acceptable 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 acceptable 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 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 acceptable 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 acceptable 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).

Upon successful completion of the course, the student will demonstrate the ability to:
1. Demonstrate radiographic procedures and techniques for routine and non-routine exams.
2. Explain protocols for selective imaging modalities and radiation therapy.
3. Discuss the basic operational principles for 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 acceptable positioning techniques for radiographic procedures.
2. Employ radiation protection practices for the patient, others and self during radiographic exams.
3. Demonstrate acceptable 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

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

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

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

St. Anthony’s Medical Center
10010 Kennerly Road
St. Louis, MO 63128

Christian Hospital
11133 Dunn Road
St. Louis, MO 63136

St. Clare Health Center
1015 Bowles
Fenton, MO 63026

DePaul Health Center
12303 DePaul Drive
St. Louis, MO 63042

St. Joseph Health Center/St. Charles
300 First Capitol Drive
St. Charles, MO 63301

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

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

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

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

Progress West HealthCare Center
#2 Progress Point Parkway
O’Fallon, MO 63368

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

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, and during the Program will 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 assignment will be made based on the following criteria: Clinical needs of the student, radiology department volume and examination mix, and number of students requested by the department.

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 Society of Radiologic Technologists and American Registry of Radiologic Technologists should be studied and understood. They should serve as a guide for the technologist throughout his/her 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 sex, race, creed, religion, or socio-economic status.

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

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

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

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

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 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

The technologist should:

- Strictly carry out the orders of the physician under whom he/she is working.
- Never discuss or criticize a physician with a patient or with a patient’s friend, or express to them a preference for the services of a physician.
- Never interpret images or express an opinion of diagnosis or treatment to the patient.
- Always accord to a physician the proper amount of respect and consideration due to his/her 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 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.

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!

UNIFORM /PERSONAL HYGIENE POLICIES

Students who are in compliance with the uniform 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 uniform 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 instructor 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.

UNIFORM POLICIES

1. Students are to be neat and well-groomed at all times when in the clinical areas. Students must be clean and free of body odor.
2. Uniforms and shoes must be clean and in good condition.
3. Use of excessive fragrances must be avoided.
4. Hair for both men and women 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 (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.
5. Must be clean shaven or mustaches, beards and side burns must be neatly trimmed and of reasonable length.
6. 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.
7. 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.
8. Visible tattoos must be covered at all times.
9. Fingernails must be short and clean: **Fingernail polish or fake fingernails may not be worn.**
10. Make-up of any type is not to be worn in excess.
11. Sweaters, sweatshirts, and thermal wear are not permitted.
12. Mid-length white lab coats are allowed. Solid color scrub jackets matching the scrubs and free of decoration are allowed.
13. Short or long sleeved T-shirts 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. 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, white or matches the color of the scrub.

Scrub suit appropriate for hospital personnel and without decorative trim, such as ruffles. The following colors for scrub suits have been approved by faculty*:

- Hunter Green
- Wine (Burgundy)
- Navy Blue
- Black

*Clinical site may restrict colors that may be worn.

Scrub top and pants must match. (i.e. A hunter green top and navy blue pants is not appropriate). Cargo pants are permissible provided they are in one of the colors listed above.

**A STUDENT NOT IN COMPLIANCE WITH THESE POLICIES AS DETERMINED BY FACULTY OR THE CLINICAL ADMINISTRATION COULD BE SENT HOME BY THE CLINICAL INSTRUCTOR OR FACULTY MEMBER. ANY MISSED TIME MUST BE MADE UP.**
**TELEPHONES**

Radiology phones are for business. Personal phone calls are discouraged. Please use the telephone only when necessary.

Appropriate telephone courtesy and protocol are expected of all students. Here are some simple guidelines:

- Cell phone use, including texting, is only allowed during breaks and lunches. At all other times it must be off. Noncompliance will be reflected on the Professional Development Evaluation.
- Answer all calls promptly, preferably after the first ring.
- Always state your name when answering a radiology department telephone, and identify the department as the radiology department.
- When transferring a call or putting someone on “hold”, do not forget about them or leave them unattended for long.
- Be careful not to disconnect callers when transferring, etc.

Be certain to take down all telephone messages carefully and see to it that they are taken care of promptly.

**BOOKS IN CLINICAL AREA**

Students are allowed to keep textbooks in the clinical area and to study during slow times if permitted by the clinical site. This is a privilege, not a right. Students are not allowed to study when there are exams to be done.

**PROTOCOL FOR HANDLING CLINICAL PROBLEMS**

1. Student - document and discuss problem with clinical instructor, no resolution proceed to step 2.
2. Student - provide documentation and discuss problem with faculty. Faculty member will document meeting with student. Faculty will meet with clinical instructor, no resolution proceed to step 3.
3. Student - provide documentation from step 1 and 2, discuss problem with clinical coordinator, no resolution proceed to step 4.
4. Student - provide documentation from steps 1, 2 and 3, discuss problem with program director.

The final resolution will be determined by the program director.
DOCUMENTATION FORM

The Documentation Form (Appendix P) is used as a means of documenting various facts, incidents, etc. These are completed by a faculty member or clinical instructor and 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 Q) is used when an incident occurs requiring some form of disciplinary action. This form can be completed by a faculty member or clinical instructor 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 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. A list of all simulation routines required prior to competency evaluation begins on page 42. 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. Completing simulation competencies demonstrates initiative and is reflected in the clinical grading.

When the student is able to complete the procedures(s) on patients at an acceptable level of performance and has recorded a sufficient number of exams in the log book 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 his/her clinical instructor, faculty member or inserviced R.T. The student must perform the entire examination in the presence of, but without any assistance from 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 technologist should complete the competency evaluation form and return it to the clinical instructor who will give it to the clinical faculty member. 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.
FLOW CHART FOR CLINICAL COMPETENCY EVALUATIONS

1. Didactic Education
   - Observation at Clinical Site
   - Assist with direct supervision by a qualified radiographer
   - Performance with direct supervision by a qualified radiographer

2. Laboratory Practice

3. Written Examination

4. Simulation Competency Evaluation
   - Performance with direct supervision by a qualified radiographer
   - Competency Evaluation

5. Performance with indirect supervision by a qualified radiographer

6. Periodic Competency Recheck
   - Performance with direct supervision by a qualified radiographer

7. Continued indirect supervision

8. Completes Program Requirements for Clinical Performance
CLINICAL COMPETENCY EVALUATION FORMS

The competency evaluation form is included in Appendix O. This is a pass/retest evaluation form. There are four main areas of consideration on this evaluation form. 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 form must be completed and given to the clinical instructor who will give it to the clinical faculty member.

It is the responsibility of the student to ensure that this form has been completed by the examiner with all necessary signatures before submitting to faculty.

MASTER COMPETENCY LIST

The student, prior to graduating, will 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
- Surgery
- Mobile

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 beginning on page 50. The Master Competency List is used to record the student’s completion of simulations, competency evaluations and clinical objectives. It is the responsibility of the student to ensure that the required information and signatures are correctly recorded by the technologist following the clinical competency evaluation.

Several procedures listed on the Master Competency List 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 form is completed and logged on the recheck page of the Master Competency List. Refer to the Clinical Competency Flowchart on page 37 with how to proceed if the recheck evaluation is unsuccessful. If the student is unsuccessful in the recheck evaluation process, the technologist should complete the competency evaluation form and return it to the clinical instructor who will give it to the clinical faculty member.

CONTINUING PERFORMANCE OF COMPLETED COMPETENCIES

Students are expected to continue to perform those exams they have already been checked out of in order maintain competency and develop proficiency.

DIRECT/INDIRECT SUPERVISION

Until a student is “checked out” of 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 been “checked out” of an 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, this policy must be adhered to. At the beginning of each clinical education course, all students will sign the “Supervision Policy” (Appendix J).
LOG BOOK POLICY

Students are required to record all of their pre-competency clinical exams in the appropriate log book which is to be purchased from the campus bookstore. The purpose of the log book is to document the type and quantity of clinical experience that the student is actually receiving. This is important information for your clinical instructor and/or faculty member as far as determining if sufficient experience is being received. 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 the student’s log book. Thus, failure to maintain a proper record of exams in the log book will slow the rate of student progress.

You are expected to record ALL pre-competency exams observed or performed. This is to be started from the first day of clinical education. It is recommended that you keep your log books handy so that you can enter the appropriate exams during those times of the day when you are not busy. It is very necessary that all exams be entered into your log book before the start of your next clinical day.

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

Observed
Put a check-mark in this box when you only watched the R.T. perform the exam.

Assisted R.T.
Put a checkmark in this box if you give the R.T. 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
Put a check in this box whenever the R.T. 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 R.T.

Repeat Section
This section is completed when an image is repeated by the student for any reason. It is also required that you keep your Master Competency List in the log book. A good way of doing this is to 3-hole punch the upper border of your Master Competency List and simply insert it in the back of your 3-ring binder so it will always stay together with your log book sheets. Write your name on the front of your Master Competency List

- Log books and the Master Competency List should ALWAYS be available and readily accessible to faculty when the student is present at the clinical site.
- If the log book and Master Competency List is not available or is not satisfactorily maintained, that is up-to-date; this will be taken into account on the Professional Development Evaluation.
- If the log book or Master Competency List is lost or stolen, it is the student’s responsibility
to report the loss to the faculty member assigned to the student’s clinical site at the earliest possible opportunity and not wait until the faculty member asks to see either the log book or Master Competency List.

- Students will continue to log exams until they have checked out of a given competency.
- All repeat examinations will be performed in the presence of a qualified radiographer. Repeats will be marked in the appropriate section of the log book.

The student must record the reason for repeat and initials of the supervising technologist.
### ST. LOUIS COMMUNITY COLLEGE AT FOREST PARK
### RADIOLOGIC TECHNOLOGY PROGRAM
### SIMULATION ROUTINES

<table>
<thead>
<tr>
<th>COMPETENCY</th>
<th>ROUTINE</th>
<th>IR SIZE &amp; ORIENTATION</th>
<th>SID</th>
<th>SHIELDING</th>
<th>RESPIRATION</th>
<th>PT. POSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chest and Thorax</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest, PA &amp; Lateral</td>
<td>PA &amp; Lateral</td>
<td>14 x 17</td>
<td>72”</td>
<td>Y</td>
<td>Exposure on second full inspiration</td>
<td>Upright</td>
</tr>
<tr>
<td>Chest Wheelchair</td>
<td>AP</td>
<td>14 x 17 (CW or LW)</td>
<td>72”</td>
<td>Y</td>
<td>Exposure on second full inspiration</td>
<td>Upright in wheelchair</td>
</tr>
<tr>
<td>Chest Stretcher (Simulation must be completed before checking out of Mobile Chest exam)</td>
<td>AP</td>
<td>14 x 17 (CW or LW)</td>
<td>72”</td>
<td>Y</td>
<td>Exposure on second full inspiration</td>
<td>Upright in stretcher</td>
</tr>
<tr>
<td>Chest, Lat. Decubitus</td>
<td>AP, Left or Rt. Lateral</td>
<td>14 x 17</td>
<td>72”</td>
<td>Y</td>
<td>Exposure on second full inspiration</td>
<td>Table</td>
</tr>
<tr>
<td>Upper Airway (Soft Tissue Neck)</td>
<td>AP</td>
<td>10 x 12</td>
<td>40”</td>
<td>Y</td>
<td>During slow, deep inspiration</td>
<td>Upright</td>
</tr>
<tr>
<td></td>
<td>Lateral</td>
<td>10 x 12</td>
<td>72”</td>
<td>Y</td>
<td>During slow, deep inspiration</td>
<td>Upright</td>
</tr>
<tr>
<td>Ribs (center to affected side for all views)</td>
<td>AP (above diaphragm)</td>
<td>14 x 17</td>
<td>40”</td>
<td>Y</td>
<td>Inspiration</td>
<td>Upright</td>
</tr>
<tr>
<td></td>
<td>AP (below diaphragm)</td>
<td>10 x 12 (CW)</td>
<td>40”</td>
<td>Y</td>
<td>Expiration</td>
<td>Upright</td>
</tr>
<tr>
<td></td>
<td>RPO &amp; LPO</td>
<td>14 x 17</td>
<td>40”</td>
<td>Y</td>
<td>Inspiration</td>
<td>Upright</td>
</tr>
<tr>
<td>Sternum</td>
<td>RAO</td>
<td>10 x 12</td>
<td>40”</td>
<td>Y</td>
<td>Breathing Technique</td>
<td>Upright</td>
</tr>
<tr>
<td></td>
<td>Lateral</td>
<td>10 x 12</td>
<td>72”</td>
<td>Y</td>
<td>Inspiration</td>
<td>Upright</td>
</tr>
<tr>
<td>COMPETENCY</td>
<td>ROUTINE</td>
<td>IR SIZE &amp; ORIENTATION (Lengthwise unless noted otherwise)</td>
<td>SID</td>
<td>SHIELDING (Y/N)</td>
<td>RESPIRATION</td>
<td>PT. POSITION UPRIGHT/TABLE</td>
</tr>
<tr>
<td>------------</td>
<td>---------</td>
<td>----------------------------------------------------------</td>
<td>-----</td>
<td>----------------</td>
<td>-------------</td>
<td>---------------------------</td>
</tr>
<tr>
<td>Abdomen Supine (KUB)</td>
<td>AP</td>
<td>14 x 17</td>
<td>40”</td>
<td>N</td>
<td>Expiration</td>
<td>Table</td>
</tr>
<tr>
<td>Abdomen Upright</td>
<td>AP</td>
<td>14 x 17</td>
<td>40”</td>
<td>N</td>
<td>Expiration</td>
<td>Upright</td>
</tr>
<tr>
<td>Abdomen Decubitus</td>
<td>AP, Left Lateral</td>
<td>14 x 17</td>
<td>40”</td>
<td>N</td>
<td>Expiration</td>
<td>Table</td>
</tr>
<tr>
<td>IVU/IVP Scout Images</td>
<td>KUB</td>
<td>14 x 17</td>
<td>40”</td>
<td>N</td>
<td>Expiration</td>
<td>Table</td>
</tr>
<tr>
<td></td>
<td>AP Kidneys</td>
<td>10 x 12 (CW)</td>
<td>40”</td>
<td>N</td>
<td>Expiration</td>
<td>Table</td>
</tr>
<tr>
<td>IVU/IVP Complete</td>
<td>KUB, RPO &amp; LPO, PA</td>
<td>14 x 17</td>
<td>40”</td>
<td>N</td>
<td>Expiration</td>
<td>Table</td>
</tr>
<tr>
<td></td>
<td>AP Kidneys</td>
<td>10 x 12 (CW)</td>
<td>40”</td>
<td>N</td>
<td>Expiration</td>
<td>Table</td>
</tr>
<tr>
<td></td>
<td>Bladder</td>
<td>10 x 12 (CW or LW)</td>
<td>40”</td>
<td>N</td>
<td>Expiration</td>
<td>Table</td>
</tr>
</tbody>
</table>

**Fluoroscopic Procedures**

| UGI | PA (or AP), R. Lateral, RAO, LPO | 14 x 17 | 40” | N | Expiration | Table |
| LGI (Barium Enema) | AP (high), AP (low) | 14 x 17 (CW) | 40” | N | Expiration | Table |
| | LPO, Butterfly, Lateral | 14 x 17 | 40” | N | Expiration | Table |
| Small Bowel Series | AP (high), AP (low) | 14 x 17 | 40” | N | Expiration | Table |
| Esophagus | PA or AP, RAO, R. Lateral | 14 x 17 | 40” | N | Pt. drinking contrast | Table |

**Upper Extremity**

<p>| Finger | PA Hand | 10 x 12 | 40” | Y | N/A | Patient seated |
| Oblique, Lateral (collimate to finger of interest) | 10 x 12 | 40” | Y | N/A | Patient seated |
| Thumb (collimate to thumb for all views) | AP, Oblique, Lateral | 10 x 12 | 40” | Y | N/A | Patient seated |</p>
<table>
<thead>
<tr>
<th>COMPETENCY Upper Ext. (cont’d)</th>
<th>ROUTINE</th>
<th>IR SIZE &amp; ORIENTATION (Lengthwise unless noted otherwise)</th>
<th>SID</th>
<th>SHIELDING (Y/N)</th>
<th>RESPIRATION</th>
<th>PT. POSITION UPRIGHT/TABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hand</td>
<td>PA, Oblique, Lateral</td>
<td>10 x 12</td>
<td>40”</td>
<td>Y</td>
<td>N/A</td>
<td>Patient seated</td>
</tr>
<tr>
<td>Wrist</td>
<td>PA, Oblique, Lateral</td>
<td>10 x 12</td>
<td>40”</td>
<td>Y</td>
<td>N/A</td>
<td>Patient seated</td>
</tr>
<tr>
<td>Forearm</td>
<td>AP &amp; Lateral</td>
<td>14 x 17</td>
<td>40”</td>
<td>Y</td>
<td>N/A</td>
<td>Patient seated</td>
</tr>
<tr>
<td>Elbow</td>
<td>AP, External &amp; Internal Oblique, Lateral</td>
<td>10 x 12</td>
<td>40”</td>
<td>Y</td>
<td>N/A</td>
<td>Patient seated</td>
</tr>
<tr>
<td>Humerus</td>
<td>AP &amp; Lateral</td>
<td>14 x 17</td>
<td>40”</td>
<td>Y</td>
<td>Suspend</td>
<td>Upright or Table</td>
</tr>
<tr>
<td>Shoulder</td>
<td>AP Internal &amp; External Rotation</td>
<td>10 x 12 (CW)</td>
<td>40”</td>
<td>Y</td>
<td>Suspend</td>
<td>Upright</td>
</tr>
<tr>
<td>Lateral Y</td>
<td>10 x 12</td>
<td>40”</td>
<td>Y</td>
<td>Suspend</td>
<td>Upright</td>
<td></td>
</tr>
<tr>
<td>Trauma Shoulder (perform either exam for simulation)</td>
<td>AP Scapular Y</td>
<td>10 x 12</td>
<td>40”</td>
<td>Y</td>
<td>Suspend</td>
<td>Table</td>
</tr>
<tr>
<td>Transthoracic Lateral</td>
<td>10 x 12</td>
<td>40”</td>
<td>Y</td>
<td>Breathing Technique</td>
<td>Upright or Table</td>
<td></td>
</tr>
<tr>
<td>Clavicle</td>
<td>AP &amp; AP Axial</td>
<td>10 x 12 (CW)</td>
<td>40”</td>
<td>Y</td>
<td>Suspend</td>
<td>Upright or Table</td>
</tr>
<tr>
<td>Scapula</td>
<td>AP</td>
<td>10 x 12</td>
<td>40”</td>
<td>Y</td>
<td>Breathing Technique</td>
<td>Upright</td>
</tr>
<tr>
<td>Lateral (Anterior Oblique)</td>
<td>10 x 12</td>
<td>40”</td>
<td>Y</td>
<td>Suspend</td>
<td>Upright</td>
<td></td>
</tr>
<tr>
<td>AC Joints</td>
<td>AP with &amp; without weights</td>
<td>14 x 17 (CW)</td>
<td>72”</td>
<td>Y</td>
<td>Expiration</td>
<td>Upright</td>
</tr>
</tbody>
</table>

**Lower Extremity**

<table>
<thead>
<tr>
<th>ROUTINE</th>
<th>IR SIZE &amp; ORIENTATION (Lengthwise unless noted otherwise)</th>
<th>SID</th>
<th>SHIELDING (Y/N)</th>
<th>RESPIRATION</th>
<th>PT. POSITION UPRIGHT/TABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foot</td>
<td>AP, Medial Oblique, Lateral</td>
<td>10 x 12</td>
<td>40”</td>
<td>Y</td>
<td>N/A</td>
</tr>
<tr>
<td>Ankle</td>
<td>AP, Internal Oblique, Lateral</td>
<td>10 x 12</td>
<td>40”</td>
<td>Y</td>
<td>N/A</td>
</tr>
<tr>
<td>Knee</td>
<td>AP, Internal &amp; External Oblique, Lateral</td>
<td>10 x 12</td>
<td>40”</td>
<td>Y</td>
<td>N/A</td>
</tr>
<tr>
<td>Tibia/Fibula</td>
<td>AP &amp; Lateral</td>
<td>14 x 17</td>
<td>40”- 48”</td>
<td>Y</td>
<td>N/A</td>
</tr>
<tr>
<td>COMPETENCY Lower Ext. (cont’d)</td>
<td>ROUTINE</td>
<td>IR SIZE &amp; ORIENTATION (Lengthwise unless noted otherwise)</td>
<td>SID</td>
<td>SHIELDING (Y/N)</td>
<td>RESPIRATION</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>---------</td>
<td>-----------------------------------------------------------</td>
<td>-----</td>
<td>----------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Femur</td>
<td>Distal AP &amp; Lateral</td>
<td>14 x 17</td>
<td>40”</td>
<td>Y</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Proximal AP &amp; Lateral</td>
<td>14 x 17</td>
<td>40”</td>
<td>N</td>
<td>N/A</td>
</tr>
<tr>
<td>Patella</td>
<td>Hughston or Inferosuperior projection</td>
<td>10 x 12 (CW or LW)</td>
<td>40”- 48”</td>
<td>Y</td>
<td>NA</td>
</tr>
<tr>
<td>Calcaneus (Os Calcis)</td>
<td>Axial</td>
<td>10 x 12</td>
<td>40”</td>
<td>Y</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Lateral</td>
<td>10 x 12 (CW or LW)</td>
<td>40”</td>
<td>Y</td>
<td>N/A</td>
</tr>
<tr>
<td>Toe</td>
<td>AP Foot</td>
<td>10 x 12</td>
<td>40”</td>
<td>Y</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Oblique &amp; Lateral (collimate to toe of interest)</td>
<td>10 x 12</td>
<td>40”</td>
<td>Y</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Spine and Pelvis**

<table>
<thead>
<tr>
<th>Cervical Spine</th>
<th>ROUTINE</th>
<th>IR SIZE &amp; ORIENTATION</th>
<th>SID</th>
<th>SHIELDING (Y/N)</th>
<th>RESPIRATION</th>
<th>PT. POSITION UPRIGHT/TABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>AP, Open mouth</td>
<td>10 x 12</td>
<td>40”</td>
<td>Y</td>
<td>Suspend</td>
<td>Upright</td>
<td></td>
</tr>
<tr>
<td>RPO &amp; LPO</td>
<td>10 x 12</td>
<td>72”</td>
<td>Y</td>
<td>Suspend</td>
<td>Upright</td>
<td></td>
</tr>
<tr>
<td>Lateral</td>
<td>10 x 12</td>
<td>72”</td>
<td>Y</td>
<td>Expiration</td>
<td>Upright</td>
<td></td>
</tr>
<tr>
<td>Lateral</td>
<td></td>
<td></td>
<td></td>
<td>Expiration or breathing tech.</td>
<td>Upright</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Trauma C-spine (Cross-Table Lateral)</th>
<th>ROUTINE</th>
<th>IR SIZE &amp; ORIENTATION</th>
<th>SID</th>
<th>SHIELDING (Y/N)</th>
<th>RESPIRATION</th>
<th>PT. POSITION UPRIGHT/TABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lateral</td>
<td>10 x 12</td>
<td>72”</td>
<td>Y</td>
<td>Expiration</td>
<td>Table</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Thoracic Spine</th>
<th>ROUTINE</th>
<th>IR SIZE &amp; ORIENTATION</th>
<th>SID</th>
<th>SHIELDING (Y/N)</th>
<th>RESPIRATION</th>
<th>PT. POSITION UPRIGHT/TABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>AP</td>
<td>14 x 17</td>
<td>40”</td>
<td>Y</td>
<td>Expiration</td>
<td>Upright or Table</td>
<td></td>
</tr>
<tr>
<td>Lateral</td>
<td>14 x 17</td>
<td>40”</td>
<td>Y</td>
<td>Breathing Technique or Expiration</td>
<td>Upright or Table</td>
<td></td>
</tr>
<tr>
<td>Swimmers (Twining)</td>
<td>10 x 12</td>
<td>40 or 72</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lumbar Spine</th>
<th>ROUTINE</th>
<th>IR SIZE &amp; ORIENTATION</th>
<th>SID</th>
<th>SHIELDING (Y/N)</th>
<th>RESPIRATION</th>
<th>PT. POSITION UPRIGHT/TABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>AP, RPO, LPO, Lateral</td>
<td>14 x 17</td>
<td>40”</td>
<td>N</td>
<td>Expiration</td>
<td>Table</td>
<td></td>
</tr>
<tr>
<td>Lateral L5 - S1</td>
<td>10 x 12</td>
<td>40”</td>
<td>N</td>
<td>Suspend</td>
<td>Table</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sacrum/Coccyx</th>
<th>ROUTINE</th>
<th>IR SIZE &amp; ORIENTATION</th>
<th>SID</th>
<th>SHIELDING (Y/N)</th>
<th>RESPIRATION</th>
<th>PT. POSITION UPRIGHT/TABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>AP Sacrum, AP Coccyx, Lateral Sacrum/Coccyx</td>
<td>10 x 12</td>
<td>40”</td>
<td>N</td>
<td>Suspend</td>
<td>Table</td>
<td></td>
</tr>
</tbody>
</table>

Revised 2/2015
<table>
<thead>
<tr>
<th>COMPETENCY</th>
<th>ROUTINE</th>
<th>IR SIZE &amp; ORIENTATION (Lengthwise unless noted otherwise)</th>
<th>SID</th>
<th>SHIELDING (Y/N)</th>
<th>RESPIRATION</th>
<th>PT. POSITION UPRIGHT/TABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spine &amp; Pelvis (cont’d)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scoliosis (include entire spine)</td>
<td>AP (high to include base of skull)</td>
<td>14 x 17</td>
<td>72”</td>
<td>Y</td>
<td>Inspiration</td>
<td>Upright</td>
</tr>
<tr>
<td></td>
<td>AP(low to include hip joints)</td>
<td>14 x 17</td>
<td>72”</td>
<td>N</td>
<td>Expiration</td>
<td>Upright</td>
</tr>
<tr>
<td>Pelvis</td>
<td>AP</td>
<td>14 x 17 (CW)</td>
<td>40”</td>
<td>N</td>
<td>Suspend</td>
<td>Table</td>
</tr>
<tr>
<td>Hip; AP &amp; Frog-Lateral</td>
<td>AP</td>
<td>10 x 12</td>
<td>40”</td>
<td>N</td>
<td>Suspend</td>
<td>Table</td>
</tr>
<tr>
<td></td>
<td>Frog-Lateral</td>
<td>10 x 12 (CW)</td>
<td>40”</td>
<td>N</td>
<td>Suspend</td>
<td>Table</td>
</tr>
<tr>
<td>Hip; Cross-Table Lateral (AP &amp; Frog-Lat. hip must be completed first)</td>
<td>Lateral</td>
<td>10 x 12</td>
<td>40”</td>
<td>N</td>
<td>Suspend</td>
<td>Table</td>
</tr>
<tr>
<td>SI Joints</td>
<td>AP Axial, RPO or LPO</td>
<td>10 x 12</td>
<td>40”</td>
<td>N</td>
<td>Suspend</td>
<td>Table</td>
</tr>
</tbody>
</table>

**Cranium**

| Skull                           | Towne, Caldwell, PA 0°, Lateral       | 10 x 12                                                    | 40” | Y               | Suspend     | Upright or Table           |
|                                |                                       | 10 x 12 (CW)                                               | 40” | Y               | Suspend     | Upright or Table           |
| Facial Bones                   | Waters, Lateral                       | 10 x 12                                                    | 40” | Y               | Suspend     | Upright                   |
| Nasal Bones                    | R & L Lateral                         | 10 x 12 (CW or LW)                                         | 40” | Y               | Suspend     | Table                     |
| Zygomatic Arches               | SMV                                   | 10 x 12 (CW)                                               | 40” | Y               | Suspend     | Upright                   |
|                                | Oblique Inferosuperior (Tangential)   | 10 x 12 (CW or LW)                                         | 40” | Y               | Suspend     | Upright                   |
| Orbits                         | PA Rhese                              | 10 x 12 (CW or LW)                                         | 40” | Y               | Suspend     | Upright or Table           |
| Mandible                       | PA                                    | 10 x 12                                                    | 40” | Y               | Suspend     | Upright                   |
|                                | Axiolateral                           | 10 x 12 (CW)                                               | 40” | Y               | Suspend     | Upright                   |
| Sinuses                        | Caldwell, Waters, Open Mouth Waters, SMV, Lateral | 10 x 12                                                    | 40” | Y               | Suspend     | Upright                   |
CLINICAL EDUCATION OBJECTIVES FOR FIRST YEAR CLINICAL SITE

ORIENTATION OBJECTIVES

Objectives 1 through 8 must be completed before requesting competency evaluations. The remaining objectives must be completed before the end of the semester. The student will be able to:

Clinical Instructor's Initials

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 policies on: 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. Utilize the departmental procedure manual which has been provided by the radiology department of the assigned clinical site.

6. Assist with the transporting of patients and find the location of wheelchairs, stretchers, etc., in the radiology department and on the nursing floors; demonstrate proper body mechanics and 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 the log book consists of: 10 PA/Lat chest exams under direct supervision and a total of 8 orthopedic or bone exams (upper/lower extremity, vertebral column, pelvis) under observed/assisted.

Date objectives 1 – 8 completed:_______________________________________________
UPPER G.I. TRACT

9. Explain the steps of setting up the fluoroscopic equipment prior to starting upper gastrointestinal examinations.

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

17. Transport the mobile unit; explain basic mobile radiation protection principles; and define the meaning of STAT vs. routine requests.

18. Describe the basic radiographic procedure involved in mobile radiography of the chest after having observed at least 4 mobile chest exams.

Date all objectives completed:__________________________________________________________
CLINICAL EDUCATION OBJECTIVES FOR SECOND YEAR CLINICAL SITE ORIENTATION OBJECTIVES

These objectives must be completed before requesting competency evaluations. The student will be able to:

1. Provide the instructor 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 policies on: 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.

Date all objectives completed:_______________________________________________
The student will demonstrate competency in all of the following procedures by passing a competency evaluation to the satisfaction of the college faculty and/or clinical instructor. The procedure must be performed efficiently without technical assistance according to department protocol. Technique guides may be used. The patient should be of no more than average difficulty except for those exams otherwise indicated. Competency evaluations shall not be performed until after the procedure has been taught in the classroom and the “Lab” column has been dated and initialed by a faculty member. “Difficult”, trauma or mobile procedures shall not be evaluated until after the student has been successfully evaluated in the basic procedures.

STUDENT NAME: ____________________________

<table>
<thead>
<tr>
<th>Clinical Ed. I</th>
<th>Simulation</th>
<th>Date Completed</th>
<th>Verified by</th>
<th>Pt. (or Sim; Clinical Ed VI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orientation Objectives 1st yr.</td>
<td></td>
<td>1 -8*</td>
<td>Complete</td>
<td></td>
</tr>
<tr>
<td>Orientation Objectives 2nd yr.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest PA and Lat *</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#Orientation objectives 1 - 8 must be complete BEFORE the student is allowed to check out of an exam.

<table>
<thead>
<tr>
<th>Chest and Thorax</th>
<th>Sem. Taught</th>
<th>Simulation</th>
<th>Date Completed</th>
<th>Verified by</th>
<th>Pt. (Or sim; Clinical VI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chest, Wheelchair * + 1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest, Stretcher * + 1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest, Lat. Decubitus **</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ribs *</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sternum **</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soft tissue neck/Upper airway **</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Upper Extremity</th>
<th>Simulation</th>
<th>Date Completed</th>
<th>Verified by</th>
<th>Pt. (Or sim; Clinical VI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finger * + 2</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thumb * + 2</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hand *</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wrist *</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Forearm *</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elbow *</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Humerus *</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* indicates ARRT requirement
** indicates ARRT elective
+ 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.

All Program and ARRT requirements must be fulfilled for program completion.

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.
<table>
<thead>
<tr>
<th>Upper Extremity continued:</th>
<th>Sem. Taught</th>
<th>Simulation</th>
<th>Date completed</th>
<th>Verified by</th>
<th>Pt. (Or sim; Clinical VI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shoulder *</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trauma Shoulder: Y, axillary or Transthoracic *</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clavicle **</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scapula **</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AC Joints **</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trauma: Upper Extremity (Non-shoulder) *</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lower Extremity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foot *</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ankle *</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knee*</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tibia-Fibula *</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Femur *</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trauma Lower Extremity *</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patella **</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calcaneus (Os Calcis) **</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toe **</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Head</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 required by ARRT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skull **</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paranasal Sinuses **</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facial Bones **</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orbits **</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zygomatic Arches **</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nasal Bones **</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mandible (not Panorex) **</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Spine and Pelvis</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cervical Spine *</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Swimmer’s Projection +</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trauma: Cervical Spine (Cross table lateral) **</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thoracic Spine*</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lumbosacral Spine *</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spine and Pelvis continued:</td>
<td>Sem. Taught</td>
<td>Simulation</td>
<td>Date completed</td>
<td>Verified by</td>
<td>Pt. (Or sim: Clinical VI)</td>
</tr>
<tr>
<td>---------------------------</td>
<td>-------------</td>
<td>------------</td>
<td>----------------</td>
<td>-------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>Pelvis *</td>
<td></td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hip AP and Frog Lateral *</td>
<td></td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hip Cross Table Lateral *</td>
<td></td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sacrum and/or Coccyx **</td>
<td></td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scoliosis Series **</td>
<td></td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SI Joints **</td>
<td></td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Abdomen</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdomen (KUB)*</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdomen Decubitus + **</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdomen Upright *</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IVU/IVP Scout Images **</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IVU/IVP or CT Injection assist +</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IVU/IVP Complete **</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Fluoroscopic Procedures</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete UGI + **</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete LGI **</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Small Bowel Series + **</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Esophagus + **</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficult Contrast Exam + (IVP, UGI, LGI, Small Bowel, Esophagus)</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cystography/ Cystourethrography **</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ERCP **</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Myelography **</td>
<td></td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arthrogram **</td>
<td></td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Surgery</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C-arm Ortho Procedure *</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C-arm Non-Ortho Procedure +</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgery +</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgery +</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobile</td>
<td>Sem. Taught</td>
<td>Simulation</td>
<td>Date completed</td>
<td>Verified by</td>
<td>Pt. (Or sim: Clinical VI)</td>
</tr>
<tr>
<td>------------------------</td>
<td>-------------</td>
<td>------------</td>
<td>----------------</td>
<td>-------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>Mobile Chest *3</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobile Chest “difficult” pt. +</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobile Abdomen *</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobile Orthopedic *</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobile Pelvis/Hip +</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pediatrics</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pediatric Chest *</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pediatric Upper Extremity **</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pediatric Lower Extremity **</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pediatric Abdomen **</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pediatric Mobile **</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Electives</th>
<th>Sem. Taught</th>
<th>Simulation</th>
<th>Date completed</th>
<th>Verified by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Modified Swallow</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Panorex</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lap band</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GI tube placement</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>General Patient Care</th>
<th>Sem. Taught</th>
<th>Date completed</th>
<th>Verified by</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPR * (must be current)</td>
<td>n/a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vital signs (blood pressure, pulse, respiration) *</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Venipuncture *</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care of patient medical equipment (O2 , IV tubing) *</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sterile and aseptic technique *</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transfer of Patient *</td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Additional Therapeutic and Imaging Modalities</th>
<th>Sem. Taught</th>
<th>Date completed/ Verified by</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Computed Tomography + (6 days)</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sonography + (1day)</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MRI + (1 day)</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nuclear Medicine + (1 day)</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiation Therapy + (1 day)</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interventional / Angiography + (3 days)</td>
<td>4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The additional modalities may be completed by second year students during Clinical Ed. V and VI.

3 The Stretcher Chest simulation must be completed before attempting the Mobile Chest competency evaluation.
Rechecks (unlimited)
A competency evaluation form must be completed for all exam rechecks

<table>
<thead>
<tr>
<th>Examination</th>
<th>Date Completed</th>
<th>Pass/Retest</th>
<th>Verified by</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
St. Louis Community College at Forest Park
Radiologic Technology Program

Clinical Education Objectives and Log

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

_____  1. Injection assist: prepares contrast and supplies; uses sterile technique

_____  2. The purpose of “recon” images

_____  3. Department protocol for and importance of obtaining lab values prior to intravenous contrast exams

_____  4. Identification of basic anatomical structures on a routine CT scan.

<table>
<thead>
<tr>
<th>Patient Log</th>
<th>Type of Exam</th>
<th>Topogram (Scout) Projections taken</th>
<th>Positioning Landmark</th>
<th>Contrast Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>F</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>F</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>F</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>F</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>F</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>F</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>F</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>F</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>F</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>F</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>F</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>F</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>F</td>
<td>P</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Computed Tomography

<table>
<thead>
<tr>
<th>Patient Log</th>
<th>Type of Exam</th>
<th>Topogram (Scout) Projections taken</th>
<th>Positioning Landmark</th>
<th>Contrast Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>M F P</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M F P</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M F P</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M F P</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M F P</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M F P</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M F P</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M F P</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M F P</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M F P</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Technologist’s Comments and/or Observations

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Technologist____ ___________________________  Student ________________________________ Date________

Signature                                                                      Signature

Technologist printed name______________________________________________
Clinical Education 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

<table>
<thead>
<tr>
<th>Patient Log</th>
<th>Type of Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>M   F   P</td>
<td></td>
</tr>
<tr>
<td>M   F   P</td>
<td></td>
</tr>
<tr>
<td>M   F   P</td>
<td></td>
</tr>
<tr>
<td>M   F   P</td>
<td></td>
</tr>
<tr>
<td>M   F   P</td>
<td></td>
</tr>
<tr>
<td>M   F   P</td>
<td></td>
</tr>
<tr>
<td>M   F   P</td>
<td></td>
</tr>
<tr>
<td>M   F   P</td>
<td></td>
</tr>
</tbody>
</table>

**Technologist’s Comments and/or Observations**

____________________________________________________________________________

____________________________________________________________________________

Technologist_______________________________  Student ________________________________ Date________

Signature                                                                      Signature

Technologist printed name____________________________________________

58
St. Louis Community College at Forest Park
Radiologic Technology Program

Clinical Education 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.

<table>
<thead>
<tr>
<th>Patient Log</th>
<th>Type of Exam</th>
<th>Coils used</th>
<th>Contrast Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>F</td>
<td>P</td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>F</td>
<td>P</td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>F</td>
<td>P</td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>F</td>
<td>P</td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>F</td>
<td>P</td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>F</td>
<td>P</td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>F</td>
<td>P</td>
<td></td>
</tr>
</tbody>
</table>

Technologist’s Comments and/or Observations

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Technologist_______________________________  Student ________________________________ Date______

Signature                                                                      Signature

Technologist printed name___________________________________________
St. Louis Community College at Forest Park
Radiologic Technology Program

Clinical Education 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

<table>
<thead>
<tr>
<th>Patient Log</th>
<th>Type of Exam</th>
<th>Radiopharmaceutical Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>M F P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M F P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M F P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M F P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M F P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M F P</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Technologist’s Comments and/or Observations**

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Technologist___________________________  Student ________________________________ Date________

Signature                                                                      Signature

Technologist printed name___________________________________________
St. Louis Community College at Forest Park  
Radiologic Technology Program

Clinical Education 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.

<table>
<thead>
<tr>
<th>Patient Log</th>
<th>Exam / Body Part</th>
<th>Pathology</th>
</tr>
</thead>
<tbody>
<tr>
<td>M F P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M F P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M F P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M F P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M F P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M F P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M F P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M F P</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Technologist’s Comments and/or Observations**

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Technologist_______________________________  Student ________________________________

Date_______  Signature  

Technologist printed name___________________________
St. Louis Community College at Forest Park
Radiologic Technology Program

Clinical Education Objectives and Log

**Interventional / Angiography**

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 a stent and give examples of its uses.
- 3. Identify vessels on an image that are commonly demonstrated during an angiographic procedure

<table>
<thead>
<tr>
<th>Patient Log</th>
<th>Type of Exam</th>
<th>Contrast Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>M F P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M F P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M F P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M F P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M F P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M F P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M F P</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Technologist’s Comments and/or Observations**

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Technologist__________________________ Student ________________________________ Date_______
Signature                                                                      Signature

Technologist printed name___________________________________________
CLINICAL ATTENDANCE

REQUIRED CLINICAL HOURS

The required clinical hours are listed on the first page of the Agreement Form (Appendix A). All of the required clinical education hours will be put in without pay. If a student puts in extra clinical hours, those hours may not be used as “back-up” hours in the event of missed clinical time.

TERMINAL VACATIONS

Students are not permitted to put in clinical education time “in advance” in order to be able to exit from the Program prior to the end of the Program. Students are expected to put in all of the required clinical education hours as scheduled during the last few weeks of the Program (there will be no early outs).

WINTER AND SPRING BREAK HOURS

- Specific dates for both first and second year students will be announced annually for the Winter break.
- The College is closed during certain days during the Winter break. No clinical hours may be put in on those days. Faculty will advise students and clinical instructors of these dates.
- Up to forty (40) hours are required for first and second year students during the Winter break.
- All students:
  a. Eight (8) hour shifts only
  b. Day shifts only

ATTENDANCE POLICY

Absenteism and excessive tardiness are sufficient cause for clinical grade reduction or dismissal from the Program. Excessive absenteism will result in a clinical education grade no higher than “D”. Additional absences beyond what has determined to be excessive will result in a clinical grade of “F” and dismissal from the Program. Excessive absenteism is defined as follows:

<table>
<thead>
<tr>
<th>Clinical Education</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>28</td>
</tr>
<tr>
<td>II</td>
<td>7</td>
</tr>
<tr>
<td>III</td>
<td>5</td>
</tr>
<tr>
<td>IV</td>
<td>9</td>
</tr>
<tr>
<td>V</td>
<td>9</td>
</tr>
<tr>
<td>VI</td>
<td>5</td>
</tr>
</tbody>
</table>

Exceptions to this policy will be made for verified extended medical issues. Clinical make-up hours must be approved by the clinical instructor and faculty member before they are put in.
NOTIFICATION OF ABSENCE

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

- Telephone and speak directly to the clinical instructor before the beginning of a shift. If the C.I. is absent, the student must speak to a supervisor.
- Notify faculty before the beginning of a shift.
- State the reason for the absence to the clinical instructor and faculty.

Only in the event that the C.I. or supervisor is not available is it acceptable to leave a message.

Communication to the C.I., supervisor and faculty regarding your absence is expected to be done by you personally.

MAKE-UP OF CLINICAL HOURS

A student is expected to make up any missed clinical time as soon as possible. Although making up time is mandatory, make-up time cannot be scheduled in a manner that would require more than 40 contact hours (clinical and academic) per week unless such scheduling is voluntary. For example, a typical first semester student is enrolled in Procedures I, Exposures I and Clinical Education I. That student will have a weekly total of 3 hours lecture time and 2 hours of lab per week for a total of 5 contact hours in the Procedures course. The Exposures class consists of 3 hours of lecture and 1 hour of lab per week for a total of 4 contact hours. The clinical component requires 16 contact hours per week. This amounts to a grand total of 25 contact hours per week. In the event that a student has not completed all required hours for any given clinical education course by the last day of finals week, he/she will not be eligible for a clinical grade above a “C”. (See Clinical Education Grading Policies on pages 67 - 72 Make-up time may be scheduled after the student completes all final exams.

When any clinical education time needs to be made up, the student must schedule the proposed make up hours with the faculty member and the clinical instructor ahead of time by completing the Absence/Tardy Excused day document. If clinical make-up time is not properly scheduled, the hours that are put in will not be accepted nor counted. Making up clinical time does not negate an absence on the PDE. 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.

Clinical make-up time may not be put in when the College is closed.

EXTENDED CLINICAL HOURS

Students may put in more than eight hour shifts in certain instances with prior approval; however, students are not allowed to put in more than ten hours in a shift. 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 (a thirty minute lunch is deducted).
SIGNING IN AND OUT - TIME CARDS

Sign in sheets and time cards are supposed to document actual time put in by the student. They are considered official documents and therefore any falsification of them can be considered grounds for disciplinary action. Some general rules apply:

- Sign in and out only for yourself. Do not punch anyone else’s time card or sign their time sheet for them as a favor, nor allow anybody to sign or clock you in or out.
- When signing in, record the actual time of day, not the time that you are supposed to be there. This includes even if you are a minute or two late.
- When signing in during the morning, do not also record your sign-out time! Sign yourself out only when you are ready to leave and then record the actual time only!
- Do not “write in” a time on your time card if you forget to punch in or out or if the time clock is not working. Have the clinical instructor or supervisor make the necessary entry and have them initial the time card in any of those situations.
- White out should not be used on time cards or sheets.
- If an error is made on the time sheet, draw a line through the error and write the correction on the line below. Have the clinical instructor initial the change.

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 whatever the department policies are at their assigned clinical site. A student is allowed a minimum of a thirty minute lunch period.

Intentionally 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.

LEAVING THE HOSPITAL DURING SCHEDULED HOURS

If for any reason you feel you must leave the hospital, it is imperative that you notify faculty and clinical instructor before leaving. In the absence of the clinical instructor, the supervisor must be notified.
**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 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
- Fourth of July
- Labor Day
- Thanksgiving Holiday Weekend
- Christmas

Students whose faith celebrates special religious holidays, may, upon request, receive permission to be excused from clinical education. The request must be made in advance.
**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 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 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.

**NEW EMPLOYMENT IN RADIOLOGIC TECHNOLOGY**

A student is excused from clinical education for interview/physical/orientation for a radiographer position.

**INCLEMENT WEATHER POLICY**

- If the media announce that classes are canceled or the College is closed, students are not required to attend clinical. However, if other St. Louis Community campuses are closed but there is no announcement about the Forest Park Campus, you are expected to attend clinical or classes as scheduled. Listen for school closings on KMOX 1120 at 5:30 a.m. and 6:30 a.m. The College also posts closings on the home page of the STLCC website. You may also call 314 644-9100, option 7 for severe weather closing announcements.
- If a delayed schedule is announced, clinical will begin at 9:30 a.m. Classes on campus will begin at 9:30 a.m. or the next regularly scheduled time for that day.
- If a student comes to clinical and **then** the school is closed or classes are canceled, 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.
CLINICAL EVALUATION AND GRADING

EVALUATION OF STUDENT CLINICAL PERFORMANCE

Except for Clinical I, III, and VI, clinical performance will be evaluated twice during the clinical education semester. The evaluation is documented using the Professional Development Evaluation (PDE) form, and is one tool used in determining the student’s clinical grade. The PDE used for each clinical semester is included in Appendix S. 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.

CLINICAL EDUCATION GRADING POLICIES

CLINICAL I (FALL I)

*The midterm grade will be determined by the following:

“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.

*The orientation exam averages for determining the midterm grade will be calculated based on the first attempt for each exam.

Points will be deducted from the current clinical orientation exam in the following manner:

- Two percentage points for each occurrence of being tardy and/or leaving early
- Five percentage points for each absence from a clinical orientation session

To achieve a final grade of:

“A”  Do ALL of the following:
1. Complete background check, immunization tracking, CPR and drug screen by the end of the third week of the semester.
3. Complete the Chest PA & Lat and KUB simulations BEFORE the designated first day of clinical.
5. Complete the simulations for upper extremity exams (fingers through elbow) and the upright abdomen, stretcher chest and wheelchair chest by the end of the semester.*
6. Achieve a 75% or higher on the first attempt on Clinical Orientation Exams I & II.
7. Complete all clinical hours in scheduled time
“B” Do ALL of the following:
1. Complete background check, immunization tracking, CPR and drug screen by the end of the third week of the semester.
2. Earn a minimum of 35-30 points on the Professional Development Evaluation.
3. Complete all Orientation Objectives and Chest PA and Lateral competency.
4. Complete upright abdomen, stretcher chest and wheelchair chest simulations by the end of the semester.
5. Achieve a 75% or higher on the second attempt on Clinical Orientation Exams I & II.
6. Complete all clinical hours in scheduled time.

“C” Do ALL of the following:
1. Earn a minimum of 29-23 points on the Professional Development Evaluation.
2. Complete all Orientation Objectives and Chest PA and Lateral competency.
3. Achieve 75% or higher after the second attempt on Clinical Orientation Exams I & II.
4. Complete all clinical hours in scheduled time.

“D” Do any ONE of the following:
2. The Orientation Objectives are not completed by the last scheduled clinical day.
3. The chest competency is not completed by the last scheduled clinical day.
4. A grade of 75% or higher is not achieved by the end of Clinical Education I on Clinical Orientation Exams I & II.**
5. Absent 28 hours from clinical.

“F” Do any ONE of the following:
2. Neither the 19 Orientation Objectives nor the chest competency are completed by the last scheduled clinical day.
3. A grade of 75% or higher is not achieved by the end of Clinical Education I on Clinical Orientation Exams I & II.**
4. Absent more than 28 hours from clinical.
5. Does not complete all clinical hours

** The student will be allowed a total of three attempts to achieve this score.

**CLINICAL II (SPRING I)**

To achieve a grade of:

“A” Do ALL of the following:
1. Earn an average of 52-46 points on the Professional Development Evaluations.
2. Complete all clinical hours in scheduled time.
3. Complete all chest, abdomen, upper extremity (fingers through elbow), and contrast exam simulations by midterm.
4. Complete all upper (humerus through AC Joints) and lower extremity simulations (excluding trauma) by the end of the semester.*
“B” Do ALL of the following:
1. Earn a minimum average of 45-38 points on the Professional Development Evaluations.
2. Complete all chest, abdomen and upper extremity (fingers through elbow) exam simulations by midterm.
3. Complete all contrast exam simulations by the end of the semester.
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. Complete all chest, abdomen, upper extremity (fingers through elbow) and contrast exam simulations by end of semester.

“D” Do any ONE of the following:
2. Does not complete all chest, abdomen, upper extremity (fingers through elbow) and contrast exam simulations by the end of the semester.*
3. Have 7 clinical absences.

“F” Do any ONE of the following:
1. Earn an average of 18-0 points on the Professional Development Evaluations.
2. Have 8 clinical absences.

**CLINICAL III (SUMMER I)**

To achieve a grade of:

“A” Do ALL of the following:
2. Complete all clinical hours in scheduled time.
3. Complete all spine (includes c-spine, t-spine, l-spine, swimmers and scoliosis but does not include trauma) and previously required simulations by the end of the semester.*

“B” Do ALL of the following:
1. Earn a minimum of 45-38 points on the Professional Development Evaluation.
2. Complete all clinical hours in scheduled time.
3. Complete all previously required simulations (excluding spine and trauma) by the end of the semester.*

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

“D” Do any ONE of the following:
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)

To achieve a grade of:

“A”  Do ALL of the following:
1. Earn an average of 56-50 points on the Professional Development Evaluations.
2. Successfully complete 2 case studies.
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 49-42 points on the Professional Development Evaluations.
2. Successfully complete 2 case studies.
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 41-33 points on the Professional Development Evaluations.
2. Successfully complete 2 case studies.
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:
2. Complete simulations (except head exams) after the tenth week of the semester.
3. Have 9 clinical absences.

“F”  Do any ONE of the following:
1. Earn an average of 24-0 points on the Professional Development Evaluations.
2. ALL simulations are not completed (including head exams)
3. Have 10 clinical absences.
CLINICAL V (SPRING II)

To achieve a grade of:

“A” Do ALL of the following:
1. Earn an average of 56-50 points on the Professional Development Evaluations.
2. Successfully complete 2 case studies
3. Complete all clinical hours in scheduled time.

“B” Do ALL of the following:
1. Earn a minimum average of 49-42 points on the Professional Development Evaluations.
2. Successfully complete 2 case studies.
3. Complete all clinical hours in scheduled time.

“C” Do ALL of the following:
1. Earn an average of 41-33 points on the Professional Development Evaluations.
2. Successfully complete 2 case studies.
3. Miss no more than eight clinical days. (9 clinical absences is defined as excessive)

“D” Do any ONE of the following:
2. Have 9 clinical absences.

“F” Do any ONE of the following:
1. Earn an average of 24-0 points on Professional Development Evaluations.
2. Have 10 clinical absences.

CLINICAL VI (SUMMER II)

To achieve a grade of:

“A” Do ALL of the following:
2. Complete all remaining competencies from the Master Competency List.
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 from the Master Competency List.
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 from the Master Competency List.
“D” Does any **ONE** of the following:
  2. All remaining competencies from the Master Competency List are not completed.
  3. Have 5 clinical absences.

“F” Does any **ONE** of the following:
  1. Earn an average of 18-0 points on Professional Development Evaluations.
  2. All remaining competencies from the Master Competency List are not completed.
  3. Have 6 clinical absences.

* The end of the semester is the last day of scheduled classes. This does not include finals week.
CASE STUDIES

Each student in the Radiologic Technology Program at St. Louis Community College will be required to present four Case Studies; two in the fall and two in the spring of their second year. The purpose of developing case studies is to require each student to demonstrate problem solving and critical thinking skills, and knowledge of anatomy, positioning, exposure, pathology, and computer skills.

Case Study Structure

The class will be divided into groups. Each group will be assigned to a Program faculty member. Students must present their Case Study verbally to their group at the Forest Park Campus.

Students who are not present for Case Study presentations will be required to present their Case Study at a later date to all faculty. The date and time will be determined by faculty availability.

The following is required for the Case Study and must be submitted to the assigned faculty:

- **Case Study Report Form** - Completed form e-mailed as an attached Word document.
- **Images** (in the form of film or disc) which demonstrate pathologic processes. All patient information (including patient name, exam number, Medical Record number, or any other information that may identify the patient) must not be visible on any of the images turned in.
- **Radiologist Report** - The radiologist’s name and all patient identifying information must be removed from the report before it is submitted.
- **Case Study Verification Form** - The form is to be completed by the technologist who can verify the student was involved in the exam used for the case study. The case study presented can only be done on a patient procedure performed by the student.
- **Copies of sources** – For those sources not readily available to faculty.

The Case Study Report Form is due to faculty by **8:00 a.m. on the due date**. All other materials are to be submitted by **noon on the due date**. The due date is two weeks before the presentation date and both dates will be included on the Program Calendar.

Case Study Report Form Requirements

The Case Study Report form will be posted on Blackboard. Answer questions as a fill in, a checked box, or choose from a drop-down box. (The drop-down box feature is only available in Word Version 2008 or higher.) Fill in the box questions are limited to the size of the box, so please be concise. Below is a brief explanation of the short-answer questions:

1. **Patient History (10 points)**
   Include all pertinent information: patient’s age, sex and present chief complaint. If a traumatic injury is involved, include description of the nature and mechanism of the injury. List all pertinent clinical observations with emphasis on signs and symptoms. Be specific as possible.
2. **Diagnosis (10 points)**
   Quote or summarize the radiologist’s impressions from the radiologist’s report that pertain to the pathology demonstrated on the images. If quoting, please use quotation marks.

3. **Describe and identify pathology and artifacts demonstrated on images. (10 points)**
   Describe the pathology including the anatomy and physiology involved. Identify the pathology on the presented radiograph(s) and describe how this pathology is typically presented radiographically. Describe and identify any artifacts on images.

4. **What radiographic images were taken? With each image turned in state the patient position and technical factors (kVp, mAs, SID, exposure index, and range). Evaluate images for positioning and technical exposure and explain why it is a good or poor quality image. (15 points)**

   Two images are required with the exception of 1-view exams. Submit no more than 3 images.

   Describe how the radiographic procedure was performed. For each image include procedural details and technical factors, e.g. kVp, mAs, SID, IR, AEC settings, grid, etc. Explain accommodations or modifications made for patient condition. Evaluate each image for appropriate positioning, technical quality and patient radiation exposure. Discuss the pathology and anatomy demonstrated on the radiographs.

5. **Second Modality: Why was the 2nd modality ordered in addition to the radiographs? What information was gained from the 2nd modality? (10 points)**

   One case study must be accompanied by a diagnostic study obtained through other imaging modalities, (CT, MRI, Nuclear Medicine, or Sonography) which either confirms or refutes the original diagnosis. The radiologist report and sample images that demonstrate the pertinent pathology and anatomy from the imaging modality will need to be presented. The following information will need to be included:
   - Identify the Second Modality.
   - Describe why this modality was ordered in addition to the radiographs.
   - State what information was gained with the 2nd modality.
   - The student will be expected to identify anatomy and pathology on the image.

6. **Treatment Options (10 points)**
   Explain the treatment prescribed for this patient and/or the typical treatment for this type of pathology (diagnosis).

7. **Prognosis (10 points)**
   State the patient’s prognosis and/or the usual prognosis for this type of pathology (diagnosis).

8. **Sources Used (5 points)**
   List all sources of information for the Case Study (articles, books, specific internet addresses etc.). Sources must be presented in the American Medical Association reference style.
The Case Study should be considered a research project. As such, a list of professional sources must be provided. The minimum number of sources is five and sources cannot be older than five years. Such sources should include (but are not limited to):

A. The radiologist report(s)
B. Published articles in medical and/or imaging journals
C. The Merck Manual
D. Internet sources – a complete, correct and functional URL where information was found needs to be listed, not just homepage.
E. Appropriate texts

Sources must be professional and intended for healthcare providers. An example of an appropriate internet source would be Medscape; Wikipedia is not a valid source. Although sources targeted for the general public and/or patients may be referenced, they will not count towards the minimum number. Students will be required to turn in printed copies of any source materials not readily available to faculty. **If these copies are not turned in on time, the case study will be considered incomplete and points will be deducted accordingly.**

All sections of the electronic form must be completed or the case study will be considered incomplete. In some cases, the faculty member may require additional research and/or information in order to complete the case study. A final grade for the Case Study will not be assigned until the faculty member has determined that it is complete.

Faculty will review the Case Study Report Form and provide feedback to the student who will have the opportunity to revise the report. The revised report form will be due to faculty no later than the time of the case study presentation.

**Presentation Evaluation Criteria**

Students will be evaluated on the following presentation skills:

**Knowledge of Case (15 points)**

Students will be evaluated on their depth of understanding the material being presented. The student must point out the significant pathology on the radiograph and identify any anatomical structure or artifact, and be able to answer questions from faculty and peers.

**Relates Information (15 points)**

Students will be evaluated on their ability to communicate the information effectively to the group. This includes displaying a confident manner, having eye contact with the group, and pronouncing medical terms correctly. Minimal use of note cards is permitted; do not read from the report.

**Case Study Grading Policy**

Grades will be assigned according to the Standard Program scale, based on percentage.

\[
\begin{array}{c c c c c}
\text{A} & = & 100 - 93 \\
\text{B} & = & 92 - 84 \\
\text{C} & = & 83 - 75 \\
\text{D} & = & 74 - 68 \\
\text{F} & = & 67 - 0 \\
\end{array}
\]
Case Studies submitted to faculty that are missing images, verification forms, radiologist reports, and/or copies of sources, will be considered incomplete and will have points deducted at the rate of **1 point per day**, until such time that the Case Study is complete, or the date of presentation (maximum 14 points).

The electronic report will be considered late if it is received by the faculty member’s mail server later than 8 a.m. on the due date and/or not sent as a Word document. Reports that are turned in late will be penalized **10 points per day** including weekends.

If any material submitted for the Case Study contains any identifying patient information (HIPAA violation), the student will **receive a grade of “0”** for the Case Study. The student must still successfully complete all other Case Study requirements in order to be eligible for a grade of “C” or higher for the Clinical Education semester.

The final grade for the Case Study Report Form will be the average score of the original report and the revised report. Faculty will use the Evaluation of Case Study form to calculate the grade. If the revised report is not received by the time of the presentation, the original report grade will be used.

Any student late for the case study presentation or who leaves early will have **10 points deducted** from the total Case Study score.

Case Study performance will be taken into account on the Professional Development Evaluation form at mid-semester and end of semester. Students must successfully complete and present the case study in order to receive a grade “C” or above for clinical. The student who does not successfully complete his or her Case Study will receive a grade "D" for the clinical course grade.

**Plagiarism**
Students are expected to turn in a report that is original and in their own words. Any copying of words, phrases, or sentences from other sources without the use of quotation marks and citation is considered plagiarism. Plagiarism could result in a case study grade of zero points. The student will be required to revise their case study to make it satisfactory and original in order to receive a grade “C” or above for clinical.

**Case Study Topics**
Topics may be used only once

- Chest
- Abdomen
- Cystogram
- ERCP
- GI series (UGI, LGI, small bowel, esophagus)
- IVU
- Myelogram
- Upper extremity
- Lower extremity
- Shoulder girdle
- Pelvic girdle
- Thorax
- Spine
- Head
- Surgery
St. Louis Community College at Forest Park  
Department of Radiologic Technology  

Case Study Report Form

Student Name: 

Due date:  Click here to enter a date. 

Presentation date:  Click here to enter a date. 

Case study:  Choose an item. 

Exam:  Choose an item. 

Projection 1:  Choose an item. 

Projection 2:  Choose an item. 

Other:  

Equipment  

☐ CR  ☐ DR  ☐ Film Screen  ☐ Fluoro/C-arm  IR Brand  Choose an item. 

1. Patient history: (Include all pertinent information - patient’s age, sex, symptoms, and signs. If trauma, include description of injury.)

2. Major Radiographic Findings

3. Pathology: Describe and identify pathology and artifacts demonstrated on images.
4. Radiologic Facts: What radiologic images were taken? With each image state the patient position and exposure factors (kVp, mAs, SID, exposure index, and range). Evaluate images for positioning, technical exposure and explain why it is a good or poor quality image.
5. Second Modality: **Choose an item.** Why was the 2\textsuperscript{nd} modality ordered in addition to the radiographs? What information was gained with the 2\textsuperscript{nd} modality? (Be able to identify anatomy and pathology on images.)

6. Treatment: What treatment was prescribed for this patient and/or what is the usual treatment for this type of pathology?

7. Prognosis: What is the prognosis for this patient and/or what is the usual prognosis for this type of pathology?
Student Name:

8. Sources: List professional sources used in AMA format: (Minimum of 5 sources.)
<table>
<thead>
<tr>
<th>Category</th>
<th>Possible Points</th>
<th>Due Date</th>
<th>Presentation Date</th>
<th>Average/Final Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient History</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnosis</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pathology</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiologic Facts</td>
<td>15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Second Modality</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prognosis</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sources</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Presentation Skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge of Case</td>
<td>15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relates to Group</td>
<td>15</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Documents missing? Choose an item. Number of days late Choose an item. Minus 1 point per day (max of 14)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Choose an item. Minus 10 pts per day (max of 100)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report in Word format?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Report submitted on time?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Arrived on time to presentations?</td>
<td>No</td>
<td></td>
<td>-10 points</td>
</tr>
<tr>
<td>Left presentations early?</td>
<td>Yes</td>
<td></td>
<td>-10 points</td>
</tr>
</tbody>
</table>

Total Points Percentage

Stanford Community College at Forest Park
RADIOLOGIC TECHNOLOGY PROGRAM
Evaluation of Case Study

Student Name: Choose an item. Faculty: Choose an item. Exam: Choose an item. Projection 1: Choose an item. Projection 2: Choose an item. Other: Choose an item.

Faculty Comments:
APPENDIX A
ST. LOUIS COMMUNITY COLLEGE AT FOREST PARK
RADIOLOGIC TECHNOLOGY PROGRAM

AGREEMENT FORM

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.

<table>
<thead>
<tr>
<th>HOURS REQUIRED</th>
</tr>
</thead>
</table>

XRT: 111 - Clinical Education I  
First Fall Semester  
6 weeks clinical orientation  
16 hours/week X 10 weeks  
(Tue. & Thur. - 8 hours/day)

XRT: 112 - Clinical Education II  
First Spring Semester  
16 hours/week X 15 weeks  
(Tue. & Thur. - 8 hours/day)

XRT: 116 - Clinical Education III*  
First Summer Session  
40 hours/week X 8 weeks (M - F)

XRT: 213 - Clinical Education IV  
Second Fall Semester  
24 hours week X 16 weeks  
(Mon., Wed., Fri.)

XRT 214 - Clinical Education V  
Second Spring Semester  
24 hrs/week X 15 weeks  
(Mon., Wed., Fri.)

XRT 215 - Clinical Education VI**  
Second Summer Session  
40 hours/week X 3 weeks (intersession)  
(M - F)  
24 hours / week X 6 weeks (summer session)  
(Mon., Wed., Fri.)

* XRT: 116 (Clinical Ed III) begins the Monday following intersession.

** XRT: 215 (Clinical Ed VI) is a nine week course beginning on the first day of intersession.
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, these hours may NOT be used as “back-up” hours in the event of an absence.

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

If a student misses one day of clinical education, he/she is expected to make up that day by the end of that same week. If a student misses more than one day in any one week, he/she is expected to make up those hours as soon as possible. Although making up time is mandatory, make-up time cannot be scheduled in a manner that would require more than 40 contact hours per week unless such scheduling is voluntary on the student’s part. In special circumstances, a large amount of clinical education time can be made up following graduation from the Program. 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 or spring semester. (Refer to the complete Make-up of Clinical Hours policy)

If the student is unable to attend clinical, the student is responsible for telephoning and speaking directly to the clinical instructor (or in his/her absence, a supervisor) before the beginning of the shift. Faculty must be notified of your absence prior to the beginning of the shift. A reason must be given for the absence. The student must have prior approval of a department faculty member for any planned absence. (Refer to the complete Notification of Absence policy)

When students are in the hospital for clinical experience, they will be under the supervision of the Department of Radiology staff and will be expected to comply with hospital and departmental policies. Non-compliance with hospital rules and regulations or St. Louis Community College at Forest Park rules and regulations regarding clinical courses as outlined in the Clinical Syllabus may result in disciplinary action up to and including dismissal from the hospital and/or Program. (Refer to Appendix B - Agreement With Respect to Participation in Clinical Programs and Appendix G - Retention Policies)

Students will observe the Radiologic Technology Code of Ethics, dress code and other policies as outlined in the Clinical Education Syllabus in the student handbook.

I agree to comply with the above requirements, where indicated, to the best of my ability.

__________________________________
STUDENT SIGNATURE

______________________________
DATE

__________________________________
NAME (PRINT)
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.

____________________________________  __________________________
SIGNATURE                        DATE

____________________________________
NAME (PRINT)
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 instructor 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 instructor 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 instructor or faculty member.

_______________________________  ______________________________
SIGNATURE                     DATE

_______________________________
NAME (PRINT)
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)

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

TYPE OF EXPOSURE: (circle appropriate categories)

<table>
<thead>
<tr>
<th>Needle stick</th>
<th>Contact with mucous membrane (specify type of membrane)</th>
<th>Contact with non-intact skin (specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharps accident</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
ST. LOUIS COMMUNITY COLLEGE

POST-EXPOSURE ACKNOWLEDGEMENT

(For use in connection with Bloodborne Pathogen Exposure Incidents Involving Students in the Allied Health Programs).

STUDENT NAME (printed or typed):______________________________

STUDENT IDENTIFICATION NUMBER: ____________________________

I understand that as a result of my exposure to blood or other potentially-infectious materials, I am at risk of contracting Hepatitis B, Hepatitis C, HIV or other bloodborne diseases. I understand that it is possible to become infected with Hepatitis B from a single exposure incident, and that Hepatitis B can result in serious illness or death.

I understand that I should seek immediate medical consultation from my personal physician, and that my personal physician may recommend that my blood be tested and/or that I receive post-exposure Hepatitis B vaccine or other vaccines/medicines.

I understand that I am responsible for all costs of the post-exposure Hepatitis B vaccine and/or other follow-up treatment.

I also understand that I am responsible for arranging for the post-exposure medical treatment and testing. I understand that I will be responsible for the costs of that treatment and testing.

I understand that if I have questions or need more information about Hepatitis B, Hepatitis C, HIV, the risk of contracting the viruses, or the Hepatitis B vaccination, I should contact my personal physician.

A copy of the “St. Louis Community College Bloodborne Pathogen Exposure Control Plan” is available upon request to the department chair/faculty supervisor or Risk Management.

I hereby agree to assume the risks of whatever decision I make regarding post-exposure medical evaluation, treatment and testing, and hereby release St. Louis Community college and its employees, officers, agents and staff, from any responsibility or liability for any injury that may occur as a result of my decision.

______________________________________________________________
Student Signature Date

______________________________________________________________
Witness Signature Date

Original: EHS Specialist, Copy : Faculty/Staff, Copy to Student Revised 06/06/12
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 Program will adhere to the following policies:

- All students MUST wear a radiation monitoring device (e.g. film badge, TLD). The monitor is to be worn on the collar. When wearing a lead apron, the monitor 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.
- 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.

Signing below indicates that the student has read and understands the Radiation Protection Policy.

_________________________________  _____/____/20_______
STUDENT SIGNATURE  DATE

__________________________________
NAME (PRINT)

Revised: February 2014
ST. LOUIS COMMUNITY COLLEGE AT FOREST PARK
RADIOLOGIC TECHNOLOGY PROGRAM
DOSIMETER POLICIES

1. Always wear the dosimeter outside the apron at the collar.
2. 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.
3. Do not expose the dosimeter to heat or static electricity.
4. NEVER INTENTIONALLY EXPOSE THE DOSIMETER.
5. 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.
6. Students are responsible for the dosimeter. If lost or stolen, students must pay a replacement cost of $25.
7. Leave the dosimeter in a secure location.
8. 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.
9. If you become pregnant, you have the OPTION to notify the program director in writing to declare your 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.
10. As a radiation worker, your exposure limit is 5 rem (5000 mRem) per year, with a maximum of 3 rem (3000 mRem) in any one quarter. As a student radiation worker, 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 mR to deep tissue, or 100 mR to shallow tissue or 5000 mR 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.
In signing this form, I acknowledge that I understand the above policies.

____________________________________  ____/____/20____
Student Signature          Date

____________________________________
Name (Print)
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 instructor 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.


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.

_______________________________  ______________________________
SIGNATURE                        DATE

_______________________________
NAME (PRINT)
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 NAME (PRINT)

________________________________________
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 NAME (PRINT)

________________________________________________________________________
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 instructor(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. Similarly, 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 NAME (PRINT)

_________________________________  ________________________
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

__________________________________________________________
STUDENT NAME (PRINT)

__________________________________________________________
PROGRAM DIRECTOR SIGNATURE

__________________________________________________________
DATE

__________________________________________________________
DATE
APPENDIX G
A student in the Radiologic Technology Program will be retained and deemed successful in the Program if he/she:

1. Achieves a "C" grade or better in all radiography, math and science courses in the curriculum. The following grading scale will be used in all Radiologic Technology courses:
   
<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>100 - 93</td>
</tr>
<tr>
<td>B</td>
<td>92 - 84</td>
</tr>
<tr>
<td>C</td>
<td>83 - 75</td>
</tr>
<tr>
<td>D</td>
<td>74 - 68</td>
</tr>
<tr>
<td>F</td>
<td>67 - 0</td>
</tr>
</tbody>
</table>

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. Meets student responsibilities to:
   
   a. Complete the requirements for graduation
   b. Register for required courses in correct semester of the curriculum
   c. Petition Academic Advising to evaluate out-of-district college transcripts

   A student who fails to comply will not be eligible for graduation.

4. 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 12\textsuperscript{th} 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.

5. 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.

6. Maintains good health. If a student exhibits health problems that are of a nature that the Program Director deems is not suitable for the student continuing in the Program, the student will be withdrawn from the Program. If the student appeals the decision to withdraw for health reasons, the College will seek a medical opinion from the appropriate healthcare professional. The health problems include those that involve risk to either the student or the patients they serve.

7. Does not have excessive clinical absences.

8. 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 receive 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 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 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 student is eligible for re-admission. 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. An audit of
      Clinical Education I will not be required if it was successfully completed.

3. A student who earns a grade of "D" or “F” in any radiologic technology course after re-admission
   into the Program will be dismissed. This student will not be eligible for re-admission.

4. 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.

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:
   1. If possible, transfer to a different clinical site.
      a. Course grade no higher than a “C”
      b. Any missed time will have to be made up according to the established make-up schedule.
      c. Only one (1) transfer will be allowed during the 23 month Program
2. Suspended with clinical time to be made up following the completion date of the Program
3. 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 will be taken:
1. Warning
2. Grade of “F” on an exam or assignment
3. Course grade no higher than a “C”.
4. Grade of “F” for the course
5. Suspension from the Program
6. 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 for disciplinary action.
3. If they cannot be assigned to a clinical site.

I have read and understand the preceding RETENTION POLICIES.

____________________________________  ______________________________
SIGNATURE                               DATE

____________________________________
NAME (PRINT)
APPENDIX H
ST. LOUIS COMMUNITY COLLEGE AT FOREST PARK
RADIOLOGIC TECHNOLOGY PROGRAM
CONFIDENTIALITY STATEMENT

The undersigned hereby acknowledges his/her responsibility under applicable Federal law and the Agreement between St. Louis Community College and _____________________________ (“Hospital”), to keep confidential any information regarding Hospital patients, as well as all confidential information of Hospital. The undersigned agrees, under penalty of law, not to reveal to any person or persons except authorized clinical staff and associated personnel any specific information regarding any patient and further agrees not to reveal to any third party any confidential information of Hospital except as required by law or as authorized by Hospital.

____________________________________
SIGNATURE

____________________________________
DATE

____________________________________
NAME (PRINT)
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.

____________________________________    ________________________
SIGNATURE                                      DATE

____________________________________
NAME (PRINT)
APPENDIX J
ST. LOUIS COMMUNITY COLLEGE AT FOREST PARK
RADIOLOGIC TECHNOLOGY PROGRAM

DIRECT SUPERVISION POLICY

Until a student is “checked out” by the clinical instructor or a faculty member in a particular area, the student will be under direct supervision in that area. 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 been “checked out” of an exam by their clinical instructor or a faculty member are allowed to perform the 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

__________________________________________
SIGNATURE

__________________________________________
DATE

______________________________
NAME (PRINT)

__________________________________________
Clinical Ed. I II III IV V VI
APPENDIX K
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.

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.

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

ESSENTIAL FUNCTIONS SIGNATURE FORM

I have read the attached essential functions for the Radiologic Technology Program. I understand that my inability to meet any of the essential functions could cause injury and or jeopardize the safety and well-being of the patients I serve, professional staff, fellow students and myself.

By signing below, I acknowledge that I have read and understand the essential functions of a Radiologic Technologist. After careful consideration, I can perform the essential functions with or without reasonable accommodations.

_____________________________
SIGNATURE

_____________________________
DATE

_____________________________
NAME (PRINT)
APPENDIX L
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
_____ 2. Employee on duty
_____ 3. Employee off duty
_____ 4. Visitor
_____ 5. Trades person

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

ABSENCE/TARDY/EXCUSED DAY DOCUMENTATION

Student name: ___________________________ Date: ______________ Time: ______________

☐ Date(s) of Absence __________________________ Called in ____ Did not call in ____
   Reason _________________________________________________________________
   Make-up date(s) and hours _____________________________________________
   _____________________________________________________________________

☐ Date of Tardy _______________________________ Called in ____ Did not call in ____
   Time arrived _______________________________
   Reason _______________________________________________________________
   Make-up date(s) and hours _____________________________________________

☐ Date Student Left Early ________________________
   Time departed _______________________________
   Reason _______________________________________________________________
   Make-up date(s) and hours _____________________________________________

☐ Date ofRequested Excused Day
   _______________________________
   (To be scheduled with faculty member only)

______________________________  ________________________________
Student’s signature             Faculty and/or Clinical Instructor

______________________________  ________________________________
Student’s name (Print)          Faculty and/or Clinical Instructor (Print)
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 O
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 shall not be performed until after the procedure has been taught in the classroom and the “Lab” column has been initialed by a faculty member. “Difficult” trauma or mobile procedures shall not be evaluated until after the student has been successfully evaluated in the basic procedures, and performed under direct supervision at the clinical site.**

**Note: Only competency evaluations filled out by 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

<table>
<thead>
<tr>
<th>1. Proper exam preparation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluate requisition form for examination and patient information</td>
<td>S  U*</td>
</tr>
<tr>
<td>Prepare examination room by ensuring that it is clean, neat and stocked with necessary equipment.</td>
<td>S  U</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Effective patient communication and care</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Greet patient, and verify correct patient /exam</td>
<td>S  U*</td>
</tr>
<tr>
<td>Assist patient using proper body mechanics</td>
<td>S  U</td>
</tr>
<tr>
<td>Give clear and concise explanation of examination</td>
<td>S  U</td>
</tr>
<tr>
<td>Practices appropriate infection control procedures</td>
<td>S  U</td>
</tr>
<tr>
<td>Questions patient about possible pregnancy when appropriate</td>
<td>S  U*</td>
</tr>
<tr>
<td>Obtain adequate history prior to beginning exam and record on requisition</td>
<td>S  U</td>
</tr>
<tr>
<td>Ensure patient comfort and safety by monitoring, communicating, and performing necessary patient care procedures</td>
<td>S  U</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Positioning and technical skills</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Select appropriate size and type IR</td>
<td>S  U</td>
</tr>
<tr>
<td>Position IR appropriately (Bucky, tabletop)</td>
<td>S  U</td>
</tr>
<tr>
<td>Position patient/anatomical part correctly</td>
<td>S  U*</td>
</tr>
<tr>
<td>Mark IR correctly with lead markers</td>
<td>S</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>-----</td>
</tr>
<tr>
<td>CR appropriately angled and centered to IR and anatomical part</td>
<td>S</td>
</tr>
<tr>
<td>Utilize standard SID per exam protocol</td>
<td>S</td>
</tr>
<tr>
<td>Properly collimate</td>
<td>S</td>
</tr>
<tr>
<td>Utilize protective lead shielding for patient, self and others when appropriate</td>
<td>S</td>
</tr>
<tr>
<td>Properly set control panel</td>
<td>S</td>
</tr>
<tr>
<td>S number/Exposure Index within acceptable range</td>
<td>S</td>
</tr>
<tr>
<td>Instruct patient on proper breathing technique prior to and following exposure</td>
<td>S</td>
</tr>
<tr>
<td>Properly use exposure switch while watching patient</td>
<td>S</td>
</tr>
<tr>
<td>Perform skills confidently and efficiently</td>
<td>S</td>
</tr>
<tr>
<td>Correctly assemble and use accessories and supplies (grids, contrast, trays etc.)</td>
<td>S</td>
</tr>
<tr>
<td>Performs exam with acceptable or no repeats</td>
<td>S</td>
</tr>
</tbody>
</table>

### 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 image (identify pertinent anatomy and 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)  

Print name  Print name
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’s signature

__________________________________________________
Faculty and/or Clinical Instructor

__________________________________________________
Faculty and/or Clinical Instructor (Print)
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 Instructor: 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

____________________________________________________________________________________________
NAME (PRINT)
ST. LOUIS COMMUNITY COLLEGE AT FOREST PARK
RADIOLOGIC TECHNOLOGY PROGRAM

STUDENT SIGN IN SHEET

Name: ____________________    Fall / Spring / Summer 20_______

- If you are absent on a regular clinical day, fill in that day’s entry as absent the next time you report to clinical.
- This sheet should be accessible to faculty at any time.
- No write-out is to be used on this sheet.

<table>
<thead>
<tr>
<th>Date</th>
<th>Time in</th>
<th>CI/Supv initial</th>
<th>Time out</th>
<th>CI / Supv initial</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Time in</th>
<th>CI/Supv initial</th>
<th>Time out</th>
<th>CI / Supv initial</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX S
# Professional Development Evaluation

**Semester I Clinical Education**

**Instructions:** Evaluate the student’s abilities in the following categories based on the length of time in the program.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>Performance:</strong> The ability to perform most basic tasks in the radiology department.</td>
<td></td>
</tr>
</tbody>
</table>
- 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.  
- 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 __________**
<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5. Initiative:</strong> The energy and motivation displayed in starting and completing tasks.</td>
<td>Self-starter; always accepts responsibility; seeks additional work.</td>
<td>Usually a self-starter; works well when given responsibility.</td>
<td>Accepts responsibility as required but does not pursue additional responsibility.</td>
<td>Does only what is required; needs frequent encouragement to start and complete tasks.</td>
<td>Puts forth little effort.</td>
</tr>
<tr>
<td><strong>6. Judgment:</strong> The ability to reason, interpret and follow policies; take responsibility for one’s actions and behaviors with maturity and self-control.</td>
<td>Always uses sound reasoning in making decisions; is aware of policies and always follows and supports them.</td>
<td>Usually uses sound reasoning in making decisions; is aware of policies and usually follows and supports them.</td>
<td>Satisfactorily uses sound reasoning in making decisions; is aware of policies and usually follows them.</td>
<td>Only some ability to reason and make judgments; needs to be reminded of policies.</td>
<td>Reasoning is often not logical and/or inconsistently follows policies.</td>
</tr>
<tr>
<td><strong>7. Attendance:</strong> The overall attendance record.</td>
<td>Missed no clinical time</td>
<td>Absent 4 hours</td>
<td>Absent 8 hours</td>
<td>Absent 16 hours</td>
<td>Absent 24 hours</td>
</tr>
<tr>
<td><strong>8. Punctuality:</strong> The promptness record.</td>
<td>Always on time and never leaves early.</td>
<td>Rarely late or leaves early.</td>
<td>Arrival and departure times are satisfactory.</td>
<td>Arrival and departure times are less than satisfactory.</td>
<td>Consistently late or leaves early.</td>
</tr>
<tr>
<td><strong>9. Professional Appearance:</strong> Grooming, cleanliness and appropriateness of dress.</td>
<td>Always presents a professional image; very well groomed and careful about appearance.</td>
<td>Usually well groomed and presents a professional image.</td>
<td>Satisfactory personal appearance; clean and neat, and usually in accordance with dress code.</td>
<td>Personal appearance is marginal; frequently needs to be reminded of dress code.</td>
<td>Careless about personal appearance; does not comply with dress code.</td>
</tr>
<tr>
<td><strong>10. Professionalism:</strong> The ability to treat all people with respect and dignity in every situation; acts with honesty and integrity; maintains confidentiality.</td>
<td>Conducts self in an appropriate manner at all times conforming to the highest standards of professional ethical behavior.</td>
<td>Conducts self in an appropriate manner conforming to standards of professional ethical behavior.</td>
<td>Generally adheres to standards of professional ethical behavior in an acceptable manner.</td>
<td>Sometimes does not follow standards of professional ethical behavior.</td>
<td>Often does not follow standards of professional ethical behavior.</td>
</tr>
<tr>
<td><strong>11. Follows program direct supervision policy.</strong></td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>12. Follows program repeat policy.</strong></td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Page 2 Total ___________
* 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.
# 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. |
|---|---|---|---|---|
| **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. |
| | 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 |
| **2. Quality of Work:** The ability to produce quality outcomes. | 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. |
| **3. Organization of work:** The ability to prepare, execute and complete work in an organized, efficient manner. | Does more work than expected. | Produces more than average amount of work. | Completes appropriate amount of work in the time expected. | Avoids work; functions primarily in an assistive role. |
| **4. Productivity:** The amount of work produced (including simulations, competencies, rechecks and exams). | Quality of work is satisfactory; recognizes mistakes and takes corrective action. | Quality of work is marginal; inconsistent | Quality of work is inconsistent. | Quality of work is marginal; inconsistent |

Page 1 Total ____
<table>
<thead>
<tr>
<th><strong>5. Patient Care:</strong>  The ability to meet the needs of and interact effectively with patients.</th>
<th>Instills a high level of confidence to patients through communication and concern; anticipates and responds to patients’ needs.</th>
<th>Responds to patients’ needs; above average patient rapport.</th>
<th>Aware of patients’ needs, but does not always respond and/or establish patient rapport.</th>
<th>Does not anticipate patients’ needs or establish patient rapport; responds to requests only.</th>
<th>Minimal communication with patients; avoids active patient contact.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>6. Adaptability:</strong>  The ability to remain flexible and adapt to changes while maintaining a positive attitude.</td>
<td>Always responds appropriately and effectively to unexpected situations and changing conditions.</td>
<td>Responds appropriately and effectively to most unexpected situations and changing conditions.</td>
<td>Displays average ability to respond appropriately and effectively to most unexpected situations and changing conditions.</td>
<td>Frequently is inflexible to change; does not maintain a positive attitude.</td>
<td>Inflexible to change and does not maintain a positive attitude.</td>
</tr>
<tr>
<td><strong>7. Communication/Cooperation:</strong>  The ability to effectively convey information while recognizing the dignity and diversity of others; accepts instructions and constructive criticism.</td>
<td>Is cooperative and displays excellent communication skills; anticipates the needs of others and promotes teamwork; always responds appropriately to feedback.</td>
<td>Is cooperative and displays good communication skills; always responds to request of others and promotes teamwork.</td>
<td>Displays average communication skills; is usually cooperative and responsive to the requests of others; often responds appropriately to feedback.</td>
<td>Displays poor communication skills, or sometimes is uncooperative or not receptive to feedback.</td>
<td>Displays poor communication skills, or is uncooperative, or indifferent/hostile to feedback.</td>
</tr>
<tr>
<td><strong>8. Initiative:</strong>  The energy and motivation displayed in starting and completing tasks.</td>
<td>Self-starter; always accepts responsibility; seeks additional work.</td>
<td>Usually a self-starter; works well when given responsibility.</td>
<td>Accepts responsibility as required but does not pursue additional responsibility.</td>
<td>Does only what is required; needs frequent encouragement to start and complete tasks.</td>
<td>Puts forth little effort.</td>
</tr>
<tr>
<td><strong>9. Judgment:</strong>  The ability to reason, interpret and follow policies; take responsibility for one’s actions and behaviors with maturity and self-control.</td>
<td>Always uses sound reasoning in making decisions; is aware of policies and always follows and supports them.</td>
<td>Usually uses sound reasoning in making decisions; is aware of policies and usually follows and supports them.</td>
<td>Satisfactorily uses sound reasoning in making decisions; is aware of policies and usually follows them.</td>
<td>Only some ability to reason and make judgments; needs to be reminded of policies.</td>
<td>Reasoning is often not logical and/or inconsistently follows policies.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>10. Attendance:</strong> The overall attendance record.</td>
<td>See table below for scoring.</td>
<td>See table below for scoring.</td>
<td>See table below for scoring.</td>
<td>See table below for scoring.</td>
<td>See table below for scoring.</td>
</tr>
<tr>
<td><strong>11. Punctuality:</strong> The promptness record</td>
<td>Always on time and never leaves early.</td>
<td>Rarely late or leaves early.</td>
<td>Arrival and departure times are satisfactory.</td>
<td>Arrival and departure times are less than satisfactory.</td>
<td>Consistently late or leaves early.</td>
</tr>
<tr>
<td><strong>12. Professional Appearance:</strong> Grooming, cleanliness and appropriateness of dress.</td>
<td>Always presents a professional image; very well groomed and careful about appearance.</td>
<td>Usually well groomed and presents a professional image.</td>
<td>Satisfactory personal appearance; clean and neat, and usually in accordance with dress code.</td>
<td>Personal appearance is marginal; frequently needs to be reminded of dress code.</td>
<td>Careless about personal appearance; does not comply with dress code.</td>
</tr>
<tr>
<td><strong>13. Professionalism:</strong> The ability to treat all people with respect and dignity in every situation; acts with honesty and integrity; maintains confidentiality.</td>
<td>Conducts self in an appropriate manner at all times conforming to the highest standards of professional ethical behavior.</td>
<td>Conducts self in an appropriate manner conforming to standards of professional ethical behavior.</td>
<td>Generally adheres to standards of professional ethical behavior in an acceptable manner.</td>
<td>Sometimes does not follow standards of professional ethical behavior.</td>
<td>Often does not follow standards of professional ethical behavior.</td>
</tr>
<tr>
<td><strong>15. Follows program direct supervision policy.</strong></td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>16. Follows program repeat policy.</strong></td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Score:**

<table>
<thead>
<tr>
<th>Score</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
<th>Excessive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absences: (Clinical II)</td>
<td>0</td>
<td>4 hrs</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>(7)</td>
</tr>
<tr>
<td>Absences: (Clinical III)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>(5)</td>
</tr>
<tr>
<td>Absences: (Clinical IV &amp; V)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>(9)</td>
</tr>
<tr>
<td>Absences: (Clinical VI)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>(5)</td>
</tr>
</tbody>
</table>

Page 3 Total _________
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.

<table>
<thead>
<tr>
<th>PAGE 1 TOTAL:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PAGE 2 TOTAL:</td>
<td></td>
</tr>
<tr>
<td>PAGE 3 TOTAL:</td>
<td></td>
</tr>
<tr>
<td>OVERALL TOTAL:</td>
<td></td>
</tr>
<tr>
<td>WITH CASE STUDY</td>
<td>/56</td>
</tr>
<tr>
<td>WITHOUT CASE STUDY:</td>
<td>/52</td>
</tr>
</tbody>
</table>

Faculty Signature: ___________________________ Date: ____/____/____

Clinical Instructor: ___________________________ 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.
<table>
<thead>
<tr>
<th>INDEX</th>
</tr>
</thead>
</table>

A

Absence/Tardy/Excused day documentation form, 109
Academic Advising
  Transcript evaluation, 99
Academic integrity statement, 18
Academic support center, 16
Accidental injury report form, 108
Accidental injury/exposure policy, 18
Accreditation
  Radiologic Technology Program, 7
  St. Louis Community College, 7
ADA access, 16
Advice to students, 16
Advising, 15
Advisory committee
  Student representative, 12
Agreement form, 22, 83
Agreement with respect to participation in clinical programs, 22, 85
Allied Health & Natural Sciences organizational chart, 6
American Registry of Radiologic Technologists (ARRT)
  Application for ARRT Exam, 19
  Code of Ethics, 30
  Contact Information, 19
Assignment to clinical site, 29
Assisted R.T. with exam recording in log book, 41
Attendance (classroom), 19, 100
  Advisory committee student representative, 12
Attendance policy, 63
Attendance, clinical
  Advisory committee student representative, 12
  Attendance policy, 63
  Background check requirement, 25
  Bereavement leave, 67
  Breaks and lunch periods, 65
  Clinical orientation sessions, 68
  Court summons, 67
  CPR requirement, 25
  Drug screen requirement, 25
  Excessive absenteeism, 63, 100
  Excused day, 66
  Extended clinical hours, 64
  Holidays, 66
  Immunization requirement, 25
  Inclement weather policy, 67
  Jury duty, 67
  Leaving the hospital during scheduled hours, 65
  Make-up of clinical hours, 64
  New employment in radiologic technology, 67
  Notification of absence, 64, 84
  Physical exam requirement, 25
  PPD requirement, 25
  Required clinical hours, 63, 83
  Signing in and out, 65
  Time cards, 65
  Winter break hours, 63

B

Background check, 25, 85
Bereavement leave, 67
Bloodborne pathogens
  Bloodborne pathogen exposure incident report form, 88
  Bloodborne pathogens exposure control policy, 22, 86
  Post-exposure acknowledgement, 90
Books in clinical area, 35
Breaks and lunch periods, 65

C

Career and Technical Education Transition Specialist, 16
Case studies
  and clinical education grading policies, 71, 72
  Case study form requirements, 74
  Case study report form, 78
  Case study structure, 74
  Grading policy, 76
  HIPAA Violation, 77
  Plagiarism, 77
  Presentation evaluation criteria, 76
Case study
  Evaluation of case study form, 82
  Case study report form, 78
  Case study verification form, 110
  Change of address, 19
  Cheating, 19
Clinical competency
  and Simulations, 37
  Clinical competency evaluation form, 39, 110
  Clinical competency system, 37
  Competency retest, 39
  Continued performance of completed competencies, 40
  Direct supervision, 40
  Direct Supervision, 37
  Evaluation of clinical competency, 37
  Flow chart for competency evaluations, 38
  Indirect supervision, 40
  Indirect Supervision, 37
  Master competency list, 39, 51–55
  Periodic competency rechecks, 40
  Repeat radiograph policy, 40
Clinical competency evaluation form, 39, 111
Clinical competency system, 37
G
Grade point average, 20, 99
Grading scale, 20
  Case studies, 76
  Professional development evaluation, 68
  Radiologic Technology courses, 20
  Retention policies, 99
Graduation, 20
Guidance to students, 16

H
Health, 32, 99
HIPAA, 32
HIPAA violation policy, 20
Holidays, 66

I
Immunizations, 25
Incident report, 36
Incident report form, 114
Inclement weather policy, 67
Independent study, 100
Indirect supervision, 10, 37
  Indirect supervision policy, 40, 104
Interventional/Angiography clinical objectives, 62
Introduction, 1

J
Joint Review Committee on Education in Radiologic Technology (JRCERT)
  Contact information, 7, 21
  Due process policy, 21
  Standards, 7
Jury duty, 67

L
Leave of Absence, 21
Leaving the hospital during scheduled hours, 65
Liability insurance, 29
Log book policy, 41
  Master competency list, 41
  Repeat radiograph policy, 41

M
Magnetic resonance clinical objectives, 59
Make-up of clinical hours, 64, 84, 100
Master competency list, 39, 51–55
  In log book, 41
Mission statement, 1

N
Name change, 19
New employment in radiologic technology, 67
Notification of clinical absence, 64, 84
Nuclear medicine clinical objectives, 60

O
Observed exams
  recording in log book, 41

P
Periodic competency rechecks, 40
Personal hygiene, 33
Philosophy of the Program, 1
Physical examination, 25
Plagiarism
  Academic integrity statement, 18
  Cheating, 19
Policies
  Accidental injury and exposure policy, 18
  Agreement form, 22, 83
  Agreement with respect to participation in clinical programs, 22, 85
  Attendance policy, 63
  Bloodborne pathogen exposure control, 22, 86
  Case study grading policy, 76
  Change of address, 19
  Cheating, 19
  Clinical education grading, 68
  Confidentiality statement, 102
  Dosimeter policy, 22, 92
  Essential functions, 23, 105
  Excused day, 66
  Grade point average, 20
  Grading scale, 20
  Graduation, 20
  HIPAA Violation policy, 20
  Inclement weather policy, 67
  JRCERT Due Process, 21
  Log book policy, 41
  Pregnancy policies, 22, 93
  Program dismissal/re-entry, 23, 116–22
  Radiation protection policy, 22, 91
  Repeat radiograph policy, 23
  Repeat radiograph policy, 40
  Repeat radiograph policy, 104
  Retention policies, 22, 116–22
  Statement of confidentiality, 22
  Statement of responsibility, 23, 103
  Student rights and responsibilities, 23
  Supervision policies, 23
  Supervision policies, 40
  Withdrawal from class, 23
  Withdrawal from program, 23
Withdrawal from the program, 99
PPD, 25
PPD testing, 84
Pregnancy policies, 22, 93
Professional development evaluation, 116–22
and Clinical education grading policies, 68–73
Clinical Education I, 116
Clinical Education II - VI, 119
Evaluation of student clinical performance, 68
Professionalism
Code of ethics, 30
Professional conduct, 31
Program dismissal/re-entry, 23, 116–22
Disciplinary action, 19
Program goals, 1
Protocol for handling clinical problems, 35

R
Radiation protection policy, 22, 91
Radiation therapy clinical objectives, 61
Radiography club, 13
Radiologic Technology program organizational chart, 3
Rechecks
 Periodic competency rechecks. See
Repeat radiograph policy, 23, 40, 104
Repeating courses, 100
Required clinical hours, 63, 83
Retention policies, 22, 116–22
Attendance, 100
Code of ethics, 101
Grade point average, 99
Grades, 99
HIPAA violation, 101
Independent study, 100
Program dismissal/re-entry, 100
Repeating courses, 100
Unethical behavior, 101
Withdrawal from class, 99

S
School closed
 Clinical make-up time, 64

Holidays, 66
Inclement weather policy, 67
Scrubs, 34
Sign-in sheet
 Student sign-in sheet. See
Signing in and out, 65
Simulation routine list, 43–47
Simulations, 37, 38, 39, 68, 71
and clinical grading, 68–73
Simulation routine list, 43–47
Snow. See Inclement weather
Sonography clinical objectives, 58
Statement of confidentiality, 22, 102
Statement of responsibility, 23, 103
Student responsibilities, 31
Student sign-in sheet, 115
Supervision policies, 23, 40
 Direct supervision, 104
 Indirect supervision, 104
Repeat radiograph, 104

T
Telephones, 35
Time cards, 65
Transcript evaluation, 99
Type of Program, 2

U
Uniform policy, 33

W
Weather. See Inclement weather
Winter break hours, 63
Withdrawal from class, 23, 99
Withdrawal from program, 23
 Retention policies, 99