Department of Medical Imaging Technology

Radiologic Technology Program

Student Handbook

2024

Revised July/2024 //*mam*

Melissa A. Moorman, M.Ed., RT (R)(CT), ARRT
Program Director
Baptist Health System School of Health Professions

NON-DISCRIMINATION POLICY

Baptist Health System School of Health Professions (BSHP) is an affirmative action/equal opportunity employer and does not discriminate on the basis of race, color, national origin, sex, religion or handicap status in its education programs or in admission to, access to, treatment in, or employment in its programs or activities as required by Title VI, Civil Rights Act of 1964; Title IX, Education Amendments of 1972 and Section 504, Rehabilitation Act of 1973 and regulations promulgated there under; 34 CFR part 100 (Title VI), Part 106 (Title IX) and part 104 (Section 504).

THE FAMILY EDUCATION RIGHTS AND PRIVACY ACT/STUDENT ACCESS TO RECORDS

The Family Education Rights and Privacy Act (FERPA) provide the student with a right to privacy and access to his/her school records. The Department of Medical Imaging Technology (DMIT) will comply with this Act.

Access to student records is carefully controlled to maintain confidentiality. Students may view records held by the Student Services Director during posted office hours in the Student Services department. Students wishing to view their records may do so by requesting access from the Student Services Director. Clinical records held by clinical instructors may be viewed at a mutually agreed upon time. BSHP transcript records may be viewed in cooperation with the Office of the Registrar. School health records are confidentially maintained by the student health nurse.

Members of the site visitation team of the Joint Review Committee on Education in Radiologic Technology and the Accrediting Bureau of Health Education Schools will have temporary access to all records only during an actual onsite visitation. This is for the purpose of accreditation only. Student records will not be shown to anyone, nor mailed to any other institution, without the written consent of the student.

DISABILITY STATEMENT

Students in need of classroom or testing accommodations are encouraged to contact the Disability Service Officer in the Student Services department before the beginning of each semester. Please contact Student Services at extension 210-297-9123.

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In addition, to the Medical Imaging Technology Department policies and procedures. Radiography Student Handbook replicates information from the BSHP Academic Catalog found at

https://www.bshp.edu/current-students/academics/academic-catalog/

Welcome

The Department of Medical Imaging Technology faculty and staff welcomes you as a new or returning student.

Our goal is to provide you with a high-quality education in the imaging field that will prepare each of you to be a caring and competent technologist in today's high-tech health-care workplace, and we will work with you to achieve this goal.

We wish you every success in your educational experience!

THE BAPTIST HEALTH SYSTEM SCHOOL OF HEALTH PROFESSIONS

PROGRAM OFFICIALS

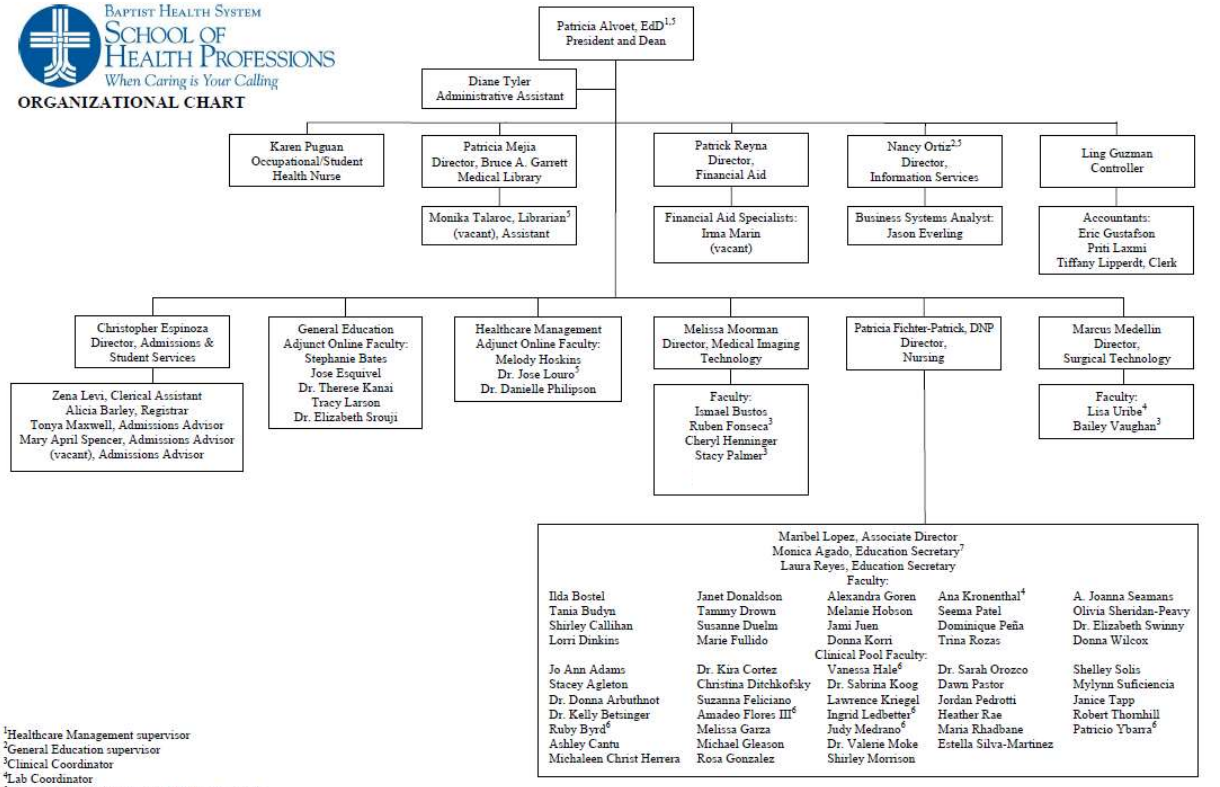
DEAN AND PRESIDENT
Patricia E. Alvoet, Ed.D., M.S.N., RN, NPD-BC
President and Dean

DEPARTMENT OF MEDICAL IMAGING TECHNOLOGY DIRECTOR
Melissa Moorman, M.Ed., RT(R)(CT), ARRT
mamoorma@baptisthealthsystem.com
Office: 210-297-9165

CLINICAL COORDINATOR
Ruben Fonseca, B.S., R.T. (R)(M)(CT)(MR)(QM), ARRT
rfonseca@baptisthealthsystem.com
Office: 210-297-9164

FACULTY
Ismael Bustos, M.Ed., BSAS, RT (R), ARRT
ixbustos@baptisthealthsystem.com
Office: 210-297-9175

RADIOLOGIC TECHNOLOGY ORGANIZATIONAL CHART



[1]Healthcare Management supervisor
[2]General Education supervisor
[3]Clinical Coordinator
[4]Lab Coordinator
[5]Also teaches General Education/Program courses
[6]Rio Grande Valley faculty
[7]Also supports Medical Imaging Technology and Surgical Technology

April 9, 2024

PROGRAM MISSION

The mission of the Radiologic Technology program is to educate entry-level technologists who are competent and knowledgeable in providing quality images in a safe patient environment.

PROGRAM OBJECTIVES

Upon completion of the program, the graduates will be able to:

1. Identify and respond to the patient's concerns and questions.
2. Protect the privacy and confidentiality of patient's situations of history and examination outcome.
3. Utilize principles of radiation physics and scanning techniques to aid in the diagnosis and treatment of disease.
4. Obtain pertinent patient history and patient consent as needed.
5. Apply all principles for the Code of Ethics for the profession of radiologic technology.

PROGRAM EFFECTIVNESS GOALS

1. The program will prepare clinically competent entry-level registry-eligible radiologic technologists.
2. Students will communicate effectively.
3. Students will demonstrate critical thinking.
4. Students will model professionalism.

STUDENT LEARNING OUTCOME GOALS

1. Students will apply positioning skills
2. Students will select appropriate technical factors
3. Students will use effective oral communication skills.
4. Students will practice written communication skills.
5. Students will analyze images
6. Students will be able handle difficult situations in a trauma or pediatric setting.
7. Students will demonstrate professional behavior
8. Students will demonstrate professionalism with patients.
9. Students will demonstrate professional and ethical behavior.

PRACTICAL STANDARDS

Technical Standards

Individuals admitted to the BSHP (Baptist School of Health Professions) Radiography program must possess the capability to complete the entire curriculum. The curriculum requires demonstrated proficiency in a variety of cognitive, problem-solving, manipulative, communicative and interpersonal skills. Therefore, applicants must review the following

clinical standards to determine their ability and compatibility with the physical requirements of radiographers. If you have any questions regarding these standards or your ability to meet these standards, you should contact the Program Director at (210) 297-9165 or by email at mamoorma@baptisthealthsystem.com.

Physical Activity Requirements

Occasional

- Crouching—positioning patients for exams and stocking supplies
- Repetitive motions—entering computer data
- Grasping—positioning patients for exams and procedures
- Pulling—moving items that can weigh as much as 100 pounds

Frequent

- Pushing—transporting patients in wheelchairs or on carts using 25 pounds of force. Moving portable and C-arm equipment with 20 pounds of force to areas of the hospital.
- Pulling—assisting and moving patients off and onto carts using 8 to 24 pounds of force.
- Lifting—moving patients (who can weigh more than 50 pounds) from wheelchairs/carts off and onto exam tables.
- Fingering—entering computer data and setting techniques for exams.
- Carrying—carrying cassettes that can weigh as much as 25 pounds.

Routine

- Stooping—positioning of exams and assisting patients in and out of wheelchairs.
- Reaching—positioning patients and manipulating portable equipment.
- Standing—all clinical assignments require standing and walking for 80% of clinical time.
- Walking—transporting and assisting patients into dressing/exam rooms. Walking to other areas of the department and hospital to do exams or have images interpreted.
- Talking—must be able to communicate verbally in an effective manner with patients, co-workers, and physicians.
- Hearing—perceiving the nature of sounds at normal range; ability to receive detailed information through oral communication, and to make fine discriminations in sound, during auscultation and percussion.
- Feeling—perceiving attributes of patients and objects such as when positioning patients for procedures or palpating veins for IV insertion.

Visual Acuity Requirements

- During clinical assignments, students are required to use a computer terminal and set the proper exposure techniques on the x-ray equipment.
- Clinical assignments require critiquing of radiographs.
- Clinical assignments require working with printed and/or written documentation.

- Students must be able to assess patient's condition, i.e., color, respiration, motion, etc.

Intellectual and Emotional Requirements

- Students must be able to assess radiographs and determine diagnostic quality.
- Students must be able to make adaptations and respond with precise, quick and appropriate action during emergency situations.
- Students must maintain patient confidentiality.
- Students must be able to maintain a high standard of courtesy and cooperation in dealing with coworkers, patients, and visitors and satisfactory performances despite the stress of a hospital work environment.
- Students must be able to learn to analyze, synthesize, solve problems and reach evaluative judgment.
- Students are expected to be able to learn and perform routine radiographic procedures. In addition, students must have the mental and intellectual capacity to calculate and select proper technical exposure factors according to the individual needs of the patent and the requirements of the procedure's standards of speed and accuracy.
- Students must be able to accept criticism and adopt appropriate modifications in their behavior.
- Students must demonstrate emotional health required for utilization of intellectual abilities and exercise good judgment.

Clinical Situations

- Students are subject to electrical, radiant energy, and chemical hazards.
- Persons in radiology sciences have been identified as having the likelihood of occupational exposure to blood or other potentially infectious materials and, therefore, are included in the OSHA Exposure Control Plan with its specifications to prevent contact with the above materials.

CODE OF ETHICS

Preamble

Ethical professional conduct is expected of every member of the American Society of Radiologic Technologists and every individual registered by the American Registry of Radiologic Technologists. As a guide, the ASRT and the ARRT have issued a code of ethics for their members and registrants. By following the principles embodied in this code, radiologic technologists will protect the integrity of the profession and enhance the delivery of patient care.

Adherence to the code of ethics is only one component of each radiologic technologist's obligation to advance the values and standards of their profession. Technologists also should take advantage of activities that provide opportunities for personal growth while enhancing their competence as caregivers. These activities may include participating in research projects, volunteering in the community, sharing knowledge with colleagues through professional meetings and conferences, serving as an advocate for the profession on legislative issues and participating in other professional development activities.

By exhibiting high standards of ethics and pursuing professional development opportunities, radiologic technologists will demonstrate their commitment to quality patient care.

Code of Ethics

1. **The radiologic technologist** conducts himself or herself 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 humankind.
3. **The radiologic technologist** delivers patient care and service unrestricted by concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of sex, race, creed, religion or socio-economic status.
4. **The radiologic technologist** practices technology founded upon theoretical knowledge and concepts, uses equipment and accessories consistent with the purpose for which they were designed, and employs procedures and techniques appropriately.
5. **The radiologic technologist** assesses situations; exercises care, discretion and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.
6. **The radiologic technologist** acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.
7. **The radiologic technologist** uses equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice and demonstrates expertise in minimizing radiation exposure to the patient, self and other members of the health care.
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.

RADIOLOGIC TECHNOLOGY PROGRAM HANDBOOK

This handbook is prepared for students enrolled in the Associate of Science in Radiologic Technology Program and contains information specific to Radiologic Technology education at the Baptist Health System School of Health Professions.

For general Baptist Health System School of Health Professions policies, see the BSHP Academic Catalog, https://www.bshp.edu/current-students/academics/academic-catalog. The information contained within this handbook is not intended to be wholly independent, but instead, a complement to the BSHP Academic Catalog as well as the policies maintained and published by BSHP.

The information in this handbook is current at the time it is posted/printed. However, policies, guidelines and procedures are subject to change.

Final interpretation of the program policies and procedures will be made by the program director and faculty.

This handbook contains extremely important information relating to the curriculum of Radiologic Technology at the BSHP. It is your responsibility to become familiar with the contents of this handbook.

Always refer to the most current volume of the Handbook posted in Moodle, and the BSHP Academic Catalog posted on the school's website.

Department of Medical Imaging Technology
Melissa A. Moorman, M.Ed., RT (R)(CT), ARRT
Program Director

INTRODUCTION

Welcome to the Baptist Health System School of Health Professions Radiologic Technology Program! We are pleased to have you in the program and feel that you have selected a very exciting and rewarding career. To make the next five semesters as uncomplicated as possible, we have designed this handbook as a quick reference concerning your responsibilities as a radiography student.

The policies and procedures of the Baptist Health System School of Health Professions contained within this handbook, apply to all radiography students. During attendance at any clinical site, the school considers the clinical sites as extensions of both the school and program. Please be aware that these policies and procedures function to ensure the safety of both our students and patients, as well as to adhere to ABHES and JRCERT Standards.

The electronic signing of the acknowledgment of this handbook represents a contractual agreement between BSHP and the radiography student. Evaluations, grades, and enrollment in the program depend upon your complying with the policies and procedures.

This handbook is not the only source of all needed information; but it should answer many of the questions that may arise on a daily basis. Since the radiography program is continually evolving and improving, the radiography faculty reserves the right to make changes without prior notice in all policies, faculty assignments, time schedules, course assignments, courses, grading, curricula and all other matters contained in this handbook. When changes occur, the students and clinical instructors will be given updated replacement pages, or a new issue of the handbook and/or verbally advised.

In the event that a question or concern cannot be resolved using this handbook, students should not hesitate to contact a BSHP radiography program faculty member. We are here to help you in reaching your highest potential and career goals. We hope this handbook will acquaint you with the Radiologic Technology program and an understanding of our policies.

DEPARTMENT CHAIN OF COMMAND

Students are expected to follow the chain of command for the Medical Imaging Department, specific to your program. The chain of command starts with self-reflection regarding the matter and follows the steps outlined below:

Clinical Concerns: the person involved (most likely student) > the Clinical Instructor (clinical tech) > the Clinical Coordinator (school official) > the Program Director > the Dean/President.

Classroom Concerns: the person involved (most likely student) > the course faculty > the Program Director > the Dean/President.

GUIDELINES OF CIVILITY

By virtue of your being accepted as a student at Baptist Health System School of Health Professions, YOU are now part of our learning community.

Be courteous and respectful to everyone.
Treat others the way you want to be treated.

Respect this campus.
Put trash in its proper place. Leave places better than you found them.

Come to class on time and do not leave early.
If you know in advance, you must leave class early, inform the faculty and sit near an exit. Do not arrive late to class or clinical.

Attend class, pay attention, and be prepared.
Sleeping, reading the newspaper, eating loudly, doing work for another class are unacceptable.

Do not talk while the faculty or other classmates are speaking.
It is rude and disruptive to everyone in the class.

Silence all electronic devices – in classrooms, labs, and library. No text-messaging while in class. No Audio or Video recording of Classes.
If you foresee extenuating situations, inform your faculty ahead of time and set devices to be unobtrusive.

Refrain from using profanity and degrading language.
On a school campus or clinical setting, the words we use set the tone.

Baptist Health System is a non-smoking facility. Smoke only in designated areas.
Look for no smoking signs and smoking receptacles.

Refrain from high volume conversations and congregating in corridors.
We all need to create a learning environment where students can study and learn.

Be responsible.
Take ownership for your actions and choices.

PROFESSIONAL BEHAVIORS

Students must respect the confidentiality of their PATIENTS, fellow STUDENTS, and FACULTY. The student must respect the dignity, individuality, privacy and personality of every person. Information about a patient is on a "need to know" basis only, and not for reasons of a personal interest. In other words, to provide services, it is necessary for various professional staff to know personal information about a patient. If a patient's information relates to official class business (e.g., during class), the patient's identity must remain anonymous; and information about the patient that is not necessary to the learning situation is not shared, (e.g., identify of known relative, legal or moral issues not related to imaging services being rendered). This is also true about personal discussions that students participated in during class time. Students must respect the confidentiality and privacy of your classmates. Students must adhere to the Health Insurance Portability and Accountability Act (HIPAA) guidelines at all times.

Students must attend class and clinical. Students must provide advanced notice of absences or a reasonable explanation to the faculty member as soon as possible. Clinical absences require notification prior to the start of the assigned clinical time, to the clinical site, and the clinical coordinator. In case of serious illness, or other emergencies, the student will need to directly inform his/her instructor via phone. If the faculty member is not available, the student will need to leave a message. In the event of serious illness or emergency, the student and instructor will develop a plan for making up missed clinical time.

E-Mail Requirements. Upon registration in the program, the school provides each student an e-mail account. Students must use their e-mail accounts for all school purposes, and to receive messages from the Program. Students must check their e-mail at least daily. It is imperative that students check their email daily or they will miss out on essential information. ***If students do not respond to required communication via email, students could face disciplinary action.***

In Class/Clinical Computer Use: Courses require the use of computers for classroom and clinical activities. Electronic devices used in class or clinical are for school activities only. Any student using an electronic device for non-school related activities will be excused from the class or clinical. Failure to comply with this policy will result in disciplinary action and possible dismissal from the program.

Students must buy textbooks. Each semester, students are provided with a book list needed for each course for the upcoming semesters. Students must obtain all required books for each semester by the first day of the semester. The books listed on the book list apply to several courses in the program as well as clinical work. Students should not sell back their school books before completing the program.

Proper attire will be worn for clinical. Students must wear a proper uniform for clinical. Failure to do so will result in the student being dismissed for the day. Please see the school dress code as listed in the BSHP School Catalog.

Unprofessional, unethical, and illegal conduct of any kind, including cheating on examinations or classroom assignments, plagiarism, and theft, etc., will subject the offending student to disciplinary measures that can include dismissal from the program.

Corridor Conduct. Recognize that when talking and gathering in the halls that noise travels easily. We ask that you make an effort to keep the noise at a minimum, particularly since we share the floor with other classrooms.

Classrooms. Students must show respect for the School and courtesy to others. Students must take responsibility for keeping the classroom free of trash and debris, i.e., soft drink cans, papers, etc. The classroom and lab appearance shall stay professional.

The use of alcohol and tobacco is prohibited in the school building clinical sites and all other public campus areas including parking lots.

The use of, possession of, or being under the influence of alcohol and the illegal use, abuse, possession, manufacture, dispensation, distribution of, or being under the influence of controlled or illegal drugs is prohibited while at clinical, school, or school related activity.

The program is committed to a violence free campus. It is illegal and expressly prohibited to engage in the unauthorized carrying of a firearm or a dangerous weapon, by a student or non-student on campus property at any time unless you have a concealed weapon permit and then you are only allowed to carry it in a closed container in a locked vehicle.

Plagiarism. The Turnitin® web-based application checks student-submitted work for plagiarism. The course faculty will use the Turnitin® application at their discretion to facilitate student attainment of the course and program objectives. If the application is in use for a specific assignment or forum in Moodle, the application will require that students submitting assignment work or forum post agree or disagree with the Turnitin® EULA (End User License Agreement). The agreement window is a pop-up window launched by the Moodle site. It will appear when the student submits either an assignment, or when a student posts in a forum. In either case, students must select "agree" when presented with the EULA pop-up window. Faculty will score those submissions without agreement to the EULA statement (choosing disagree) as an incomplete submission of an assignment or forum post. Grading will follow the syllabus rules for late or non-submitted assignment work**.**

ACCREDITATION

BHS SHP ACCREDITATION

Accrediting Bureau of Health Education Schools

Baptist Health System School of Health Professions is accredited by the Accrediting Bureau of Health Education Schools. Inquiries regarding accreditation should be addressed to:

Accrediting Bureau of Health Education Schools
7777 Leesburg Pike, Suite 314 North
Falls Church, Virginia 22043
(703) 917-9503

RADIOLOGIC TECHNOLOGY PROGRAM ACCREDITATION

Joint Review Committee on Education in Radiologic Technology (JRCERT)

The Baptist Health System's School of Health Professions Radiologic Technology Program maintains accreditation with the JRCERT (Joint Review Committee on Education in Radiologic Technology). Students graduating from accredited programs are eligible to apply to sit for the national examination sponsored by the American Registry of Radiologic Technologists.

The program complies with the requirements for JRCERT recognition of all clinical education settings.

Inquiries regarding accreditation should be addressed to:

Joint Review Committee on Education in Radiologic Technology
20 North Wacker Drive, Suite 2850
Chicago, IL 60606-3182
(312) 704-5300
Email: mail@jrcert.org
URL: http://www.jrcert.org

There are established standards a program must be in compliance with to achieve accreditation.

Compliance with JRCERT Standards Policy

The Radiologic Technology program strives at all times to comply with the JRCERT Standards for an Accredited Educational Program in Radiologic Sciences. If an individual believes, at any time, the program is not in compliance with any standard, a complaint can

be brought to the program's attention by using the "JRCERT Standards Non-Compliance Allegations Reporting Form" located in the Forms section of this Handbook. The form used is derived from the form used by the JRCERT for direct reporting of allegations.

In order for one to make a non-compliance allegation, one must be aware of the standards. Copies of the detailed descriptions of each standard may be found in the program's Master Plan of Education located in the program director's office or located on the official web-site for the JRCERT, http://www.jrcert.org .

Upon receipt of the allegation form, the program director will review it, and share it with the program faculty to determine if the non-compliance issue exists. Within ten (10) days after receiving the complaint form, a meeting will be scheduled with the individual filing the allegation to discuss the complaint.

If the complaint is legitimate, the program faculty will develop a plan to bring the situation into compliance. If the party filing the complaint is not satisfied with the results, a meeting will be scheduled with the Program Director to determine if non-compliance still exists. This meeting will be scheduled within twenty (20) days of the original meeting. If the Program Director determines non-compliance is still present, a plan will be drafted to solve the non-compliance issue. If the results of this meeting are still unsatisfactory to the party filing the complaint, a meeting can be scheduled with the Dean, and/or the JRCERT.

NATIONAL REGISTRY

The American Registry of Radiologic Technologists (ARRT) is the only examining and certifying body for radiographers in the United States.

To become a Registered Technologist in Radiography, R.T. (R) (ARRT), you will have to successfully complete the ARRT examination.

The ARRT examination is offered any day after your graduation. You will need to make an appointment to take the examination at your convenience. As a graduate of the BSHP Radiologic Technology Program, it is suggested that you take the examination as soon as you graduate, within two months of your graduation. Examination dates will be scheduled on an individual basis.

One issue addressed for certification eligibility is conviction of a crime, including a felony, a gross misdemeanor, or a misdemeanor with the sole exception of speeding and parking violations. All alcohol and /or drug related violations must be reported. All potential violations must be investigated by the ARRT in order to determine eligibility. Individuals may file a pre-application with the ARRT in order to obtain a ruling of the impact of their eligibility for the examination. This pre-application may be submitted at any time either before or after entry into an accredited program. For pre-application, contact the ARRT at www.arrt.org .

TEXAS STATE LICENSURE

To work as a registered radiologic technologist in a hospital located within Texas, you are required to hold a valid license granted by the state.

Successful completion of the American Registry of Radiologic Technologists' (ARRT) examination in radiography and payment of a licensure fee will enable you to work at a hospital in the state and other states.

From the time you graduate the program until your registry results are sent to the Texas Medical Board (TMB) http://www.tmb.state.tx.us , you will be able to work under a temporary license. The temporary licenses are issued for one year. Graduates are advised to apply for a temporary permit regardless of the date they expect to complete the ARRT registry or begin working.

PROFESSIONAL SOCIETIES

ASRT

The American Society of Radiologic Technologists is the national organization of the radiology profession. Please visit http://www.asrt.org for more information about ASRT. The ASRT has student memberships available for a reduced fee, as well as, student internships, grants, and scholarships.

TSRT

The Texas Society of Radiologic Technologist is the state organization of the profession. Please visit https://txsrt.org/ for more information about TSRT.

LNHS

Lambda Nu Honor Society is the national honor society for the radiologic and imaging sciences. Please visit www.lambdanu.org. BSHP's chapter of Lambda Nu is the Texas Sigma Alpha chapter.

Radiologic Technology students are encouraged to participate at all levels in their professional organizations.

Student Attendance at Professional Functions / Meetings

Students enrolled in the Radiologic Technology program at BSHP are required to attend any mandatory function or meeting related to Radiologic Technology. This will likely include program related events that may occur on or off-campus, which may be during or outside of scheduled class/clinic times.

PROGRAM OVERVIEW

The Radiologic Technology Program is a six-semester program that prepares students for careers as radiologic technologists. The skills developed in the program will prepare the graduate to perform imaging examinations and radiologic procedures under the direction of a physician.

The radiologic technologist is able to apply principles of radiographic exposure with knowledge of anatomy, physiology and positioning to determine the best demonstration of anatomical structures.

The technologist is also responsible for the care, protection and comfort of the patient. Additionally, he/she is responsible for ongoing monitoring of equipment safety and quality. This requires a level of professional judgment, which necessitates quality academic and clinical training. Radiologic technologists work in hospitals, clinics, and as private contractors.

According to the Standards of the JRCERT (Joint Review Committee on Education in Radiologic Technology), programs in radiography education include both academic and clinical education modes of study. After completion of this five-semester course of study, students receive an Associate in Science Degree from the Baptist Health System School of Health Professions. Upon completion of the program's requirements, the student can apply to the American Registry of Radiologic Technologists to take the national comprehensive exam.

The Radiologic Technology Program at BSHP includes courses in English, Math, Psychology or Sociology, and Computing, as well as the Radiologic Technology curriculum.

The Clinical Experience courses run for three consecutive semesters, during the end of the program, and include one 8-week rotation, 3 days a week followed by two 16-week semesters of clinical 4 days a week. This schedule prevents overcrowding of any clinical facility, and allows the Clinical Instructors to respond to the needs of their individual classes.

As in academic courses, students receive evaluations and grades for clinical courses, and receive school credit for these courses as well. The student's combined clinical and academic hours should NOT exceed 40 hours per week.

The national certification examination for radiologic technologists is administered by the American Registry of Radiologic Technologists (ARRT). Successfully passing the examination entitles the technologist to use the initials "RT (R)" after their name signifying "Registered Technologist". (A conviction of, or a plea of guilty to, or a plea of nolo contendere to a crime which is either a felony or a misdemeanor must be investigated by the ARRT in order to determine eligibility).

ACADEMIC AND PROGRAM POLICIES

ACADEMIC REQUIREMENTS

Students must maintain a satisfactory cumulative grade point average as defined in the BSHP Academic Catalog in order to remain in the Program. Students must achieve a grade of 76% or higher in all radiologic technology courses. Students not maintaining minimum requirement will be withdrawn from the program and must complete readmission process before allowed to return to the program.

GRADUATION REQUIREMENTS OF THE PROGRAM

A student must complete the graduation requirements of the program and school to receive Associate of Applied Science Degree.

UNSUCCESFUL COMPLETION OF RADIOLOGIC TECHNOLOGY COURSE

Radiologic technology core courses are sequential and corequisites. Therefore, failure of a radiologic technology core course necessitates returning to the program in a different cohort. Students may re-admit to the Program for the following cohort cycle.

READMISSION TO THE RADIOLOGIC TECHNOLOGY PROGRAM

Students who have left the Program, or who have not returned within two offerings of the course in which they need to re-enroll, may apply for readmission to the program using standard school procedure. Students who have unsuccessfully completed an academic or clinical course twice, or were dismissed from the program for disciplinary action, will not be readmitted to the Program. Students who meet eligibility requirements for reapplying to the program may only do so once.

Students who are eligible for readmission to the program may apply through the school application process. Readmission is on a space-available basis. Students considered for readmission must schedule a meeting with the program director and faculty to provide information on the cause of the withdrawal and strategies that will prevent its reoccurrence before to formal readmission.

FULL-TIME PROGRAM: All students matriculated into the Radiologic Technology Program must complete the five-semester course of study as published in the school catalog. Radiologic Technology courses are not offered on a part-time basis and non-matriculated students may not enroll in these courses. The Radiologic Technology curriculum encompasses 3 to 5 days per week for 6 semesters.

MAKE-UP WORK

Students who miss class or lab will be allowed to make up those assignments according to the syllabi for the course.

The student will be held responsible for instruction missed regardless of the reason for missing the class.

It is the student's responsibility to seek out the instructor and obtain assignments, notes, or projects related to the class missed. If, for example, a test is announced and the student does not obtain that information, he/she is still required to take the exam with the rest of the class.

DISCIPLINARY ACTION/GRIEVANCES

Dismissal from the Radiologic Technology Program may result from failure to maintain good standing in either the academic or clinical portion of the program.

ACADEMIC APPEAL

See the BSHP Academic Catalog, https://www.bshp.edu/current-students/academics/academic-catalog/ for the Academic Appeal process.

NON-ACADEMIC DISMISSAL

See the BSHP Academic Catalog, https://www.bshp.edu/current-students/academics/academic-catalog/ for the Non-Academic Student Misconduct.

CLINICAL DISMISSAL

Clinical dismissal from the program may result from a student's disregard for the policies and procedures of clinical education included in this handbook, the policies and procedures of the affiliated facility, or violation of any of the areas outlined in this document.

Prior to dismissal, the student will have the opportunity to meet with Program officials. The Program Director will give dismissal notifications. As previously stated, students may appeal dismissal through the grievance procedure outlined in the BSHP Academic Catalog and this handbook.

BSHP students are "guests" in the affiliated institutions, whose major responsibility is patient care. The Affiliation Agreement between the school and each affiliate site allows for the immediate removal of any student deemed "unacceptable or undesirable" to the hospital. The clinical affiliate reserves the right to dismiss any student who engages in any activity deemed unprofessional or non-conducive to proper patient care. The radiology student is a guest of the affiliate, and must adhere to all hospital policies and procedures as

well as those of the Program. A student can file a grievance according to the published school procedure. Below is only a partial list of what would constitute unprofessional or non-conducive to proper patient care. The clinical affiliate and program officials will review each case.

COUNSELING AND DISMISSAL DUE TO REPEATED INFRACTIONS

Students who repeatedly ignore the standards of behavior will have disciplinary action instituted as follows:

Verbal Warning by instructor or clinical coordinator with written documentation to the Program Director.

Written Warning/Probation by instructor/clinical coordinator with a meeting between student, instructor/clinical coordinator, and Program Director. Probation duration is dependent upon the severity of the infraction.

Dismissal Written documentation by instructor/clinical coordinator with a meeting between student, instructor/clinical coordinator, and Program Director.

CONDUCT

As clinical practicum is a rehearsal for the professional role, the student must meet the same standards of conduct required when joining the work force. These include punctuality and satisfactory attendance, completion of assigned duties, honesty, responsibility for one's actions and acceptance of clinical policies. A professional respects and protects the right of others and MAINTAINS CONFIDENTIALITY with respect to information acquired while providing service.

The student technologist role requires a deep consciousness of the responsibility of his or her position and in no case should the student technologist be guilty of carelessness or neglect any duty that technical skill, attention or fidelity upon his or her part should bestow.

The student technologist must treat every patient with attention, steadiness and humanity. Although proper firmness is at times necessary, it should never be allowed to degenerate into severity, and the student must allow reasonable indulgence to the caprices of the sick, more especially to those with affected mental powers. Too great of intimacy between the patient and the student technologist is not encouraged. The obligation of secrecy extends beyond the period of technical services, none of the privacies of personal domestic life, no infirmity, disposition or flaw of character, observed during technical procedures, should ever be divulged by the student technologist, unless circumstance arise which render such course an imperative duty. The same rule holds also with respect to the patient's ailments. Technologists or students must not make patients and their affairs the subject of conversation or discussion.

The student technologist has an obligation to uphold the dignity and honor of their profession through their personal and professional life and to demonstrate to those standards that will enhance and promote the status of both to the end that an optimum contribution to society will result. This implies that the student technologist:

- Perform radiography in accordance with recognized and accepted practices.
- Support and cooperate with local, state, and national societies which strive to advance the quality of radiologic technology and to increase the sphere of usefulness of the profession and of themselves by broadening their understanding of radiologic technology and of its developments and by cooperating in programs of research which aim to improve the art and science of radiology.
- Do all they can to embody in themselves that state of physical and emotional health which will make possible their maximum proficiency and their own personal, professional, social and economic security.
- Respect the dignity and individuality of every human being regardless of race, creed, sex, nationality, color, economic or other status and be willing to serve and cooperate with all as needs demand.

GENERAL SAFETY RULES

Refer to the BSHP Safety-01: General Safety Policy
Refer to BHS IMAG-15 Policy: MRI Safety and Operating Manual
Refer to BHS IMAG-16 Policy: Imaging Operating & Safety Procedures
Refer to BSHP DMIT-02 Policy: Repeat Imaging Procedures
Refer to BSHP DMIT-03 Policy: Managing Pregnant Radiation Students
Refer to BSHP DMIT-04 Policy: Direct and Indirect Supervision for Radiographic Imaging
Refer to BSHP DMIT-07 Policy: Radiation Student Safe Practice
Refer to BSHP DMIT-08 Policy: Radiation Dosimeters
Refer to BSHP DMIT-09 Policy: MRI Safety for Students

Faculty and Student Responsibilities

The student shall be the person most concerned for his/her own safety. In addition, each student has certain duties to assure safety for the general public, patients, and other personnel.

These include:

1. The use of safe practices at all times.
2. Reporting all unsafe conditions and practices observed to the clinical instructor and clinical coordinator immediately.
3. Never use unsafe equipment that could endanger themselves or others.
4. Assuming his/her share of responsibility for failure to report any condition that may cause injury to themselves or fellow employees.
5. Complying with the occupational safety policies as specified.
6. Thinking safely and acting safely in performing any duties assigned to them.

Patient, Faculty & Student Safety

Upon arrival to the clinical affiliate, the safety of the patient becomes the responsibility of the clinical site.

A. Upon arrival to the clinical affiliate, the technologist/student is to perform the patient's examination in a safe manner
B. Critical patients and patients having special examinations should not be left unattended in the x-ray rooms.
C. A technologist/student will secure help in moving patients who come to their work area in wheelchairs and are difficult to move.
D. The student will use standard precautions while performing procedures.

ENVIRONMENTAL SAFETY CONDITIONS

The presence of blood and body fluids is frequent during clinical practicum. The presence of potentially hazardous ionizing radiation, radioactive pharmaceuticals, electrical hazards, and high intensity magnetic fields is also possible during clinical practicum. Students must follow all safety precautions to minimize possible hazardous exposure.

**** A student that commits any unsafe radiation infraction will face disciplinary action. Severity of the action will determine the degree of disciplinary action.

HEALTH POLICIES OF THE SCHOOL AND THE PROGRAM

STANDARD PRECAUTIONS

Standard precautions are in place in all clinical education centers affiliated with BSHP. These precautions provide guidelines for safe practice of health-care workers, and include:

- Treatment of all human bodily substances as “contaminated” materials.

- The use of protective apparatus such as gloves, gown, and goggles are where contamination with blood or other bodily products is likely (e.g. operating suites, angiography suites).

- Safe handling of needles and other sharps, with one-way disposal devices.

- General “good housekeeping” techniques practiced by all.

Students must comply with the safety regulations in place at each clinical site for personal safety as well as that of patients and co-workers. Students will routinely come in contact with patients carrying communicable disease pathogens, and must use standard precautions to reduce the risk of exposure. Students must give equitable, adequate, and ethical care to all patients, regardless of diagnosis.

COMMUNICABLE DISEASE REPORTING

Despite routine practice of standard precautions, students will occasionally be exposed to communicable disease. "Exposure" in the context means an actual risk of contracting the pathogen due to inadequate protection. In order to best maintain the health and safety of students, staff, and patients, students must report immediately any exposure to communicable disease (Hepatitis, Tuberculosis, Acquired Immune Deficiency Syndrome, etc.) to the Clinical Instructor and the Clinical Coordinator.
Students must observe infection control protocols established by the clinical affiliate facilities.

HAND HYGIENE

The Centers for Disease Control (CDC) has suggested that "healthcare workers who wear artificial nails are more likely to harbor gram-negative pathogens on their fingertips than those who have natural nails, both before and after hand washing. Personnel wearing artificial nails also have been epidemiologically implicated in several other outbreaks of infection".

The Centers for Disease Control (CDC) has issued a set of recommendations for all health care facilities regarding hand hygiene in an effort to prevent the spread of infections. Since radiology students at BSHP have direct patient contact, the following policy is in place:

- ***Students cannot attend clinical practicum with artificial fingernails. Students must maintain natural fingernails well-trimmed (no longer than ¼ inch) and short. Students may wear nail polish of a neutral shade, free of chipping. Students may not utilize dip powder or gel polish. (Refer to the BHS Infection Control-101: Hand Hygiene Policy)***

RADIATION PROTECTION

Concept of "ALARA"

RADIATION SAFETY/MONITORING

General Rules:
Ionizing radiation is possibly hazardous to living tissue and is government regulated. The following guidelines have been established to ensure radiation safety to all patients and personnel.

1. NEVER become careless or complacent while working with radiation. Ionizing radiation can destroy body tissue; you must treat it with respect.
2. Students will wear a radiation-monitoring device (dosimeter) while in the clinical area.
3. Students are forbidden to hold patients during radiographic exposures.

4. Close the room doors in the radiography room during exposures.
5. Students must remain behind a lead barrier during exposures
6. Students must wear lead aprons, thyroid shields and gloves when no other lead barrier is available.
7. NEVER stand in the path of the primary beam.
8. Withhold exposure until all persons are adequately protected.
9. Radiographic examinations require authorization from a physician. Do not make exposures until proper authorization has been obtained.
10. Restrict exposure to the anatomical area of interest.
11. Refer all radiation protection questions to the Clinical Instructor, Clinical Coordinator, or program faculty. DO NOT proceed until you are sure of the proper procedure.

Dosimeters:

Students may not attend clinical or lab without a radiation dosimeter. While in the clinical setting, the badge must be worn on the collar, outside the lead apron/thyroid shield. Student radiation exposure shall follow the ALARA concept ("as low as reasonably achievable").

Students must turn-in the dosimeter each quarter for processing and dose assessment. The Program Director/Radiation Safety Officer and student will review the quarterly dosimetry report. Students must review and sign program reports quarterly to indicate their awareness of radiation exposure. Students may view a copy of the quarterly report in the Program Director's office by appointment. The signed original quarterly results will be filed and maintained. The Program Director/Radiation Safety Officer will notify students as to the due dates for returning their expiring dosimeter, acquiring the dosimeter for the next quarter, and for signing their dosimeter report. Students who fail meet the due dates for dosimeters cannot attend clinical or lab. Students attempting to attend clinical with an expired dosimeter and/or not signing their dosimeter report will have those attendance hours deleted in the e*Value system by the Clinical Coordinator and will receive a written warning from the Program Director/Radiation Safety Officer. Students must wear a dosimeter whenever they are in the Radiology Department.

All students must exercise safe radiation protection practices. At no time may a student participate in a procedure using unsafe radiation protection practices. Unsafe radiation protection practices are grounds for dismissal from the radiography program. These unsafe practices include, but are not limited to:

1. Taking exposures intentionally or unintentionally, on another student or while student is in the energized laboratory.

2. Attempting any procedure under indirect supervision without previously evaluated successful competency in that procedure.

3. Repeating radiographic studies without the direct supervision of a clinical instructor, or clinical staff technologist.

ALL EXPOSURES ON HUMAN BEINGS ARE TO BE TAKEN FOR MEDICALLY VALID REASONS ONLY.

RADIATION PROTECTION POLICY BASIC PRINCIPLES OF RADIATION PROTECTION FOR STUDENTS

RADIATION SAFETY ORIENTATION

All student radiographers will be instructed in basic radiation safety procedures prior to attending clinical practicum.

The radiography program has established the exposure limits set out in Baptist Health System policies, and student records will be carefully monitored to ensure compliance.

All radiation incidents involving students require the completion of a Student Radiation Incident Report. This report will be filed with the Program Director and a copy will be placed in the student's file.

PERSONAL MONITORING DEVICES

BSHP provides each radiography student a dosimeter (personal radiation monitoring device). The following will apply to these devices:

1. Wear your dosimeter at collar level during routine radiographic work.

2. Wear your dosimeter outside the lead protective apron at neck level during fluoroscopic examinations.

3. The wearing of your dosimeter is mandatory during clinical practicum and lab sessions.

4. Additionally, dosimeters must not be worn by the student while undergoing personal diagnostic or therapeutic radiation procedures.

5. The Program Director receives dosimetry reports on a quarterly basis. The Program Director and Radiation Safety Officer will review and initial the report, followed by your review and signature.
Any single quarterly reading of 200 mrem is reported immediately to the student and his/her Clinical Instructor. Readings of 200 mrem and above require a review of radiation safety practices with the student and Program Director. Accidental exposures due to badges left on aprons, etc. will be documented where proven.

6. Proper storage of your monitoring badge:

- Properly store your dosimeter in a safe place, away from potential sources of radiation or excessive heat
- You are NEVER to keep your dosimeter in your car, in the sun, carried through an airport scanner, or during a medical exam
- Protect your dosimeter from impact, puncture, water (do not wash your badge)

SAFE PRACTICE

In order to keep the radiation exposure to patient, student, and staff "As Low As Reasonably Achievable" (ALARA), students must observe the following rules of safe practice should be observed:

1. DO NOT hold the patient for a technologist during an exposure for positioning, patient care, or any other reason
2. Students may have to assist a patient during fluoroscopy procedures, if the patient can remain in position while the radiologist obtains the required images for the examination, then the student does not have to hold the patient. If the patient needs assistance to remain in position while the radiologic technologist obtains images for the examination, students should use positioning aids if possible in this situation or employ lead gloves when holding the patient.
3. Remember that the patient is the source of radiation during fluoroscopy therefore, increase your distance from the source when not providing patient care and do not turn your back to the source.
4. Always wear protective aprons, gloves, etc. when not behind a protective barrier (mobile, surgery, fluoroscopy).
5. Wear thyroid shields and lead gloves when holding a patient during fluoroscopy examinations.
6. Provide protective lead shielding (aprons, gloves, etc.) to the person who holds a patient during a procedure.
7. Provide protective shielding for ALL patients except in cases where the area of interest would be adversely affected.
8. Use leaded personnel protection devices (aprons, gloves, barriers) conscientiously.
9. Use gonadal shields on all persons (especially those of childbearing age) when they are not contraindicated.
10. Use ionizing radiation producing equipment only under proper supervision as defined by the clinical instructor.
11. Apply the principles of radiation control: minimized time, maximized distance, and appropriate shielding.
12. Wear lead aprons and extend the exposure cord at least 6 feet on all mobile radiography.
13. Don't allow familiarity to result in false security.
14. Never place yourself in the primary beam.
15. Always question female patients of childbearing age about the possibility of being pregnant and utilize the "ten-day rule" prior to performing any procedure.
16. Always collimate to the smallest field size appropriate for the procedure.
17. Use high kVp and low mAs to reduce patient dose whenever possible.

18. Never repeat a film without direct supervision.
19. Ensure proper technique prior to exposures and mark the image correctly.
20. Close doors to radiographic rooms prior to making exposures.
21. Remove visitors from the radiographic room prior to exposures unless they are holding the patient.
22. Know what you are doing before attempting a procedure; you have a legal and a moral responsibility.
23. Not repeat unsatisfactory radiographs without a licensed radiographer present.
24. Not perform a radiographic examination unless deemed competent for the examination.
25. Never allow a pregnant mother to hold a child for an exposure.

RADIATION SUSCEPTIBILITY

It is important to note that there is additional, non-pregnancy, medical conditions that may render a student more susceptible to potential damage from chronic exposure to ionizing radiation. Any student who being treated with radiation therapy or chemotherapy or diagnosed as having cancer, immunosuppressive disorders or aplastic anemia should notify the program director prior to attending clinical experience. An appointment with a hospital Radiation Safety Officer (RSO) is available to the student so that radiation protection measures tailored to the individual needs of the student. Students in this category should also discuss the potential occupational risks with their physicians.

RADIATION SAFETY POLICY FOR THE RADIOLOGY ENERGIZED LABORATORY

The following are the rules for usage of the radiology lab.

1. The energizing of the radiology lab by a student is not allowed unless a faculty member is present. Violation of this rule will be cause for immediate dismissal from the program and this will include all parties involved in the incident.
2. Before exposing, be sure to close the door to the energized lab tightly and set the control panel properly.
3. Do not, under any circumstances, energize the unit and radiograph another classmate in the lab.
4. Exposures will only be made on the phantoms or Pixy. Violation of this rule will be cause for immediate dismissal from the program and this will include all parties involved in the incident.
5. All students must move inside the control area during exposures.
6. All students will ask permission from the faculty member prior to making an exposure.
7. All students must wear the assigned dosimeters when attending lab.
8. All students must wear the dosimeter outside the apron at collar level.
9. The general pregnancy policy as outlined in this handbook applies to the lab.

10. Students must utilize the equipment in a safe manner with regard to wear and tear.
11. Food and drinks are not allowed in the energized x-ray lab room.
12. Obey safety rules when working with any equipment. Report all defects in equipment to program faculty or clinical instructors.

STUDENT PREGNANCY POLICY

Radiation exposure to an unborn fetus has been associated with an increase incidence of birth defects. The fetus is particularly susceptible during the first trimester of pregnancy. For this reason, any student who suspects that she may be pregnant is **strongly encouraged** to inform the clinical coordinator in writing. Disclosure of pregnancy by the student is **voluntary**. It is recommended by the NRCP that the dose equivalent limit to the fetus should be limited to 0.5 rem (5mSv) for the pregnancy or 0.05 rem (0.5mSv) per month. The process if a student voluntarily declares pregnancy is:

1. Immediately confirm pregnancy status through official medical testing.
2. Submit to the Clinical Coordinator a statement with expected due date. It is the student's decision to choose one of the following options in regards to her education.
    a. The student may request, **in writing,** a leave of absence from the program.
    b. Continue full-time status with no modification in student's clinical rotation. If a student maintains full-time status in the program, she will be required to:
        - Adhere to all safety precautions for protection purposes.
        - Wear two personnel monitoring devices, one on the collar and one on the abdomen for fetal monitoring. Readings will be monitored and the student will be subject to immediate leave of absence from the clinical environment if at any time the dose to the embryo/fetus during the entire pregnancy exceeds 500mrem (5millisieverts).
        - Students who are pregnant must meet the standards set for all students; attendance, completion of competency examinations and rotational objectives, and the behavioral evaluation in regard to their clinical education grade. Students are advised that pregnancy could interrupt completion of their educational process.
        - Students must provide a physician note for any missed clinical time due to pregnancy. The hours for pregnancy related appointments/issues will be allowed to be made up.
    c. A student can withdraw her declaration at any time in writing.
3. Complete and return the *Declaration of Pregnancy Form* provided by the Clinical Coordinator.
4. Meet with the Clinical Coordinator or Radiation Safety officer, if necessary, regarding the biological effects of radiation to the unborn fetus and radiation during pregnancy. At this time, the student will receive a copy of the applicable state regulations that deal with exposure to embryo/fetus.
5. Meet with the Program Director and Clinical Coordinator to discuss clinical experience and academic options.

BSHP and its clinical affiliates will not be held responsible for injury to mother or child due to radiation exposure during a student's pregnancy.

PROTECTIVE MEASURES FOR THE PREGNANT STUDENT

- Always be aware of radiation exposure.
- Never hold patients for any reason while you are pregnant.
- Always wear two badges: one at the collar to monitor your exposure, the other at the waist to monitor fetal exposure.
- When wearing an apron, wear the fetal badge under the apron at the waist.
- The fetal badge measures dose to the mother's pelvis, the fetal dose will be 25-50% of this value.
- Always wear your badges and change them on time.
- When in fluoroscopy, you may wish to wear two aprons, although it is not required. (You may be able to check one out from school and keep it with you in clinical for this purpose).
- When using mobile equipment in surgery or on the floor, always wear an apron and extend the exposure cord as far as possible.
- It will not be possible to prevent your exposure to infectious patients, but you may use masks, gloves, and protective clothing.
- Discuss with your personal physician about any restrictions for clinical education. If you are provided with specific information, it will be your responsibility to follow his/her instructions.
  This may require you to seek special accommodations.
  Remember that you are the only one who can protect your baby.

The ASRT position statement on wearing dosimeters clearly states "radiation workers wear a personal monitoring device outside of the apron at the level of the thyroid to approximate the maximum dose to the head and neck. In specific cases such as pregnancy, high dose fluoroscopy or high-dose-rate brachytherapy, a second monitor may be indicated. **The fetal monitor should be worn at the waist under protective apparel, if appropriate."** It is important to understand your state 's guidelines and institution's policies and limits. Each state regulates radiation monitoring of health care personnel, and the guidelines can vary. Some facilities are not regulated by NRC. Your institution's Radiation Safety Officer can best answer who should be wearing badges, what type of badge is appropriate and how often they should be exchanged. Radiation dose is cumulative over a lifetime. If you change jobs, ensure your new employer has documentation of your prior readings.

The NCRP (National Council on Radiation Protection and Measurement) recommends the following dose limits for occupationally exposed workers:

- Whole body, blood-forming organs, gonads - 50 mSv/year.
- Lens of eye *150 mSv/year.*
- Extremities and skin 500 mSv/year.
- Fetal-500 mrem/gestation period.
- General public 1 mSv/year.

- Training exposure (BSHP students) 1 mSv/year.

DIRECT VS. INDIRECT SUPERVISION / REPEAT POLICY

In order to promote the health, safety, and optimal use of ionizing radiation for our students, patients, and the general public by JRCERT Standards, the following practices must be enforced:

JRCERT Definition of *Direct Supervision* for Radiologic Students:

Student supervision by a qualified practitioner who reviews the procedure in relation to the student's achievement, evaluates the condition of the patient in relation to the student's knowledge, is present during the procedure, and reviews and approves the procedure. A qualified radiographer is present during student performance of a repeat of any unsatisfactory radiograph.

JRCERT Definition of *Indirect Supervision* for Radiologic Students:

For radiography, that supervision provided by a qualified practitioner immediately available to assist students regardless of the level of student achievement. Immediately available is interpreted as the physical presence of a qualified practitioner adjacent to the room or location where a radiographic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use.

Program Policy: The student is to be directly supervised for all examinations until competencies have been successfully completed. Indirect supervision allows the student to perform imaging procedures, after competency has been documented, without the technologist being in the room or directly available. A qualified technologist must be immediately available (outside room). This does not imply that a portable/surgical radiographic procedure can be done without the technologist immediately available. Two students *do not* equal one technologist.

MANDATORY SUPERVISION FOR HIGH RISK AREAS

Radiography students should also be under direct supervision when performing examinations in special/high risk areas within the hospital/clinic, such as ER, ICU, PACU, CCU, NICU, etc.

To provide **DIRECT SUPERVISION** the technologist must:

- **Review** the request with the student
- **Evaluate** patient with the student
- **BE PRESENT** during all phases of the exam
- **Review** and **Approve** the Images **prior** to release of the patient

- **BE PRESENT** for any REPEAT images deemed necessary

Once the student achieves competency of a particular imaging procedure, the student may perform that procedure under Indirect Supervision. Indirect supervision means the technologist is 'Immediately Available' to the student. This mean that a qualified technologist is adjacent to the area at which the imaging procedure occurs.

To provide **INDIRECT SUPERVISION** the technologists responsibilities include:

- Always be **IMMEDIATELY AVAILABLE** to student
- Review the requisition and condition of patient prior to the student beginning the procedure
- Review and approve the images with the student **prior** to the release of the patient
- **BE PRESENT** for any REPEAT images deemed necessary

Regardless of the student's level of achievement or knowledge –students must perform **ALL REPEATS** only in the presence of a qualified technologist – ***NO EXCEPTIONS!***

The student has the responsibility in the absence of appropriate supervision to:

1. Refuse to perform the procedure and explain to the technologist that he/she would be violating BSHP's policy on Direct/Indirect supervision.
2. Notify the Clinical Instructor immediately.
3. If the Clinical Instructor is not available, notify the Lead Technologist or Department Manager.
4. If the issue is not resolved, contact the Program Director or Clinical Coordinator at BSHP who will contact the department.

Violation of these Clinical Supervision Policies will result in counseling according to this handbook (Dismissal for occurrences section).

INJURY IN THE CLINICAL SETTING

In case of student injury at a Baptist Health System hospital clinical site, the student will immediately tell the Clinical Preceptor or lead tech to report the injury, and fill out a Midas report (Baptist hospitals only). For non-Baptist facilities, report to the Clinical Coordinator and Clinical Instructor. The student will also contact the Clinical Coordinator immediately after filling out the Midas report. The student cannot return to clinical until cleared by the school nurse.

If the student is assigned to an outpatient-imaging center, the student should notify the Clinical Coordinator immediately and report to the school nurse. The student will not be allowed to return to clinical until cleared by the school nurse.

For out of San Antonio area students, in case of student injury at the clinical site, follow the site's incident report protocol. As soon as possible, notify the Clinical Coordinator. The student will also be instructed to contact our school nurse and won't be able to return to clinical until cleared by the school nurse. This can be done via phone calls.

MRI Safety

The American College of Radiology created a multidisciplinary blue-ribbon panel to address critical issues in MR safety. Initially published in the American Journal of Roentgenology in June 2002, updated in May 2004, March 2007, and then markedly expanded and updated in 2012 (for 2013 publication in the JMRI), the ACR Guidance Document for Safe MR Practices: 2013 addresses numerous MR safety related topics, such as:

- Static magnetic field-related issues such as translational and rotational forces on ferromagnetic materials
- Time-varying magnetic field-related issues such as induced voltage, auditory considerations, and thermal issues
- Personnel qualifications and training
- Site access restrictions
- Pregnancy-related issues
- Guidelines on claustrophobia, anxiety, sedation, analgesia, and anesthesia
- Contrast agent safety
- An entirely re-written section on the safety of MR scanning of device patients, such as patients with cardiac pacemakers, implanted auto-defibrillators, etc.
- MR siting considerations
- Emergency preparedness planning

THERE ARE POTENTIAL risks in the MR environment, not only for the patient (1,2) but also for the accompanying family members, attending health care professionals, and others who find themselves only occasionally or rarely in the magnetic fields of MR scanners, such as security or housekeeping personnel, firefighters, police, etc. (3–6). There have been reports in the medical literature and print-media detailing Magnetic Resonance Imaging (MRI) adverse incidents involving patients, equipment and personnel.

For further information, refer to the American College of Radiology (ACR)

http://www.acr.org/quality-safety/radiology-safety/mr-safety

STUDENT PRACTICE

CLINICAL

Clinical experience courses are credited academic courses that provide the student with the opportunity to employ didactic concepts in a medical imaging environment. The clinical education centers of the program must provide the student with the opportunities to obtain the skills necessary to complete the clinical requirements of the program. At **no** time should a student be used to replace a technologist nor placed in non-educational experiences.

CLINICAL EMERGENCY (STUDENT)

1. In the event of an emergency, illness or accident involving a student, the clinical instructor or designee should make sure the student is treated just like an employee. The student must provide appropriate insurance information if they choose to seek treatment. The college bears no responsibility for cost incurred.

2. The Department of Medical Imaging Technology at BSHP should be immediately informed:

   If unable to reach the Program Director or Clinical Coordinator, call the school at (210) 297-9630.

3. Students must provide the name and phone number of an emergency contact to be notified in such cases. This will be maintained in the student's file at the school.
4. An incident report must be completed for each such event.

5. All records of incidents will be kept on file by the Medical Imaging Department, with copies sent to their clinical coordinator.

E-VALUE REPORTING SYSTEM

Students are required to utilize the E-Value Reporting System. Students will be required to pay the full registration fee prior to starting Clinical Rotations (date specified by Clinical Coordinator). The fee includes system access for the length of the professional program. Throughout the clinical requirements of this handbook, specific mention of the E-Value Reporting System can be found. Students will utilize this system to:

- Access the system daily for clinical announcements / updates, clinical documents, etc.
- Clock In/Out from clinic
- Complete "Who did you work with" evaluation to kick off CI evaluation
- Submit competency attempts and view completed competencies

USING E-VALUE

The Clinical Coordinator will add each student to the system. Following this step, complete access will be granted. Orientation for this system will be completed prior to attending clinical during the first semester.

CLINICAL INSTRUCTORS/FACULTY & STAFF

Clinical Instructors/Faculty & Staff are an integral part of your education. Here are some suggestions for forming a good working relationship with them.

1. Form your own opinion about each clinical instructor/faculty & staff. Students talk about clinical instructors/faculty & staff and you may hear conflicting reports. Decide for yourself.

2. Be attentive. Daydreaming, sleeping or having side conversations in class will insult your instructor. Besides, you miss what's happening. Side conversations also disturb other students.

3. We all have mental pictures about clinical instructors/faculty & staff. Perhaps they are unapproachable, brilliant, boring, demanding, eccentric, etc. Assume nothing. Get to know your teacher first-hand. Take advantage of their office hours. Some teachers best express their love and enthusiasm for their subject in private conversations rather than lectures.

4. Many instructors have special office hours. Most are delighted to talk to students. That's why they are teaching. Talking to one student allows them to focus on the area that's critical to that student and their enthusiasm can be contagious. What sounded incomprehensible in class may become clear in a one-to-one exchange.

5. Arrive early for classes/clinical. You can visit with your clinical instructor/faculty or classmates, review notes, or spend a few minutes relaxing. Being on time demonstrates your commitment and interest.

6. Participate in class/clinical discussions. Ask questions. Provide answers. Be ready to debate and discuss. Your instructor will know you are interested and prepared. Asking questions to sidetrack your teacher or just to be noticed, however, wastes everyone's time.

7. Accept criticism. Learn from your clinical instructor/faculty's comments on your work. It is a teacher's job to correct. Do not take it personally.

8. Submit professional work of high quality in both content and form. Prepare papers as if you were submitting them to an employer. Imagine that a promotion and raise will be determined by your work.

ORIENTATION TO CLINICAL

Radiography & Sonography Program

Self-Directed Clinical Orientation

Name _____ Clinical Site _____

Clinical Instructor _____

Alarm Code Names and Hazards

	Code Name	How to Call
Cardiac and/or Respiratory arrest:	_____	_____
Fire:	_____	_____
Severe Storm:	_____	_____
Bomb Threat:	_____	_____
Baby/Child Abduction:	_____	_____

What does R.A.C.E. stand for? _____ _____ _____ _____

Name of disinfectant(s) used to clean x-ray tables and wall Buckys:

_____

_____

What are 3 precautions and/or warnings in the Safety Data Sheets (SDS) regarding the disinfectants listed above?

_____

_____

_____

_____

Location of Important Supplies and Equipment

Where are the following items located in your imaging department?

Sharps containers: _____

Gowns and gloves: _____

Hand sanitizers: _____

Sink with soap and water: _____

Crash cart: _____

Confidentiality

HIPAA: For what do these letters stand?

_____ _____ _____ _____ _____

Name of person who had you sign HIPAA form and date of signing:

Name: _____

Date: _____

Imaging Department

List of radiographic and fluoroscopic rooms and type of room (e.g., fluoro, chest, outpatient, general, etc.). Include ER, mammography, CT, and angiography if applicable.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

Other Clinical Site Departments

General location of the following areas: (e.g., first floor entrance, third floor, etc.)

Admitting: _____

ER: _____

OR: _____

Outpatient Lab: _____

ICU: _____

STUDENT ORIENTATION TO THE CLINICAL SETTING

Each student who is assigned to a clinical education site should receive an appropriate orientation to the facility. The orientation program shall include an overview of the diagnostic imaging department as well as an introduction to the hospital/facility. Other information to be included in the orientation should include but not be limited to:

- Department policies and procedures
- Lockers, personnel rest rooms, etc.
- Fire and other emergency and disaster procedures
- Hospital protocols
- Tour of the department
- Tour of the facility
- Introduction to staff technologists
- Introduction to radiologists
- Parking
- Standard precautions (hospital protocol)

To perform effectively in the clinical setting, it is important that all program and departmental expectations be explained to each student assigned to the clinical education center. Adequate time shall be designated for orientation in each clinical site by the designated clinical instructor.

This orientation introduces students to the clinical education program and demonstrates the relationship between the School and the clinical education settings.

STUDENT CLINICAL ROTATIONS

Clinical rotations are assigned by the Clinical Coordinator in such a way that each student receives an opportunity to observe and participate in the many facets of diagnostic imaging. During the second flex of the third semester, the student is assigned to a clinical site for observation and participation in the routine areas of the imaging department including but not limited to urography, fluoroscopy, and routines including chest, extremity, spine, and portables. The student should also have the opportunity to learn the department's office and transportation procedures. It is important that the student understand how the entire department works together to deliver quality health care. ***Please refer to SHP DMIT-01 Policy Clinical Assignments for Medical Imaging Technology Students.***

CONSIDERATION FOR THE PATIENT

1. When handling patients, students should always exercise the same consideration that they would wish to receive if they were ill. For example, students should be gentle and smile; keep patient comfortable and warm; return patient to the ward quickly; and keep the waiting period before examination to a minimum.
2. Students should always address patients by surname and title to confirm identification, and should introduce themselves to the patient in the same manner (following AIDET).

3. Students should always check identification by checking the ID wristband and asking identification questions (Name, DOB, referring physician) on all patients to assure proper identification.
4. When the radiologist arrives to see the patient, students should perform the introduction.
5. Students should always carefully explain to the patient what they wish the patient to do before carrying out any procedure, thus ensuring the patients' full cooperation.
6. Students should always be alert to the prevention of accidents to the patient or themselves. For example, students should help patients on and off the table or into and out of their wheelchairs. It is also important that small children as well as unconscious or restless patients are held in place with a safety belt and never left unattended.
7. Students should refrain from whispering, laughing, conducting irrelevant conversation, whistling, singing, and congregating in groups within view or hearing of patients.
8. Students should follow the cell phone policy.
9. Students should respect the patients' privacy and modesty. For example, students should never allow the patient's genital organs to become exposed. If the patient is wearing a gown or pajamas, he or she should be covered from the waist downward with a sheet. Enema tubes should not be put into the rectum of the opposite sex if he or she is uncomfortable or objects to the procedure.
10. Students should keep conversation with patients to the minimum required to put the patient at ease and inform him/her as to what he/she is required to do, and should tactfully discourage any tendency of the patient to engage in frivolous remarks. Students should be politely evasive in replying to any questions from the patient (or relatives) regarding the condition of the patient, findings on the x-ray, or the diagnosis for which he or she is receiving x-ray services. It is the attending physician's responsibility to inform the patient of these matters.

CLINICAL EXPERIENCE POLICIES

Clinical training at local hospital and imaging center affiliates constitutes a series of three academic courses which must be completed in sequence with a passing grade. Clinical experience courses are subject to the same policies regarding incomplete and failing grades as other Radiologic Technology courses.

Because this is a competency-based clinical education system, students must successfully complete published objectives prior to advancement to the next level of clinical experience. While at the clinical site, students are subject to the rules and regulations of that facility regarding patient care. Any time a student is judged to be a danger to himself/ herself, patients, or co-workers, that student may be removed from the clinical site pending further evaluation. Action up to and including dismissal from the program may result due to dangerous and unprofessional behavior at the clinical site. Students have the right to appeal such decisions.

CLINICAL POLICY FOR GRADUATION FROM THE PROGRAM

The BSHP Radiologic Technology Program is a competency-based program as outlined by the JRCERT'S policy for radiography demonstration of outcomes. Students must

demonstrate competency in the program's required examinations, Clinical Objectives, General Care Competencies, and satisfactory performance evaluations for graduation**,** and Monthly Evaluation of Student Performance, Clinical Rotational Objectives and General Patient Care Objectives of the Student Handbook.

At the end of a student's study in the radiography program, the student must have completed and demonstrated **proficiency** in all required clinical competencies and achieved the objectives of the program and those identified by the ARRT Clinical Experience Requirements. Competency examinations must be completed for each semester clinical grade as outlined in the clinical course syllabi. Students are also required to demonstrate application of skills and knowledge in all working areas of the radiology department and to perform radiographic examinations utilizing techniques that result in the least amount of harm to the patient. A graduating student must be able to function in all entry-level aspects with indirect supervision.

The program identifies the following as evidence of a failure to demonstrate clinical proficiency as outlined above:

1. Unsuccessful completion of the requirements of any clinical course by the end of the course causing a required repeat of that course.
2. Unsuccessful completion of two clinical courses (readmission requirements outlined in the student catalog).

CLINICAL SHIFT HOURS

Unless specified with a make-up contract, clinical experience is based on Monday through Friday shifts of up to 9 hours. Actual times of arrival and departure will vary from site to site and from rotation to rotation and will always require approval by the Clinical Coordinator ONLY.

The Clinical Coordinator will coordinate clinical days and shift times with students. Students must take a lunch break following the stipulations outlined in the course syllabus.

Personal vacations, work, and any types of appointments must be scheduled only during times when clinical training are **NOT** in session.

Students will be assigned to, day, evening, late night or weekend shifts as long as there is proper supervision. The Clinical Coordinator creates a rotation schedule with the goal of assuring an equitable variety of imaging examinations are available to each student.

All student-requested changes to assigned clinical rotations will be arranged with the clinical instructor and the Clinical Coordinator. Students may not attend the clinical site outside of the assigned hours. The Clinical Instructor and Clinical Coordinator must approve all schedule changes in advance. Clocking in more than 10 minutes before, or 15 minutes after your assigned clinical schedule time will result in disciplinary action.

Attendance documentation—Students maintain a record of clinical hours accrued on a daily basis by using the E*Value system. The Clinical Coordinator will validate the attendance record. Paid employment of a student in a clinical imaging department cannot be used in lieu of the time assigned for the structured clinical experience.

Scheduled didactic and clinical hours combined cannot exceed forty (40) hours per week. This includes class and clinical hours. For the safety of patients, no more than nine (9) clinical hours shall be scheduled in any one day, unless at specific clinical sites that have specified times.

Clinical Staff Ratio: The maximum number of students assigned to a clinical setting is supported by sufficient human and physical resources. The number of students assigned to the clinical setting must not exceed the number of clinical staff assigned to the modality. The student to modality clinical staff ratio must be 1:1. If the site does not have enough technologists on duty for the clinical day to maintain the 1:1 ratio, the student is to immediately contact the Clinical Coordinator to be assigned to a temporary, alternate site.

Illness: In the instance of illness, injury, medical procedure, physician or other health care professional appointment, the student MUST provide a physician note in order to have the absence excused.

In the instance of illness x 3 days or more, injury, medical procedure, and/or restrictions/limitations prescribed by a physician/health care provider, the student MUST be evaluated by the BSHP Nurse, or other assigned health care professional, and may require physician clearance with full release before returning to class/clinical.

Holidays: Students are assigned to clinical training during non-school holidays if there is adequate supervision and approval of the Clinical Coordinator and clinical instructor. If adequate supervision isn't available, the student will be assigned to an alternate clinical site. If site is closed, notify Clinical Coordinator for reassignment.

CLINICAL TRANSFER POLICIES

The following are the Radiologic Technology Program's clinical transfer policies.

1. **Request of Transfer of Student by Clinical Administration, Department Administrator, or Clinical Instructor:**
   Students are guests of their clinical education site. If at any time a student **does not** follow the policies of their clinical education site, he or she can be asked to be removed by the clinical instructor, department administrator or the hospital's administration (this is part of the contract agreement by the school and the clinical education site). Students may be dismissed from the program if the reason warrants such action. If a student is requested to be removed from more than one clinical site due to unprofessional behavior, the student may be dismissed from the program.

2. **Student's Request for Transfer:**

Students may ask for a transfer from their clinical education site. The request will be reviewed by the Clinical Coordinator only after the following protocol has been met:

a. A written request of transfer to be given to the Clinical Coordinator with stated reason(s) for request of transfer with **documentation of reason(s) given.**

b. The student and Clinical Coordinator meet to discuss the reason(s) for the request of transfer. The reasons for transfer **shall not** include:

1. geographical location of clinical education site
2. time conflict with assigned shift

c. The Program Director is notified of the student's request for transfer

d. The Program Director and Clinical Coordinator will meet to discuss the request.

e. The Program Director's decision is final.

Students will be reassigned a new clinical site based on availability of space at existing clinical sites. Other students will not be removed from their scheduled locations to accommodate a student's request. Students **cannot** ask for a specific clinical education site.

3. **Clinical Coordinator Transfer:**

At any time, the Clinical Coordinator can remove student(s) from a clinical education site if she/he believes that the student's education is being compromised. This action would take place only after the following process has been implemented:

a. The Clinical Coordinator meets with the Clinical Instructor at least one time to discuss her (his) concerns.

b. The Clinical Coordinator sets goal(s) and a time frame for implementation.

c. The failure of implementation of such goals will be reason to remove student(s) from the clinical education site.

d. The Clinical Coordinator will meet with the Clinical Instructor as to the removal of students from the site with an appropriate timeframe as indicated by the affiliation agreement between the school and the clinical education site.

CONFIDENTIAL INFORMATION

Under HIPAA, measures have been taken to protect the identity and confidentiality of individuals receiving health care. Not only are health care providers held more accountable for the storage and transmission of confidential information, but they also may face heavy penalties for failure to abide by specific ethical and legal standards. As a student radiographer, you must understand and abide by the standards set forth under HIPAA. All medical records and Protected Health Information are to be treated as confidential so as to comply with local, state, and federal laws regarding confidentiality of such records including the Health Insurance Portability and Accountability Act (HIPAA). Violating confidentiality is cause for immediate dismissal from the program.

Hospitals have Public Relation Departments to handle all matters of public information and media coverage.

CLINICAL SUPERVISION *Refer to SHP DMIT-04 Policy: Direct and Indirect Supervision*

According to the JRCERT Standards, the following explanations are offered:

- **DIRECT SUPERVISION** - Any student who has not been judged "competent" by proper testing methods in a particular radiographic procedure may only perform said procedure on patients in the **presence** of a qualified radiographer.

    1. A qualified radiographer reviews the request for examination in relation to the student's achievement.
    2. A qualified radiographer evaluates the condition of the patient in relation to the student's knowledge.
    3. A qualified radiographer is present during the conduction of the examination.
    4. A qualified radiographer reviews and approves the radiograph.
    5. Unsatisfactory radiographs are to be repeated in the **presence** of a qualified radiographer.
    6. Radiography students should also be under direct supervision when performing examinations in special/high risk areas within the hospital/clinic, such as ER, ICU, PACU, CCU, NICU, etc.

The procedure if a problem arises regarding appropriate supervision, the student should:

    a. Refuse to perform the examination and explain to the technologist that the reason is "he/she" will be violating the program's and the JRCERT's policy on direct supervision. b. Notify the instructor immediately.
    c. If the instructor is not immediately available, notify the floor supervisor and/or department manager.
    d. If this is of no avail, call the program director or clinical coordinator at the school. The program official will then contact the department's supervisor.

- **INDIRECT SUPERVISION** - Any student deemed "competent" by proper testing methods in a particular radiographic procedure may perform said procedure if there is a particular radiographer **immediately available** to assist regardless of the level of student achievement.

    "Immediately available" is interpreted as the presence of a qualified radiographer adjacent to the room or location where the radiographic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use.

    1. A qualified radiographer reviews the requisition and condition of patient prior to the student beginning the examination.

2. The student reviews the radiograph with a qualified radiographer for positioning and exposure before the patient leaves the department.
3. Unsatisfactory radiographs are to be repeated only in the **presence** of a qualified radiographer.
4. At NO time is a portable or surgical exam ever to be conducted as "Indirect" supervision.

The procedure if a problem arises regarding appropriate supervision, the student should:

a. Refuse to perform the examination and explain to the technologist that the reason is
"he/she" will be violating the program's and the JRCERT's policy on indirect supervision b. Notify the instructor immediately.
c. If the instructor is not immediately available, notify the floor supervisor and/or department manager.
d. If this is of no avail, call the program director of clinical coordinator at the school. The program official will then contact the department supervisor.

REPEAT RADIOGRAPH POLICY

Refer to SHP DMIT-02 Policy: Repeat Radiographs

Unsatisfactory exams shall be repeated only in the **presence** of qualified technologists, **regardless** of the student's level of competency.

The procedure if a problem arises regarding appropriate supervision, the student should:

a. Refuse to perform the examination and explain to the technologist that the reason is "he/she" will be violating the program's and the JRCERT's repeat policy.
b. Notify the instructor immediately.
c. If the instructor is not immediately available, notify the floor supervisor and/or department manager.
d. If this is of no avail, call the program director or clinical coordinator at the school. The program official will then contact the department's supervisor.

FAILURE TO ADHERE TO THE CLINICAL SUPERVISION POLICIES WILL RESULT IN DISCIPLINARY ACTION TO INCLUDE DISMISSAL FROM THE PROGRAM.

CLINICAL COMPETENCY POLICY

Radiologic Technology students must achieve the goal of becoming competent, meticulous, conscientious, confident and professional radiologic technologists.

The American Registry of Radiologic Technologists requires that each student demonstrate competency in radiographic procedures and general patient care activities. All program

directors will sign documentation verifying that these requirements have been met before the student will be eligible to take the national certification examination.

According to the new eligibility ARRT requirements, students must demonstrate competency in all **36 mandatory** radiological procedures and 10 patient care activities, as well as 15 elective procedures from the 34 elective exams list. Procedures should be performed on patients whenever possible. A maximum of ten mandatory procedures may be simulated if demonstration on patients is not feasible. Of the electives one must be an imaging procedure from the head section and two must be imaging procedures from the fluoroscopy studies section. Some simulations are acceptable for General Patient Care. However, these do not count toward the 10 allowed imaging procedures that can be simulated.

The core requirements mandated by the ARRT are the **minimum** clinical competencies necessary to establish eligibility for participation in the certification examination. The ARRT encourages education and experience beyond these requirements. The student's *Clinical Competency Record* (in E*Value) when completed will be evidence of compliance to the ARRT requirements for competency in imaging procedures and required imaging procedures by the program.

EVALUATION OF CLINICAL PERFORMANCE

Clinical experience is an integral part of the Radiologic Technology Program at BSHP. Students are able to apply the didactic knowledge acquired in the didactic courses to an actual patientcare setting. The practical aspects of radiography education are achieved in the clinical affiliate facilities under the supervision of the site's clinical instructor and registered staff technologists. Radiologic Technology students must achieve the goal of becoming competent, meticulous, conscientious, confident and professional radiologic technologists.

The five components of the clinical education plan that contribute to the overall clinical grade for the appropriate clinical semester for passing (76 % or greater) are:

Clinical Objectives (Levels I-III)
General Patient Care Objectives
Clinical Competency Examinations
Evaluation of Clinical Performance by Clinical Instructor completed every 8 weeks
Terminal Competency Examinations (6^{th} semester)

* For clarification, the following define the terms below:

- *Clinical Competency Examinations*: Are examinations never previously and successfully attempted by a student for a passing grade.

- *Terminal Competency Examinations*: Are clinical competencies that have been previously and successfully challenged and are now being performed to demonstrate the student's retention of prior material.

CLINICAL EVALUATION PROCESS

The following is an explanation of the five areas of the student's clinical evaluation as indicated above.

1. CLINICAL COMPETENCY EXAMINATIONS

Students must be able to demonstrate competency in a wide variety of radiographic examinations in order to meet the requirements for graduation and eligibility for examination by the American Registry of Radiologic Technologists. To this end, the Radiologic Technology program has a system of clinical competency evaluations which must be successfully completed by the student.

Evaluations required each semester are published as part of the course syllabi for Clinical Experience. Competency testing is scheduled when the student deems he/she is prepared to challenge the examination and if the clinical instructor/designee deems that an appropriate number of exams have been observed/assisted by the student. Clinical competency is awarded based upon the professional judgment of the Clinical Instructor and the Clinical Coordinator.
Students must achieve an overall clinical grade of 76% or better to pass clinical experience.

THE PROCEDURE FOR CLINICAL EXAMINATION COMPETENCY EVALUATIONS IS AS FOLLOWS:

- **The student:**
  1. Must successfully complete all radiographic procedures course work.
  2. Guided in practice by the clinical instructor or designee at the clinical site.
  3. Performs patient examinations under **direct supervision.**
  4. Will attempt a competency in a specific examination by declaring their intention to the clinical instructor, or preceptor by competency scratch sheet.
  5. Will review all produced images to assess for proper positioning criteria and diagnostic requirements.
  6. Will demonstrate competency by completing an examination without technologist intervention during the competency attempt.
  7. Will enter competency attempts in the e*Value system and identify the clinical instructor.
  8. Will, upon successfully demonstrating competency, perform the specific patient examination under **indirect supervision.**
  9. Will, if failing a competency attempt, continue to practice examinations under direct supervision until the achievement of competency.

2. PROFESSIONAL, BEHAVIORAL, AND PERFORMANCE ASSESSMENT

The professional, behavioral, and performance traits of a health care worker contribute to the projection of a professional and competent image. These affective qualities are as important to the performance of the radiographer as are the technical skills required, and as such must be evaluated as part of the curriculum. The *Professional Development* form, is completed each semester during each clinical course by the clinical coordinator and faculty, reviewed with the student, and used as a guide to personal goal-setting by the student. The professional development is based off student performance in the didactic portion of the program as well as the clinical portion. The clinical proficiency evaluation from the clinical instructor is a large portion of the professional development. The clinical evaluation is completed every 8 weeks. Professional development incorporates both 8-week evaluations into the semester's score.

CLINICAL GRADING PROCESS

The various areas of the student's clinical experience evaluations are given a weighted value with all evaluations comprising the student's final grade for clinical experience. The grading process is outlined in each clinical syllabus.

CANCELLATION/DELAY OF CLINICAL AND ACADEMIC CLASSES

In the case of cancellations or delay of academic or clinical classes due to rain or hazardous conditions, the following policies apply:

1. Cancellation or delay of BSHP classes serves as cancellation of clinical attendance as well as academic classes. Students can learn of cancellations due to rain or hazardous conditions through the following media which are reputable sources of information; local radio stations, TV announcements, by checking the BSHP rain line (recorded telephone message) – 210-297-RAIN (7246). A student should not rely upon a fellow student for this information. For more information on cancellation of classes, please see the school student catalog.

2. A time delay in classes would be reflected by the following scenario: A two-hour time delay for clinical means classes would begin two hours later than the scheduled class time.

3. If the school is not closed and inclement weather is occurring in the area of the student's clinical center, the decision to attend clinical will be at the discretion of the student. Local school cancellations, is not criteria for cancellation of BSHP classes. The day will be counted as an absence.

4. Students must call their clinical instructor to notify them of the cancellation of clinical class and if they decide not to attend clinical due to hazardous weather conditions.

CLINICAL EDUCATION SITE ASSIGNMENTS

Refer to Policy BHS DMIT-01: Clinical Assignments for Medical Imaging Technology Students.

The Clinical Coordinator handles the clinical education assignment arrangements, and students may **NOT** contact the clinical education sites in this regard unless directed to do so by a program official.

Students will travel to remote clinical sites as part of their clinical education. All clinical sites lie within an 80-mile radius of the school. Students must provide their own transportation to and from the clinical education site. All students are required to respect and follow all dress codes and clinical standards and procedures while at the clinical education site, including wearing a visible student nametag, as well as a personnel dosimeter at all times while at the clinical education site. If a student arrives to a clinical site without the required student nametag or dosimeter, the student will be sent home without credit for attendance or their clinical hours. Any clinical hours completed by the student without a nametag and dosimeter will not count as attendance for the clinical course. If a student loses a dosimeter, the student will be required to pay a $25 fee, in Student Services at BSHP. The student should notify their clinical coordinator immediately upon realizing the dosimeter is lost. The Program Director will temporarily assign the student a "Spare" badge. Upon receipt of the student paying the lost badge fee, the Director will notify the dosimeter company to ship a replacement dosimeter. If the student lives out of the area, the student will pay an express shipping fee of $35, in addition to the $25 lost badge fee.

CLINICAL ATTENDANCE POLICY

Clinical experience is an integral part of Radiologic Technology Program at BSHP. Students are able to apply the didactic knowledge acquired in the classroom to an actual patient care setting.
The clinical attendance policy for the Radiology Technology Program is as follows:

- Students are responsible to attend all clinical experience sessions. When attendance is not possible because of serious illness or emergency, the **student** must notify the clinical instructor and clinical site prior to starting time for clinical.
- Excessive absences will affect the ability of students to meet the clinical objectives. Excessive absences and/or tardies will result in disciplinary action to include possible probation, or dismissal from the program.

TRANSPORTATION

Students are responsible for providing their own transportation. Parking is available at each clinical education center. Specific parking regulations do, however vary and will be explained by the Clinical Coordinator. Travel time is allowed between centers and campus to attend class.

PARKING POLICY

Clinical education centers provide students with parking facilities designated for students and employees. Lots located close to the hospitals are designated for patients and visitor use only. Students should not park in these areas or on the public streets and alleys adjacent to hospital property. Specific rules and regulations will be discussed with the students during orientation. Any fees related to parking are the responsibility of the student.

HOSPITAL PROPERTY

Equipment and supplies needed in a hospital are expensive and often of limited quantity. They are provided for the care of patients and must not be abused, wasted or taken from the hospital center. Removal of hospital property is immediate cause for dismissal.

OSHA FIRE AND DISASTER PROCEDURES

Each clinical education center has a fire and disaster procedures plan. During orientation, each clinical education center will provide the student with pertinent information and responsibilities.

STUDENT RADIOGRAPHY MARKERS

Students will need to purchase a set of lead markers at the beginning of the program. The markers will contain the student's initials, using three initials, which the student must maintain during the entire two-year program. This means if the student loses their set of markers, they are responsible for replacing the markers at the student's costs, and the student MUST use the initials as assigned from the beginning of the program. The students will also purchase plain red/blue letter markers that contain their initials. The student can NOT purchase any set of markers that contain any kind of décor or shape other than square or rectangle, such as heart-shaped markers, or markers with a lead skull in the marker.

BAPTIST HEALTH SYSTEM SAN ANTONIO HOSPITAL ORIENTATION

The Baptist Health System Education Department has provided a Baptist specific orientation for all hospitals (disseminated in clinical orientation and in Moodle clinical course). Some of the material in this packet is nursing specific, but the student must read the entire packet.

ALARA Memorandum

From: Missy Moorman, Program Dir. Site RSO
BSHP Hospital ❒BMC ❒NEBH ❒NCBH ❒MTBH ❒SLBH ❒RHH
DMIT - RT Program DEPT.

To: _____ Account No: 180306

Date: _____ Location: BSHP

Wearer Number: _____ Report number: _____

Subject: ALARA Level I or ALARA Level II Radiation Exposure Level Exceeded

The intent of an ALARA program ("As Low as Reasonably Achievable") is to maintain exposure to radiation at levels that are as low as reasonably achievable. Our radiation safety program is based on the premise that radiation exposure is not risk free, so exposure should be kept to levels below the limits permitted by the Texas Department of State health Services, Radiation Control Program. Those limits are 5 Rem (5,000 mRem)/year according to 25 Texas Administrative Code, §289.202(f)(1)(A)(i) and §289.231(m)(1)(A).

The following table lists the Baptist Health System's investigational levels and shows any exposure exceeding a given limit for the period_____.

Exposure Type	Investigation Levels (mRem)		
	Year _____ Quarter _____		
	Actual Dose	ALARA Dose Level I	ALARA Dose Level II
DDE (Deep Dose Equivalent)		200	400

Think about your use of radiation. Did any of the following occur?
1. Was the dosimeter placed or stored near radiation?
2. Did you accidentally expose yourself to a beam of radiation?
3. Did you hold a patient during a radiation exposure?
4. Did you work significantly more hours or procedures during this period?
5. Were you involved in procedures requiring unusually high exposure to radiation?

Your dose is relatively low and below regulatory limits, but indicates a need to review work procedures for possible reduction of exposure. Apply the basic rules of time, distance and shielding to keep your exposure as low as possible.

Signature: _____ Site RSO Signature: _____

Date: _____

1RAD

BHS 90600042 v2.rev. 08/21