

A.S. in Radiologic Technology



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Welcome! We are excited you have chosen the DCH Radiography Program sponsored by DCH Health System. In this handbook, you will find sections which contain specific information and serves as a guide for you to understand policies, procedures and requirements; all which must be satisfied to remain in and graduate from the program. This handbook is prepared specifically for students in the DCH School of Radiologic Technology program and is used in conjunction with DCH departmental protocols.

The information in this handbook is current at the time of printing but may be subject to change. If a change occurs, students will be notified in a timely and efficient manner. However; final interpretation of program policy and procedures will be made by the Program Director (PD).

*It is the responsibility of each student to READ this handbook closely, adhere to all policies and to request clarification of any policies or policy changes.*

- Section I Includes, but is not limited to, an introduction to the *Program*, to Administration for the hospital and Medical Imaging, our mission statement, purpose and goals.
- Section II Includes, but is not limited to, policies such as tuition/ fees, dress code, inclement weather plan, HIPAA and FERPA, Safety and Health, and web based communication.
- Section III Program disciplinary actions, both academic and non-academic in nature are discussed here, Student Appeals and Grievance Procedure, and attendance.
- Section IV Academic standards and requirements, student achievement program, quarter schedule (t)5(u)-4(it)-2.sh(olicieq)-4(ard)y b(re)3e,

DCH Health System and the School of Radiologic Technology are equal opportunity employers and educators. DCH will not discriminate or permit employment discrimination against anyone because of race, religion, color, age, gender identity, sexual orientation, pregnancy, national origin, disability, genetic information, veteran status, or any other reason or factor prohibited by federal, state, or local law. Additionally, DCH does not discriminate on the basis of race, religion, color, age, gender identity, sexual orientation, pregnancy, national origin, disability,

## Table of Contents

|                                                              |     |
|--------------------------------------------------------------|-----|
| Academic Requirements.....                                   | 78  |
| Advanced Placement .....                                     | 36  |
| Advisory Committee .....                                     | 26  |
| Advisory Committee Responsibilities .....                    | 26  |
| Student Advisory Committee .....                             | 27  |
| ALSRT Education Seminar .....                                | 79  |
| ARRT .....                                                   | 171 |
| Certification & Registr   «   G   /           sibilities ... |     |

|                                                           |     |
|-----------------------------------------------------------|-----|
| Competency Category IV – Head and Facial .....            | 98  |
| Competency Category V – Fluoroscopy .....                 | 98  |
| Competency Evaluation System .....                        | 99  |
| Competency Policy .....                                   | 99  |
| Competency Progression Sequence .....                     | 100 |
| Competency Radiographic Requirements for Graduation ..... | 101 |
| Confidential Information .....                            | 41  |
| FERPA .....                                               | 41  |
| HIPAA .....                                               | 41  |
| Counseling & Guidance .....                               | 42  |
| Course Descriptions for Rad Tech Courses .....            | 80  |
| DCH 411 .....                                             | 80  |
| RAD 100 .....                                             | 80  |
| RAD 101 .....                                             | 80  |
| RAD 105 .....                                             | 81  |
| RAD 110 .....                                             | 81  |
| RAD 202 .....                                             | 81  |
| RAD 203 .....                                             | 81  |

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|                                                         |     |
|---------------------------------------------------------|-----|
| Curriculum for Rad Tech Courses .....                   | 89  |
| DCH Emergency Codes .....                               | 184 |
| Bomb Threat .....                                       | 184 |
| Code Blue .....                                         | 184 |
| Fire .....                                              | 184 |
| Hazardous Chemical Exposure .....                       | 184 |
| Right to Know .....                                     | 185 |
| SDS Book .....                                          | 185 |
| Tornado Warning .....                                   | 185 |
| Utilities Outage .....                                  | 185 |
| Decisions Related to Academic Matters .....             | 63  |
| Programs Disciplinary Procedure: Academic .....         | 63  |
| Student Appeals Procedure for Academic Matters .....    | 64  |
| Decisions Related to Nonacademic Matters .....          | 64  |
| Programs Disciplinary Procedure: Nonacademic .....      | 65  |
| Student Appeals Procedure for Nonacademic Matters ..... | 65  |
| Didactic and Clinical Curriculum Correlation .....      | 102 |
| Disaster Plan .....                                     | 186 |
| Dress Code & Appearance .....                           | 42  |
| Drug & Alcohol .....                                    | 46  |
| Education Assignments .....                             | 103 |
| Education Courses, Syllabi & Descriptions .....         | 104 |
| PRCT I – RAD 110 .....                                  | 104 |
| Objective #1 – Portables & Surgery .....                | 107 |
| Objective #2 – Emergency Department .....               | 108 |
| Objective #3 – Room Objective General .....             | 109 |
| Objective #4 – Narrative .....                          | 112 |
| PRCT II – RAD 210 .....                                 |     |

|                                                      |     |
|------------------------------------------------------|-----|
| Physical Facilities Readiness .....                  | 136 |
| Evaluation of the Requisition .....                  | 137 |
| Patient Care .....                                   | 138 |
| Equipment Manipulation & Technical Adjustments ..... | 139 |
| Positioning Skills .....                             | 140 |
| Radiation Protection .....                           | 142 |
| Injectable Contrast Media & Procedures .....         | 143 |
| Image Evaluation .....                               | 143 |
| General .....                                        | 143 |
| Alignment .....                                      | 145 |
| Radiographic Exposure Technique .....                | 145 |
| Image Identification .....                           | 146 |
| Professionalism .....                                | 146 |
| Compassion .....                                     | 146 |
| Interest & Preparation .....                         | 147 |
| Cooperation .....                                    | 147 |
| Motivation .....                                     | 147 |
| Dependability .....                                  | 148 |
| Poise & Self-Discipline .....                        | 148 |
| Matur ~ / / Pr.E...                                  |     |

148@\$.R#FdfD5'0h'



|                                                                          |     |
|--------------------------------------------------------------------------|-----|
| Graduation Requirements .....                                            | 156 |
| Capstone Graduation Requirement .....                                    | 157 |
| Competencies Required for Graduation .....                               | 157 |
| Grievance Committee & Procedures .....                                   | 70  |
| Harassment .....                                                         | 47  |
| How to Report Instances of Harassment.....                               | 47  |
| How DCH Will Investigate Complaints .....                                | 48  |
| Our Commitment to an Effective Harassment Policy .....                   | 48  |
| Unlawful Discrimination & Harassment .....                               | 48  |
| Inclement Weather .....                                                  | 49  |
| Informal Appeals Process .....                                           | 73  |
| Introduction to Radiologic Technology .....                              | 15  |
| JRCERT .....                                                             | 173 |
| Clinical Supervision of Students .....                                   | 173 |
| Program Complaint Resolution .....                                       | 174 |
| Standards of an Accredited Program in Radiography .....                  | 175 |
| Standard One – Accountability, Fair Practices & Public Information ..... | 175 |
| Standard Two – Institutional Commitment and Resources .....              | 176 |
| Standard Three – Faculty and Staff .....                                 | 176 |
| Standard Four – Curriculum and Academic Practices .....                  | 177 |
| Standard Five – Health and Safety.....                                   | 177 |
| Standard Six – Programmatic Effectiveness and Assessment .....           | 178 |
| Lactation Breaks .....                                                   | 50  |
| Learning Outcomes for the Student Technologists .....                    | 158 |
| Library .....                                                            | 50  |
| Malpractice Insurance .....                                              | 159 |
| Markers .....                                                            | 50  |
| Minimum Competency Requirements for each Quarter.....                    | 159 |
| Name Badges .....                                                        | 51  |
| Objectives for Non-traditional Hours .....                               | 160 |
| Organizational Chart .....                                               | 21  |
| Parking .....                                                            | 51  |
| Personal Property .....                                                  | 51  |
| Personal Radiation Monitoring Devices .....                              | 161 |
| Policies & Procedures that Pertain to the Rad Tech Program .....         | 188 |
| Access to Information .....                                              | 188 |
| Cellphones & Any Other Electronic Device .....                           | a   |

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|                                                     |     |
|-----------------------------------------------------|-----|
| Enrollment Agreement Contract .....                 | 196 |
| Handbook & Policy Manual – Student & Clinical ..... | 197 |
| Incident Reporting Form .....                       | 199 |
| MRI Scanner Information .....                       | 200 |
| MRI Screening Documentation .....                   | 201 |
| MRI Zone Information & Safety .....                 | 204 |
| MRI Zone Restrictions Test .....                    | 205 |
| Notice of Intent to Formally Appeal a Grade .....   | 208 |
| Orientation .....                                   |     |

|                                                                    |     |
|--------------------------------------------------------------------|-----|
| Recruitment .....                                                  | 23  |
| Program Admission Policies .....                                   | 24  |
| Selection Process .....                                            | 24  |
| Refunds .....                                                      | 53  |
| Removal of Hospital Property .....                                 | 54  |
| Reporting Procedure for Students .....                             | 73  |
| Safety & Health Care .....                                         | 54  |
| Access to Health Care .....                                        | 54  |
| After Hours Exposure .....                                         | 55  |
| During School Hours Exposure .....                                 | 56  |
| Guidelines for Students with Infectious Diseases .....             | 56  |
| Hepatitis “B” Immunization .....                                   | 56  |
| Student Health Services .....                                      | 56  |
| Simulations of Competencies .....                                  | 164 |
| Sponsor Administration .....                                       | 17  |
| Standard Terminology .....                                         | 165 |
| Student Awards .....                                               | 92  |
| Academic Achievement Award .....                                   | 92  |
| DCH School of Radiologic Technology Award of Excellence .....      | 92  |
| JRCERT Excellence Award .....                                      | 92  |
| Outstanding Clinical Achievement Award .....                       | 92  |
| Student Employment .....                                           | 57  |
| Student Records .....                                              | 58  |
| Definition of Student .....                                        | 58  |
| Definition of Educational Records .....                            | 58  |
| General Policy .....                                               | 58  |
| Records Security .....                                             | 58  |
| Academic Student Record Privacy Release & Authorization Form ..... | 59  |
| Changes in the Policy .....                                        | 59  |
| Disclosure of Student Records to the Student .....                 | 59  |
| Length of Time Records Are Kept .....                              | 59  |
| Providing Records to Third Parties .....                           | 59  |
| Technical Standards & Requirements .....                           | 16  |
| Trajecsys.....                                                     | 166 |
| Tuition .....                                                      | 60  |
| Unsatisfactory Class and/or Clinical Performance .....             | 92  |
| Use of the Clinical Competency Evaluation Form .....               | 167 |
| Use of the Rotation Evaluation .....                               | 168 |
| Welcome .....                                                      | 3   |
| Withdrawal .....                                                   | 60  |





# Introductions

Program, Faculty, Staff,  
Preceptor Sites, Clinical Preceptors



| <u>Section I: Introduction</u>              | <u>Page Number</u> |
|---------------------------------------------|--------------------|
| Introduction to Radiologic Technology ..... | 15                 |
| Program Philosophy .....                    | 15                 |
| Program Guidelines .....                    | 15                 |
| Program Accreditation .....                 | 15                 |
| Technical Standards & Rc                    | ar .....           |

## Introduction to the Rad Tech Program

The DCH Radiography Program began in 1955 and since its inception; the Program has graduated over 630 radiologic technologists. The Program is a hospital based, 24-month, JRCERT accredited school. The program is based at DCH Regional Medical Center.

In 2013, the Program became licensed by the Alabama Community College System. This license allows the Program to grant an Associate Degree in Applied Science with a major in Radiologic Technology. Private School licensure is under the Alabama Community College policy number 720.01 and the guidelines are located at the end of Board policies under the same policy number. Private School regulations are also located in the *Code of Alabama § Section 16-46-1 through 16-46-10* (1975).

## Program Philosophy

The Program is committed to the practice of ethical standards in education. The policies, procedures, and regulations of the Program reflect this commitment and comply with those of the DCH Health System, the ARRT, and JRCERT. The Program expects an acceptable quality of work and mature behavior from each student and will accept no less. Students are regarded as adults and are expected to conduct themselves in a manner which meets the accepted standards of health care professionals.

## Guidelines

The guidelines for appropriate student behavior, academic standards and requirements, and procedures for resolving student problems rest with the sponsoring institution and shall be

The JRCERT contact information is as follows:

JRCERT  
20. N. Wacker Drive  
Suite 2850  
Chicago, IL 60606-2901  
Phone: 312-704-5300

### Technical Standards & Requirements

A student must possess the following to perform as a radiology student:

1. Verbal and written skills sufficient to respond promptly in communications with patients, staff and physicians.
2. Sufficient sight to read requisitions and charts, observe conditions of the patient in low levels of light and to evaluate medical images on computer screens.
3. Sufficient hearing to interact with and respond to patients as well as to the audible sounds of equipment.
4. The ability to stand and walk for 80% of clinical time.
5. The ability to lift, assist and maneuver patients in/on wheelchairs, stretchers and imaging tables without injury to patient, self or other healthcare workers and to respond to medical emergencies.
6. Sufficient motor skills to manipulate, lift and reach equipment and to operate small controls on equipment.
7. Intellectual and emotional skills to exercise discretion in handling confidential medical information.
8. Cognitive ability to perceive and deal appropriately with environmental threats and stresses and continue to function safely and effectively during high stress periods.
9. The ability to protect oneself and others from hazards in the health care environment, such as infectious disease, contaminated equipment, sharp instruments, chemical fumes and radiation.





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Fax: 205-759-7011

Mailing Address

809 University Blvd East  
Tuscaloosa, AL 35401

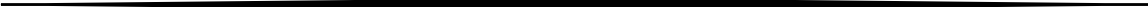
Physical Address

408-C Bryant Drive East  
Tuscaloosa, AL 35401

Clinical Sites & Clinical Preceptors

DCH Regional Medical Center -

Organizational Chart







## Program Admission Policies

Applicants must complete a list of prerequisites, 8 hours of observation, references, transcripts, ACT & GPA scores. The application window is from January 1 to May 26. All prerequisites are preferred to be completed by end of application window. Prerequisites after the end of the application window will be looked at with strict guidelines that will be presented to the applicant. We communicate with our applicants via email during the application process. All applicants are considered using the same standards and selection criteria.

## Selection Process

Students will be selected based on the following factors:

Application



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# Committees

## Advisory & Assessment



Advisory Committee Members  
2023 2025

The Program's









## Mission Statement

The DCH School of Radiologic Technology is committed to prepare students to be competent, entry-level radiographers, and provide high quality health care professionals to any medical community.

## Student Learning Outcomes

Goal 1: Students will have the professional skills necessary to perform competently in the clinical setting.

### Student Learning Outcomes

SLO#1 Students will be able to perform competently in the clinical setting.









| <u>o @h</u>                                            | <u>Page Number</u> |
|--------------------------------------------------------|--------------------|
| Name Badges .....                                      | 51                 |
| Parking .....                                          | 51                 |
| Personal Property .....                                | 51                 |
| Pregnancy .....                                        | 51                 |
| Reasonable Accommodation .....                         | 53                 |
| Refunds .....                                          | 53                 |
| Removal of Hospital Property .....                     | 54                 |
| Safety & Health Care .....                             | 54                 |
| Access to Health Care .....                            | 54                 |
| After Hours Exposure .....                             | 55                 |
| During School Hours Exposure .....                     | 56                 |
| Guidelines for Students with Infectious Diseases ..... | 56                 |
| Hepatitis "B" Immunization .....                       | 56                 |
| Student Health Services .....                          | 56                 |
| Student Employment .....                               | 57                 |
| Student Records .....                                  | 58                 |

### Advanced Placement

The DCH School of Radiologic Technology does not offer an Advanced Placement classification for students applying to the program. The components of the didactic and clinical education are very structured and coordinated; therefore, advanced placement would be detrimental to the goals and objectives of the program.

### Attendance

The attendance policy is effective for both academic classes and clinical rotations. Attendance to all RAD didactic courses, clinical assignments and labs is mandatory.

Poor attendance and tardiness:

appears to others as a lack of cooperation and respect.

implies that a student technologist is

- insensitive to co-workers,
- unaccountable for his/her responsibilities and is
- uninterested in not only their personal success but the success of their chosen career.

Any class sessions missed, regardless of cause, reduces the academic opportunities of the student. Instructors reserve the right to reduce the final academic grade assigned for excessive absences. An excessive absence is defined as any time missed beyond that which is allotted by the attendance policy.

Laboratory sessions, hospital and clinical experiences and outpatient imaging experiences are considered as clinical education. It is expected that the student will assume responsibility for punctual and regular attendance to all class, laboratory and clinical assignments. If it becomes impossible for the student to meet assignment obligations, it is the student's responsibility to notify the proper school official prior to the beginning of the assignment.

If you are unable to attend class, lab or clinic; you must **CALL** in as soon as possible before 7:00 a.m. You must speak to the PD, Class Instructor or Clinical Coordinator directly if at all possible. If not, then the student must leave a message with a number where you can be reached. The student is responsible for calling both the clinical site and program officials.

Three or more consecutive days missed requires a physician's statement verifying that the student was/is under their care. Employee health must be contacted in the event of three or more missed days, COVID, Flu or any other illness that requires missing three or more days.

Program disciplinary action will be taken whenever a student fails to comply with the following:

Lateness is unprofessional and irresponsible.

Reporting to the assigned area of the clinical site/class sessions after assigned time is considered tardy.

Tardy is up to one hour late.

Any missed time over one hour is considered an absence.

The amount of time tardy is added to the assigned departure time for that day. Failure to stay for the time tardy will result in one absence. For example; assigned time is 7 a.m. – 3 p.m. Student arrives at 7:45 a.m. Then the departure time will be 3:45 p.m.

Students are permitted to take two days per academic quarter for personal time off.





### Unexcused Absences

Unexcused absences will not be tolerated. If the student is unable to attend class, online class (when applicable), lab or clinic for any reason, the PD or other school official must be notified directly. Unexcused absences must be made up as outlined by the PD. The following are considered unexcused absences/behaviors:

- A. failure to notify the PD or other school official (classroom



### Personal Electronic Device Policy

The use of personal cell phones, other portable electronic devices including camera phones and wearable electronic devices including smartwatches should not be used during clinical and didactic hours. Cellular phones and other portable electronic devices may be used during breaks or lunch periods. Students are to ensure that friends and family members are aware of DCH's policy. Cell phone use is prohibited in the classroom; therefore, these devices MUST be turned off while in class. In case of dire situations, the student should communicate with the PD or class instructor.

### Web Based Communications

No student shall post photos, comments, or other forms of web based/social media material of faculty, students, clinical personnel, clinical education settings, schedules or patients to their web based/social media communication sites such as, but not limited to

### Counseling & Guidance

Scheduled academic counseling and guidance will be held with each student at the end of each quarter. The faculty will provide the student with academic guidance and help with problems related to the program. In the event the student is having personal problems that the program staff cannot resolve, the student will be referred to EAP who is qualified in these matters. Faculty will post office hours each quarter for student counseling and will be available to meet at other times by appointment.

### Cultural Sensitivity & Diversity Cultural Sensitivity

Understanding the needs and emotions of your own culture and the culture of others, and diversity mean something different to each and every person. The changing demographics and economics of our growing multicultural world and the longstanding differences in the health status of people from culturally diverse backgrounds have challenged health care providers and organizations to consider cultural diversity as a priority. However, health care providers must realize that addressing cultural diversity goes beyond knowing the values, beliefs, practices and customs of African Americans, Asians, Hispanics/Latinos, Native Americans/Alaskan, and Pacific Islanders. In addition to racial classification and national origin, there are many other faces of cultural diversity. Religious affiliation, language, physical size, gender, sexual orientation, age, disability (both physical and mental), political orientation, socio-economic status, occupational status, and geographical location are but a few of the faces of diversity. Culture is an integrated pattern of human behavior that includes thoughts, communications, languages, practices, beliefs, values, customs, courtesies, manners of interacting, roles, relationships, and expected behaviors of a racial, ethnic, religious, or social group.

### Dress Code & Appearance

Radiology Program students are to remember

The following are the minimum dress and personal appearance guidelines for DCH Health System. Radiology specific guidelines are indicated in bold.

| <b>Guideline</b>     | <b>Allowed</b>                                                                                                                                                                                                              | <b>Not Allowed</b> |
|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| Beards and mustaches | <ul style="list-style-type: none"> <li>• Beards and mustaches that are neat, clean, well groomed (facial hair)</li> <li>• Beards and mustaches in Patient Careareas that are in compliance with N-95 fit testing</li> </ul> |                    |
| Footwear             | <p><u>Shoes</u></p> <ul style="list-style-type: none"> <li>• Must cover toes with solid material when working in patient care area</li> <li>• Coordinate with uniform color in compliance with safety and</li> </ul>        |                    |



Uniforms and Scrubs

- Colored scrubs based on Department and Job Category (as defined below)
- **While pregnant, scrubs are preferred. However, knit or cotton tops are permitted, provided that the top is long enough to fully cover the torso and follows the guidelines for cotton or knit tops.**
- **Sweatshirts, sweaters and hooded jackets are not allowed.**
- Scrubs worn by non-clinical employees Piping or other accents in different colors TJETQ

Scrub Tops:

- V-neck or Crew neck styles with one chest pocket, two lower pockets or a combination of chest and lower pockets
- Tops should be hip length
- May add embroidered DCH logo, employee name, unit name, or credentials (limit 2 lines)

Scrub Pants:

- Loose fitting styles
- Elastic or drawstring waistband
- Pants with two back pockets, two side pockets or cargo pockets may be worn

Scrub Dresses/Skirts:

- Skirt must be knee-length to mid- calf length
- Made of non-shedding, scrub-type, woven material
- Must wear hose

Lab coats/Jackets:

- Same as uniform color or white (except where otherwise noted/ check dept. guidelines)
- May add embroidered DCH logo, employee name, unit name, or credentials (limit 2 lines)
- White lab jacket when worn over business attire in the clinical setting
- Fleece jackets should be made of non-shedding material and may only be worn in nonprocedural departments





incidents and any other observations of unlawful harassment or discrimination to the Program faculty, Department Director/Manager. If a student is uncomfortable bringing a complaint to the attention of his or her Department Director/Manager, the employee



discrimination against anyone because of race, religion, color, age, gender identity, sexual orientation, pregnancy, national origin, disability, genetic information, veteran status, or any other reason or factor prohibited by federal, state, or local law whether the harassment is caused by a co-worker, management, physician, or other individual (whether employed by DCH or not). Unlawful harassment can include, but is not limited to: slurs, epithets, threats, derogatory comments and unwelcome jokes which would make a reasonable person experiencing such harassment uncomfortable in the work environment or which would interfere with the person's job performance. Some examples of conduct that could be considered sexual harassment include:

- unwanted sexual advances

- offering employment benefits in exchange for sexual favors

- making or threatening reprisals after a negative response to sexual advances

- visual conduct: leering, making sexual gestures, displaying sexually suggestive objects or pictures, cartoons or posters

- verbal conduct: making or using derogatory comments, epithets, slurs, sexually explicit jokes, comments about an employee's body or dress

- verbal sexual advances or propositions

- verbal abuse of a sexual nature, graphic verbal commentary about an individual's

- body, sexually degrading words to describe an individual, suggestive or ori ind1 0 0 1 727ugges





The development of radiation exposure standards reflects the sensitivity of cells to radiation damage. This radiation sensitivity is related to the reproductive activity of the cells; embryos and fetuses are more radiosensitive than children and adults. Because of the sensitivity to an unborn fetus, the National Council on Radiation Protection (NCRP), (Report number 105, p. 13, 1989) has recommended that the dose equivalent limit to the unborn fetus from occupational radiation exposure of the expectant mother be limited to 5 mSv (.5 rem) for the entire pregnancy. It is the option of the student to inform program officials of her pregnancy. If the student chooses to voluntarily inform program officials of her pregnancy, it must be in writing, indicating that you are a declared pregnant student, and indicate the estimated delivery date. In the absence of this disclosure, in writing, a student will not be considered pregnant. It is your responsibility to decide whether the exposure you may receive is sufficiently low to protect your unborn child. T9(n)-4(sit)-3(ivit)-2(y)130

A declared/undeclared pregnant student continuing in the program will be required to complete all program requirements (didactic courses and clinical education missed) as a result of any absence. Student disability and/or duration of excused absence must be determined by a physician and requires written verification.

Students who choose to acknowledge pregnancy must make up any missed clinical time due to maternity prior to graduation from the program.

A declared pregnant student may undeclare her pregnancy at any time by submitting a written withdrawal request to the Program Director and Clinical Coordinator.

Additional information regarding federal guidelines for prenatal radiation exposure may be found at [www.nrc.gov/NRC/08/08-013.html](http://www.nrc.gov/NRC/08/08-013.html).

### Reasonable Accommodation

It is the policy of DCH to ensure that all individuals are provided with equal educational and employment opportunities without regard to disability. A qualified individual with a disability will be afforded the same opportunity based upon the same performance standards and requirements expected of persons who are not disabled.

1. If withdrawal/termination occurs within seventy-two (72) hours of enrollment date, all money paid by the prospective student shall be refunded.
2. If withdrawal/termination occurs after seventy-two (72) hours of enrollment date, but before classes begin or correspondence materials are delivered; a refund shall be made of all money paid except the application and activity fee.
3. If withdrawal/termination occurs after classes begin or after shipment of correspondence materials, a pro rata refund will be made of all unearned prepaid tuition, fees and charges for books and supplies not issued to the student. Once books and supplies are issued and

Work Injury Form in MIDAS\* and is then referred to Employee Health and/or Emergency

Action Steps:



designed to provide our clients and their families a feeling of comfort and confidentiality.

#### Student Employment

1. DCH Health System will not be responsible for any negligence, malpractice, illness or

Student Records

Public Law 93

3. Didactic Instructor -

the information. The established service fee for producing photocopies of the records will be assessed against the person whose record is involved.

#### Tuition

Tuition to include the cost of books for the program is approximately \$12,000. The first quarter's tuition is due and payable upon acceptance into the program. The remaining tuition will be paid per quarter for the remaining seven quarters. **Each quarter's tuition is due 10 days before the next quarter begins.** *Students will not be allowed to start the next quarter if tuition is not paid or payment arrangements have not been made. Each quarter must be paid completely before start of the next quarter.*

#### Withdrawal

Students wishing to withdraw from the program should notify the Program Director in writing. Every effort shall be made to assist the student with this decision. If a student withdraws from the school or is dismissed, the name badge and radiation badge must be returned to the PD.



# Rules

## Cheating, Plagiarism & Appeals



| <u>Section III: Disciplinary Actions, Appeals &amp; Grievances</u> | <u>Page Number</u> |
|--------------------------------------------------------------------|--------------------|
| Cheating & Plagiarism .....                                        | 63                 |
| Decisions Related to Academic Matters .....                        | 63                 |
| Programs Disciplinary Procedure: Academic .....                    | 63                 |
| Student Appeals Procedure for Academic Matters .....               | 64                 |
| Decisions Related to Nonacademic Matters .....                     | 64                 |
| Programs Disciplinary Procedure: Nonacademic .....                 | 65                 |
| Student Appeals Procedure for Nonacademic Matters .....            | 65                 |
| Formal Appeals Process .....                                       | 66                 |
| Grade Appeal Procedure .....                                       | 70                 |
| Grievance Committee & Procedures .....                             | 70                 |
| Informal Appeals Process .....                                     | 73                 |
| Reporting Procedure for Students .....                             | 73                 |

### Cheating & Plagiarism

Cheating is the act of obtaining or attempting to obtain credit for academic or clinical work by using dishonest means. It includes, but is not limited to copying another's work, in part or whole, consulting sources not specifically authorized by the instructor during an examination, falsification or misrepresentation of attendance or records.

Plagiarism is the act of utilizing someone else's work as your own without appropriate acknowledgment. If a student is in doubt about the nature of plagiarism, he/she should discuss the matter with the course instructor. If plagiarism occurs, disciplinary action will occur.

### Decisions Related to Academic Matters

Any grievances, which arise from complaints of the student with respect to academic matters, are covered under this category. It should be noted that assignment of grades is the prerogative of the individual faculty member, and unless assigned arbitrarily or capriciously, are not subject to appeal. The following academic matters will be subject to action as outlined in this document but are not necessarily limited to:

- Failure to meet academic standards or requirements of a course or the program.
- Dishonesty in assignments or examinations, or falsification or alteration of official documents such as transcripts or admissions forms.
- Plagiarism.
- Violation of any specified honor code.
- Failure to fully disclose required information and/or documentation during the admissions process.

#### Program Disciplinary Procedure: Academic

The faculty member or Program Director will notify the student of any proposed changes in the student's academic status, or charges made against the student. The student shall be given an opportunity to meet with the instructor or Program Director to discuss the proposed change in ac

5. Option of voluntary withdrawal by the student

The procedures outlined further in this policy will go into effect only if the student wishes to appeal the decision of the Program Director. The student may remain in his/her academic program during the appeals procedure unless the safety of patients or other persons is jeopardized.

Student Appeals Procedure for Academic Matters

The student may request a hearing after receiving written notification citing program action. The TJETQq0.00000912 0 612 r(s)11bh0 G(Th)-7(e)24(TJETQq0.00000912 0 612 r(s)11bh0 G(Th)



Stealing from any individual or DCH Regional Medical Center entity.

Exhibiting unprofessional behavior by

- a) Falsification of patient records,
- b) Improper practice of the profession,
- c) Willful neglect of a patient,
- d) Improper use of equipment or participation in activities which potentially damage equipment, supplies, and/or private and public property.

Program Disciplinary Procedure: Non-Academic

Student misconduct shall be reported to the Program Director, Clinical Coordinator, and Didactic Instructor, preceptor staff, Radiology Department Manager or legal authority. Any person may report student misconduct.

Every effort shall be made to resolve the alleged problem using the prescribed program policies and procedures.

If a student is reported for misconduct and disciplinary action is recommended, the Program Director will give written notification to the student specifying the charges and



3. The student appellant and the instructor(s) involved may submit additional brief written summaries of the evidence to the chair of the student grade appeal committee within five class days after the chair notifies the Committee that a formal appeal has been filed. The student has the right to consult with a Radiography Program faculty member of the student's choice. The faculty member may also attend the grade appeal hearing if one is conducted. Based upon the evidence presented and any additional evidence requested by the Committee, the Committee will meet to decide if there are grounds for a hearing. Minutes of the meeting must be kept and copies of any evidence presented shall become part of the record.
  - a. If the student grade appeal committee decides by a majority vote at a meeting at which a quorum is present that there are grounds for a hearing, a formal hearing will be

for the student bringing the appeal in the hands of the Student Grade Appeal Committee. Access to work of other students in the course must protect the privacy rights of the students either by requiring permission of the students or through having their names withheld. Members of the Committee must be present at the hearing in order to be eligible to vote. Minutes of the hearing must be kept.

The hearing should proceed as:

- a. The chair of the Student Grade Appeal Committee calls the hearing to order. All those present for the hearing introduce themselves and indicate their roles in the hearing. The chair points out that one member of the Committee will be taking notes. The chair reminds all present that all participants are bound by the Radiography Program Honor Code and asks for the verbal assurance of each that s/he will uphold the honor code. The chair then states the purpose of the hearing and briefly explains the procedure.
- b. Any witnesses present are dismissed from the hearing room. They are asked to remain available outside the room, to be called upon as needed.
- c. The student appellant makes a statement about the reason(s) for the appeal. This statement should

- h. The instructor is given the opportunity to make a brief final statement that summarizes his/her position that the original grade was appropriate.
- i. The student appellant is given the opportunity to make a brief final statement that summarizes his/her position that a change of grade is warranted.
- j. The student appellant and the instructor are informed that they will be

As is usual in academic debate, the individual proposing the change has the opportunity to speak first and last. Since the student appellant maintains the burden of proof to demonstrate that a change of grade is justified, s/he will give the initial opening statement and the final closing statement.

5. The Committee may select to have an outside administrator to review the process, all related materials, and hearing minutes within five class days of the receipt of all materials. If that option is utilized, then the following occurs:
  - a. If that administrator certifies that the procedures were followed, the grade appeal is completed. If indicated by the Grade Appeal Committee in its findings, grade changes are initiated as indicated above.
  - b. If that administrator finds substantive errors in the process that they believe could have reasonably altered the decision reached, reconsideration by a separate Grade Appeal Committee in another department shall be initiated by that administrator. The reconsideration shall begin at step 4 of this process.
  
6. Changes of grade shall be initiated as follows:
  - a. If the Grade Appeal Committee rules in favor of a grade change, the PD shall request that the faculty member contact the school agent to change the grade within five class days after the PD's certification of the process.
  - b. If two-

The student has been assigned a grade on the basis of something other than his/her performance in the course, or;  
Standards utilized in the determination of the student's grade are more exacting or demanding than those applied to other students in the course, or;  
The grade is based upon standards that are significant, unannounced and unreasonable departures from those articulated in the course description distributed at the beginning of the course.

The assessment of the quality of the student's academic performance is one of the major responsibilities of faculty members and is solely and properly their responsibility. A grade appeal is not appropriate when a student simply disagrees with the faculty member's judgment about the quality of the student's work. A student who is uncertain about whether or not a grade should be appealed or who needs additional information about the grade appeals process can contact the PD.

The burden of proof is always on the student appellant to prove that a change of grade is an appropriate action in his/her case. Students must adhere to the timelines delineated in this policy or the right to appeal may be lost. The PD may, under extreme circumstances, extend timelines at his/her discretion. The Notice of Intent to Formally Appeal a Grade can be found in the Appendix section of this handbook.

#### Grievance Committee and Procedures

The purpose of the grievance committee is to provide fair and equitable treatment to all students. The committee and its members are available to resolve complaints presented by the Student Advisory Committee or by individual students. Such complaints or grievances are not restricted to those related to the STANDARDS or program policies. During a student's enrollment, there may be instances when s/he feels that they have received unfair treatment regarding the STANDARDS or other program policies and procedures. Sometime in the relationship between students and faculty, dissatisfactory actions can develop.

Often these are the result of misunderstandings or a lack of information. Before a grievance or complaint can be resolved, it must be expressed. Any time a student feels that s/he has been unfairly treated or if they have a complaint or grievance related to the STANDARDS or program policies and procedures, s/he should refer to the following steps to ensure due process in a timely and just manner. These steps apply to, but are not limited to, grievances/complaints related to the JRCERT STANDARDS and program policies and procedures.

1. Students should try to resolve problems at the lowest possible level. This means first discussing your complaint/grievance with your immediate supervisor or instructor. More than one attempt at this level may be required before a resolution is reached. The initial grievance/complaint should be discussed with

your immediate supervisor/instructor within 72 hours of the grievance or complaint.

2. If you have not received a satisfactory response to your grievance/complaint from your immediate supervisor or instructor within five (5) class days, you are



JRCERT

This procedural system is in place to ensure minimal disruption to the daily operation of the *Program*. It is inappropriate behavior and against behavioral standards for a student to discuss alleged problem openly in the clinical area, classroom or lab setting, or in any public forum which includes, but is not limited to social media.



# Academic Standards

Classroom Conduct, Course Descriptions,  
Curriculum & Requirements



| <u>Section IV: Academic Standards &amp; Requirements</u> | <u>Page Number</u> |
|----------------------------------------------------------|--------------------|
| Academic Requirements .....                              | 78                 |
| ALSRT Education Seminar .....                            | 79                 |
| Classroom Conduct .....                                  | 80                 |
| Course Descriptions for Rad Tech Courses .....           | 80                 |
| DCH 411 .....                                            | 80                 |
| RAD 100 .....                                            | 80                 |
| RAD 101 .....                                            | 80                 |
| RAD 105 .....                                            | 81                 |
| RAD 110 .....                                            | 81                 |
| RAD 202 .....                                            | 81                 |
| RAD 203 .....                                            | 82                 |
| RAD 205 .....                                            | 82                 |
| RAD 210 .....                                            | 82                 |
| RAD 302 .....                                            | 82                 |
| RAD 303 .....                                            | 83                 |
| RAD 305 .....                                            | 83                 |
| RAD 310 .....                                            | 83                 |
| RAD 400 .....                                            | 84                 |
| RAD 401 .....                                            | 84                 |
| RAD 405 .....                                            | 84                 |
| RAD 410 .....                                            | 84                 |
| RAD 502 .....                                            | 85                 |
| RAD 503 .....                                            | 85                 |
| RAD 505 .....                                            | 85                 |
| RAD 510 .....                                            | 86                 |
| RAD 600 .....                                            | 86                 |
| RAD 601 .....                                            | 86                 |
| RAD 603 .....                                            | 86                 |
| RAD 610 .....                                            | 87                 |
| RAD 700 .....                                            | 87                 |
| RAD 710 .....                                            | 87                 |
| RAD 800 .....                                            | 87                 |
| RAD 810 .....                                            | 88                 |
| Curriculum for Rad Tech Courses .....                    | 89                 |
| Professional Societies .....                             | 90                 |
| ALSRT .....                                              | 90                 |
| ASRT .....                                               | 90                 |
| Quarter Schedule .....                                   | 91                 |
| Student Awards .....                                     | 92                 |

| <u>Section IV: Academic Standards &amp; Requirements continued</u> | <u>Page Number</u> |
|--------------------------------------------------------------------|--------------------|
| Academic Achievement Award .....                                   | 92                 |
| DCH School of Radiologic Technology Award of Excellence .....      | 92                 |
| JRCERT Excellence Award .....                                      | 92                 |
| Outstanding Clinical Achievement Award .....                       | 92                 |
| Unsatisfactory Class and/or Clinical Performance .....             | 92                 |

Academic Requirements



### Classroom Conduct

Students in this program are considered adults and are expected to act appropriately. Behavior that is disrespectful or disruptive will not be tolerated; the student will be asked to leave the class. Each occurrence will be documented and may result in counseling from the instructor and program director. Handbook policy will be followed. Each course syllabi have specifications applicable to the course.

### Course Descriptions for Rad Tech Courses

#### DCH 411 - Orientation

This provides orientation to the DCH Health System and Radiography Program as well as the profession of Radiologic Technology. Initial emphasis is on the student's role as a radiographer in the healthcare delivery system to include but not limited to: student responsibilities for clinical and classroom, basic radiation protection, key departments and program personnel, Computer Based Testing, AIDET skills, CPR, Program handbook review, Health System tours, Expanse, Trajecsys and Synapse/PACS. Students will receive a detailed orientation schedule. *Theory credit hours are a 1:1 contact to credit ratio. Manipulative labs are 3:1 and experimental labs are 2:1 ratio.*

#### RAD 100 - Introduction to Radiologic Sciences & Healthcare

This course provides an orientation to the Radiography Program and the profession of Radiologic Technology. Initial emphasis is on the student's role as a radiographer in the healthcare delivery system to include responsibilities, historical development in Radiology, professional organizations, accreditation, regulatory agencies and program personnel. Content provides an overview of the foundations of radiography and the practitioners' role and the healthcare delivery system. Principles, practices and policies of healthcare organization are examined and discussed in addition to the professional responsibilities of the radiographer. *Theory credit hours are a 1:1 contact to credit ratio. Manipulative labs are 3:1 and experimental labs are 2:1 ratio.*

| THEORY | LAB | CLINIC | COURSE |
|--------|-----|--------|--------|
| 20     | 0   | 0      | 2      |

#### RAD 101 - Patient Care

Content provides the concepts of optimal patient care, including consideration for the physical and psychological needs of the patient and family. Routine and emergency patient care procedures are described, as well as infection control procedures using standard precautions. The role of the radiographer in patient education is identified. Basic concepts of pharmacology, venipuncture and administration of diagnostic



| THEORY | LAB | CLINIC | COURSE |
|--------|-----|--------|--------|
| 20     | 20  | 0      | 3      |

#### RAD 105 - Radiographic Procedures I

This course will introduce radiographic procedures consisting of positioning, associated terminology, projections, views, motion control, accessory equipment and safety considerations. An introduction to radiographic image analysis, technique application, evaluation and critique is applied in classroom and laboratory environments. Students will participate in laboratory in image production, procedures and radiographic anatomy identification. Identification of the visceral thorax to include pharynx, larynx and abdomen is required. Age-related considerations will be included for all age groups. Upon completion of the course the student will demonstrate knowledge of anatomy and positioning skills, oral communication and critical thinking skills in didactic and laboratory settings. *Theory credit hours are a 1:1 contact to theory. Manipulative labs are 3:1 and experimental labs are 2:1 ratio.*

| THEORY | LAB | CLINIC | COURSE |
|--------|-----|--------|--------|
| 30     | 30  | 0      | 4      |

#### RAD 110 - Clinical Education PRCT I

This clinical course introduces the operation of the medical imaging department. Scheduled clinical education rotations begin and the shifting of rotations must be approved. Supervision, instruction, clinical practice, and procedural competency to be outlined in Section V, clinical education handbook. Clinical practice experience includes provide patient care and assessment, competent performance of radiographic procedures, quality management. Levels of competency and outcomes measurement.

### RAD 203 - Imaging Equipment and Radiation Production

Content establishes a basic knowledge of atomic structure and terminology. Also presented are the nature and characteristics of radiation, x-ray production and the fundamentals of photon interactions with matter. A knowledge base is established in radiographic, fluoroscopic and mobile equipment requirements and design. The content also provides a basic knowledge of quality control. *Theory credit hours are a 1:1 contact to credit ratio. Manipulative labs are 3:1 and experimental labs are 2:1 ratio.*

| THEORY | LAB | CLINIC | COURSE |
|--------|-----|--------|--------|
| 3      | 0   | 0      | 3      |

### RAD 205 - Radiographic Procedures II

This course provides instruction in Radiologic procedures, radiographic positioning and image analysis of the upper extremity, shoulder girdle, lower extremities and long bone measurements. Supervised laboratory and evaluation in image production, procedures, and radiographic anatomy identification is required. Procedural competency testing as outlined in Section V, clinical preceptor handbook. Course will also discuss age-specific competence. Age-related competencies will be included for all age groups. Includes discussion of trauma and mobile imaging. *Theory credit hours are a 1:1 contact to credit ratio. Manipulative labs are 3:1 and experimental labs are 2:1 ratio.*

| THEORY | LAB | CLINIC | COURSE |
|--------|-----|--------|--------|
| 30     | 30  | 0      | 4      |

### RAD 210 - Clinical Education PRCT II

This clinical education course provides assignments to all radiographic areas within the Imaging department. Rotations will include diagnostic radiology, digital equipment, fluoroscopy, mobile

Theory credit hours are a 1:1 contact to credit ratio. Manipulative labs are 3:1 and experimental labs are 2:1 ratio.

| THEORY | LAB | CLINIC | COURSE |
|--------|-----|--------|--------|
| 20     | 0   | 0      | 2      |

### RAD 303 - Principles of Exposure and Image Production

Prerequisite: A letter grade of C or higher in RAD 203

This course establishes a knowledge base in technical factors that govern the image production process. Beam restricting devices, grids, filtration, radiographic quality, radiographic exposure, radiographic technique and automatic exposure control are described. *Theory credit hours are a 1:1 contact to credit ratio. Manipulative labs are 3:1 and experimental labs are 2:1 ratio.*

| THEORY | LAB | CLINIC | COURSE |
|--------|-----|--------|--------|
| 20     | 0   | 0      | 2      |

### RAD 305 - Radiographic Procedures III

This course provides instruction in Radiologic procedures, radiographic positioning, image critique, and analysis of the pelvic girdle, five segments of the vertebral column, and bony thorax. Supervised laboratory and evaluation in image production, procedures, and radiographic anatomy identification is required. Procedural competency testing is performed as outlined in Section V, clinical education handbook. Course will also discuss age-specific competence. Age-related competencies will be included for all age groups. Includes discussion of trauma and mobile imaging. *Theory credit hours are a 1:1 contact to credit ratio. Manipulative labs are 3:1 and experimental labs are 2:1 ratio.*

| THEORY | LAB | CLINIC | COURSE |
|--------|-----|--------|--------|
| 30     | 30  | 0      | 4      |

### RAD 310 - Clinical Education PRCT III

Clinical practice experiences are designed to provide patient care and assessment, competent performance of radiologic imaging and total quality management. Levels of competency and outcomes measurement ensure the well-being of



radiologic procedure. *Preceptorship: Ratio 5:1 (one hour of credit for five hours of preceptorship instruction)*

| THEORY | LAB | CLINIC | COURSE |
|--------|-----|--------|--------|
| 0      | 0   | 200    | 4      |

**RAD 502 - Digital Imaging & Acquisition**

This course offers a combination of theory and practical application of digital imaging and how these images are acquired and formed. These contents impart an understanding of the components, principles and operation of digital imaging systems found in diagnostic radiology. Factors that impact image acquisition, display, archiving and retrieval are discussed. Principles of digital system quality assurance and maintenance are presented. *Theory credit hours are a 1:1 contact to credit ratio. Manipulative labs are 3:1 and experimental labs are 2:1 ratio.*

| THEORY | LAB | CLINIC | COURSE |
|--------|-----|--------|--------|
| 20     | 0   | 0      | 2      |

**RAD 503 - Special Imaging Systems & Equipment**

Special Imaging Systems is instruction regarding special imaging systems and equipment to include associated terminology, surgery, fluoroscopy, trauma, conventional tomography, computed tomography, mobile and mammographic equipment and digital imaging. Electrical hazards and protection will also be discussed. *Theory credit hours are a 1:1 contact to credit ratio. Manipulative labs are 3:1 and experimental labs are 2:1 ratio.*

| THEORY | LAB | CLINIC | COURSE |
|--------|-----|--------|--------|
| 20     | 0   | 0      | 2      |

**RAD 505 - Radiographic Procedures V**

This course provides a detailed study and instruction in radiologic procedures of the salivary glands, digestive, biliary, urinary, reproductive systems, and contrast studies such as arthrography, lumbar puncture and myelography, as well as discussion of surgical imaging procedures. Radiographic Terminology, positioning, and procedures will be introduced and practiced in a laboratory setting. Image evaluation in a laboratory setting.

RAD 510 - Clinical Education PRCT V

This clinical education course includes rotation assignments through all radiographic imaging areas to include mobile procedures and surgery. Shift rotations may continue. Continuation of procedural competency, testing and performance as outlined in Section V, clinical education handbook. Recomps in all categories can begin. *Pr*

## RAD 610 - Clinical Education PRCT VI

This clinical education course includes rotation assignments through all radiographic imaging areas to include mobile procedures and surgery. Assignments to other modalities, particularly CT may begin this quarter depending upon academic and clinical progression. Shift rotations may continue and students will complete a shift assignment in the Angiography lab.

Competency testing in all categories continues, as well as recomps. *Preceptorship: Ratio 5:1 (one hour of credit for five hours of preceptorship instruction)*

### THEORY

hours are a 1:1 contact to credit ratio. Manipulative labs are 3:1 and experimental labs are 2:1 ratio.

| THEORY | LAB | CLINIC | COURSE |
|--------|-----|--------|--------|
| 20     | 20  | 0      | 3      |

RAD 810 - Clinical Education PRCT VIII

This clinical education course continues rotation assignments through all radiographic imaging areas to include mobile procedures, surgery and specialty areas. Shift rotations will continue and assignments to other modalities will continue. Recomps in all categories continues. *Preceptorship: Ratio 5:1 (one hour of credit for five hours of preceptorship instruction)*

| THEORY | LAB | CLINIC | COURSE |
|--------|-----|--------|--------|
| 0      | 0   | 200    | 4      |





17 Semester hours of American Registry of Radiologic Technologist (ARRT) pre-requisites are required before entering into the professional phase of the Radiography Program. Courses needed: English Comp I, Intermediate College Algebra, Speech, and Human Anatomy & Physiology I and II. Professional Phase of Radiography Program is taught at DCH Health System.

### Professional Societies

Student membership in both of these societies is strongly recommended. These societies will enhance your professional future and represent radiologic professionals.

ALSRT – Alabama Society of Radiologic Technologists is the state professional society. The dues are \$10 annually for students. There is an annual meeting held in April each year in various locations. Go to [www.alsrt.org](http://www.alsrt.org) for additional information.

ASRT – the American Society of Radiologic Technologists is the national professional society. The



Student Awards



# Clinical Standards & Requirements



| <u>Section V: Academic Standards &amp; Requirements</u>      | <u>Page Number</u> |
|--------------------------------------------------------------|--------------------|
| Competency Categories & Procedures.....                      | 96                 |
| Competency Category I – Chest & Thorax .....                 | 96                 |
| Competency Category II – Upper and Lower Extremity .....     | 97                 |
| Competency Category III – Pelvis, Spine and Bony Thorax..... | 97                 |
| Competency Category IV – Head and Facial .....               | 98                 |
| Competency Category V – Fluoroscopy .....                    | 98                 |
| Competency Evaluation System .....                           | 99                 |
| Competency Policy .....                                      | 99                 |
| Competency Progression Sequence .....                        | 100                |



### Competency Categories & Procedures

Candidates for the ARRT exam must demonstrate competence in all 37 procedures identified as mandatory. Procedures should be performed on patients whenever possible. A maximum of eight mandatory procedures may be simulated if demonstration on patients is not feasible. **At no time will a student be released from a class or test in order to complete competencies.**

Candidates must demonstrate competence in 15 of the 34 elective procedures. Candidates must select at least one of the 15 elective procedures from the head section, must select either upper GI or contrast enema plus one other elective from the fluoroscopy section as part of the 15 electives. Elective procedures should be performed on patients whenever possible. If demonstration on patients is not feasible, electives may be simulated.



Upper Airway (Soft tissue neck)

Competency Category II Upper and Lower Extremity

Hand

Finger or Thumb

Wrist

Forearm

Elbow

Humerus

Shoulder

Clavicle

Scapula

AC Joints

Trauma shoulder or Humerus (Scapular Y view, transthoracic or Axial)

Trauma upper extremity (non-shoulder) \*

Toe

Foot

OS Calcis

Ankle

Tibia/Fibula

Knee

Patella

Femur

Trauma lower extremity \*

Upper Extremity (6 or younger)

Lower Extremity (6 or younger)

Upper Extremity (65 or older) \*

Lower Extremity (65 or older) \*

Mobile orthopedics

Competency Category III Pelvis, Spine, Bony Thorax

Pelvis

Hip

Cross table (horizontal beam) Lateral hip

Cervical spine

Thoracic Spine

Lumbar Spine

Sacrum

Coccyx

S.I. Joints

Scoliosis series  
Cross table (horizontal beam) Lateral spine  
Ribs  
Sternum  
Mobile Study (6 or younger)

Competency Category IV Head and Facial

Skull  
Facial bones  
Mandible  
Sinuses  
Nasal bones  
Orbits, foreign body, fracture or MRI screening  
TMJ (Temporomandibular joint)  
Zygomatic Arches

Competency Category V Fluoroscopy

Esophagus  
Upper GI (single or double)  
Contrast (barium) enema (single)  
Contrast (barium) enema (double)  
SBS  
Video BA Swallow  
Cystourethrogram  
Lumbar Puncture  
Operative Cholangiogram  
ERCP  
Myelography  
Arthrography  
Intravenous Urography  
C-Arm Hip\*\*  
C-Arm ERCP  
C-Arm any  
C-Arm Groshong Catheter

### Competency Evaluation System

The goal of the program's clinical evaluation system is two-fold. One is to measure the student's capabilities in the clinical environment to adequately produce diagnostic images of various anatomical parts. The second is to measure behavioral characteristics (punctuality, professionalism, attitude, cooperation, quality of work, initiative, etc.).

As you develop confidence and proficiency, you will be given the opportunity to complete entire examinations under the direct supervision of a registered radiologic technologist. The technologist will observe and assist you and step in whenever the need arises. The technologist should also be able to critique your examination and make suggestions for improvement.

When you feel certain that you are able to do a particular examination by yourself, ask the Clinical Instructor or in-serviced Staff Technologist to do a competency evaluation when the next patient for that examination arrives. Your performance will be documented on a Clinical Competency form. If competency is achieved, it will be counted toward the requirement for that quarter. If competency is not achieved, the procedure must be repeated until competency is achieved.

All competencies may be re-evaluated by the Clinical Coordinator or DCH faculty for quality and completeness. The final approval of competency/proficiency evaluations will be by the Clinical Coordinator, regardless of prior approval by the Clinical Instructor or the In-Serviced Staff Technologists.

Students may not swap clinical education rotation assignments with another student unless approved by the clinical coordinator and/or the PD in advance.

### Competency Progression Sequence

The responsibilities of a radiographer have grown in complexity with the development of more sophisticated procedures and equipment in the medical imaging sciences. It is essential that both the Radiography Program and the student work together to provide the best educational experience possible. During the clinical experience, students must have the opportunity to perform all routine types of radiographic procedures. Only in this manner will the student be prepared for entry into the profession. Students' cognitive skills are evaluated directly in the classroom and indirectly throughout his/her educational experience. The affective learning domain is challenged during all phases of the education program. The students' psychomotor skills are evaluated in the laboratory and during their clinical assignments. In addition, the student's critical thinking and problem solving skills are developed throughout the program utilizing a variety of didactic, laboratory and clinical exercises. Only with a competency based evaluation system can we determine the proficiency level a student has achieved.

Clinical Competencies are not to be completed until appropriate education and training has been achieved. The sequence of events to accomplish competency requirements is as follows:1 12 Tf1 0 0 1 505.9 4

6. Competency Image Analysis

Competencies may be re-evaluated by the student's faculty advisor. If it is the faculty advisor's opinion the competency should be re-attempted, the student will not be given credit for the comp, but it will be kept in their file for later review.

7. Competency Continuance

Once a student passes the competency, the student will continue practicing and performing examinations in the clinical area. At the beginning of the 5<sup>th</sup> quarter, the students will have the opportunity to re-comp the previously achieved competencies.

If a student scores below 80% for any one of the exams during the Simulated Positioning Lab Practical Testing, they will be required to perform remedial testing of the failed examination by



Education Assignments





Through the preceptor evaluation, you will be evaluated on your clinical efficiency, professional conduct, dress, abilities to understand and follow instructions and willingness to cooperate. During this course, and all subsequent courses, you will be exposed to image analysis, patient care procedures, and responsibilities of maintaining your radiographic room as well as technical skills. During this first course, you will be under direct supervision. A staff technologist and/or instructor must assist you while performing radiographs. A staff technologist must assist with ALL repeats.

Until you achieve the prescribed competency level (documented in file) you will carry out assignments under the direct supervision of a qualified radiographer.

)      o                      - the supervising technologist is present in the radiographic room when the student is performing a radiologic examination. 35.3 The supervising technologist is responsible for assisting the student and assuring proper procedures are followed. "

Once you have achieved documented competencies you may complete assignments under my supervision.

3.

DCH Regional Medical Center  
School of Radiologic Technology  
Room Objective #1  
Portables and Surgery

Student \_\_\_\_\_ Clinical Site \_\_\_\_\_

DCH Regional Medical Center  
School of Radiologic Technology  
Competency Objective #2  
Emergency Department

Student \_\_\_\_\_ Clinical Site \_\_\_\_\_

Evaluator (signature) \_\_\_\_\_ Date \_\_\_\_\_

Grade \_\_\_\_\_ (10 points each)

General Responsibilities

(Technoloc( )8( )-3( )-3( )6( )8( )-3( )-3( )-3( )8( )-3( )]TJETQq0-3( )-3( )8( )-3( )6( )]T0 g0 G( )

DCH Regional Medical Center  
School of Radiologic Technology

- |    |                                                                       |       |       |
|----|-----------------------------------------------------------------------|-------|-------|
| 3. | Elevation controls (tableside operated and spot film device operated) | _____ | _____ |
| 4. | Table accessories (safety strap, footboard, shoulder supports)        | _____ | _____ |
| 5. | Able to "lock in" and release image intensifier                       | _____ | _____ |
| 6. | Ability to manipulate controls                                        | _____ | _____ |

Radiographic Tube

- |                                      |                                     | <u>Yes</u> | <u>No</u> |
|--------------------------------------|-------------------------------------|------------|-----------|
| Correctly demonstrates the following |                                     |            |           |
| 1.                                   | Timed centering light switch        | _____      | _____     |
| 2.                                   | 40-inch SID detent operation        | _____      | _____     |
| 3.                                   | Transverse detent (for table bucky) | _____      | _____     |

General Safety

1. Fire alarm
2. Emergency eBT/F1 12 Tf1 0 0 1 144.02 679.3 Tm0 g0 Gg10(t44.0s/F1 12 Tf1 0 0 1 288.05 693.9

DCH Regional Medical Center  
School of Radiologic Technology  
Objective #4

Student observation form – 1<sup>st</sup> quarter  
Weekend rotation

Write a short narrative below on your observations during your weekend rotation in the emergency department. Be sure to include:

1. Staffing – does it appear to be adequate for the patient load





- e. Manipulate equipment effectively
  - f. Show evidence of radiation protection
  - g. Deal effectively with patients who are sick and injured
  - h. Work around life support without disrupting their function (i.e., oxygen, IV lines, etc.)
9. Identify trauma protocols (attached).
  10. Demonstrate adaptation to heavy workload in a stressful environment.

### INSTRUCTIONAL GOALS

*Cognitive* - Comprehend foundational knowledge of radiographic procedures.

*Psychomotor* - Apply foundational knowledge of radiographic procedures.

*Affective* - Value the importance of adhering to radiographic procedures.

### COMPETENCY REQUIREMENTS

1. You will be evaluated on ten (10) clinical competency exams from categories I & II. Category I – chest and abdomen. Category II – upper and lower extremities.
2. You must perform at a minimum level of 75%.
3. Routine projections of all exams must be performed.
4. Exams are NOT to be done unless under direct supervision of a staff technologist or instructor. Staff or instructor must assist with all repeats.
5. All exams must be checked by staff technologist or instructor.
6. The exams listed on the computer must be mastered prior to graduation. (Must comp all the mandatory and electives and re-comp 80% of mandatory and elective comps.)

You will continue to master the required competency exams under direct supervision and will perform under indirect supervision exams mastered in previous quarter. A staff technologist and/or instructor must assist students in all repeats.

You will continue with one weekend rotation per quarter and should demonstrate the skills needed to take care of the sick and injured patient.

The rotation will be 3:00 p.m. - 9:00 p.m. on Tuesday and Thursday and 3:00 p.m. - 11:00 p.m. on Friday. This should provide opportunities for the student to observe a greater number of single and multiple trauma cases and how the staff handles heavy patient loads and stressful environments. You should pay attention to alternate ways of positioning patients. You will learn trauma protocols this quarter.

Once you have achieved documented competencies you may complete assignments under indirect supervision.

Portable radiography will be performed under direct supervision at all times. You are not allowed to perform mobile radiography without a qualified technologist to supervise.

### "No Hold" policy

It is the policy of the DCH School of Radiologic Technology Program that students do not hold patients for radiologic examinations or while an exposure is being made.

### ATTENDANCE

1. All make-up time is to be made up at the discretion of the clinical coordinator and/or PD.
2. If sick, you are required to call in 30 minutes before the hour you are scheduled to report to your clinical assignment.
3. Punctuality is expected and enforced.
4. All vacation or excused absences must be approved in advance.

### GRADE DETERMINATION

#### Clinicals

1. Preceptor evaluations 65% of \_\_\_\_\_ = \_\_\_\_\_
2. Competencies 25% of \_\_\_\_\_ = \_\_\_\_\_  
10 required from Categories I & II  
10 points each
3. Attendance 10% of \_\_\_\_\_ = \_\_\_\_\_  
No tardies  
Tardies in excess of 2 - 2 each  
Sick in excess of 2 -2 each  
(Consecutive days' count as one incident)

Final Clinical Grade = \_\_\_\_\_

### GRADING

A = 93 - 100    B = 83 - 92    C = 75 - 82    F = Below 75

DCH Regional Medical Center  
School of Radiologic Technology  
Trauma Bay Protocol Objectives

Student \_\_\_\_\_

Clinical Site \_\_\_\_\_

Evaluator (signature) \_\_\_\_\_

Date \_\_\_\_\_

Get the 3 – 11 technologist to initial each of the following:

I. Has read the ED Radiology protocols and understands:

\_\_\_\_\_ Trauma bay protocol

\_\_\_\_\_ Sterile field in trauma bay

\_\_\_\_\_ Appropriate dress for this area

II. Understands:

DCH Regional Medical Center  
 School of Radiologic Technology  
 3<sup>rd</sup> Quarter/3<sup>rd</sup> Term  
 Clinical Education PRCT III - RAD 310  
 Clinical III Preceptorship Syllabus

Course Master: Leonetta Jackson, MSHA, ARRT (R)  
 Office Hours: Posted and/or by appointment

|                                                                                                                                                                                                                       |     |        |        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------|--------|
| RAD 310 Clinical Education PRCT III                                                                                                                                                                                   |     |        |        |
| This clinical education course includes rotation assignments through all radiographic imaging areas to include mobile procedures and surgery. Competency testing continues. <i>Preceptorship is a 5:1 hour ratio.</i> |     |        |        |
| THEORY                                                                                                                                                                                                                | LAB | CLINIC | COURSE |
| 0                                                                                                                                                                                                                     | 0   | 200    | 4      |

Clinical Education PRCT III is the third in a series of eight clinical educations that will provide you with the necessary experience and education needed in the actual practice of radiography. You will continue to rotate through the designated clinical areas and have a weekend clinical rotation. By this time, you should have gained some self-confidence in areas covered in class and should demonstrate good judgment and accurate positioning skills when working in a stressful environment.

You will continue to master the required competency exams under direct supervision and will perform under indirect supervision exams mastered in previous quarter. A technologist and/or faculty or preceptor must assist students in all repeats.

### COMPETENCY REQUIREMENTS

1. You must be evaluated on ten (10) clinical competency exams from categories I, II and III. Category I – chest and abdomen. Category II upper and lower extremities. Category III axial skeleton. Overall total of 22.
2. Must perform at a minimum level of 75%.
3. Routine projections of all exams must be performed.
4. Exams are NOT to be done unless under direct supervision of a staff technologist or instructor. Staff or instructor must assist with all repeats.
5. All exams must be checked by staff technologist or instructor.
6. The exams listed on the computer must be mastered prior to graduation. (Must complete all the mandatory and electives and recomplete 80% of mandatory and elective components.)

### ATTENDANCE

1. All make-up time is to be made up at the discretion of the clinical coordinator and/or PD.
2. If sick, you are required to call in 30 minutes before the hour you are scheduled to report to their clinical assignment.
3. Punctuality is expected and enforced
4. All vacation or excused absences must be approved in advance.

### GRADE DETERMINATION

- |    |                                                                           |                      |
|----|---------------------------------------------------------------------------|----------------------|
| 1. | Preceptor evaluations                                                     | 65% of _____ = _____ |
| 2. | Competencies<br>10 required from Categories I, II & III<br>10 points each | 25% of _____ = _____ |
| 3. | Attendance                                                                | 10% of _____ = _____ |
|    | Tardies in excess of 2                                                    | -2 each              |
|    | Sick in excess of 2                                                       | -2 each              |

Final Clinical Grade = \_\_\_\_\_

### GRADING

A = 93 – 100

B = 83 – 92

C = 75 – 82

F = Below 75







DCH Regional Medical Center  
School of Radiologic Technology  
5<sup>th</sup> Quarter/5<sup>th</sup> Term  
Clinical Education PRCT V - RAD 510  
Clinical V Preceptorship Syllabus

Course Master: Leonetta Jackson, MSHA, ARRT (R)  
Office Hours: Posted and/or by appointment

RAD 510 Clinical Education PRCT V

2. Become proficient in surgery and C-Arm procedures (C-Arm in-service).
3. Demonstrate the ability to perform exams under difficult and stressful situations.
4. Perform IV contrast injections with supervision following DCH protocol.
5. The student will understand the importance of checking lab values (BUN & Creatinine) before injection of contrast media.
6. Perform intricate exams.
7. Demonstrate his/her ability to perform exams on difficult or uncooperative patients. Have a better understanding of swallowing disorders.
8. Be able to adapt positioning skills to accommodate patients not able to cooperate in a routine manner.
9. Demonstrate the need for speed and accuracy in emergency situations.
10. Will expand knowledge of procedures performed in Endoscopy (worksheet attached).

#### COMPETENCY REQUIREMENTS

1. Complete BUN / Creatinine/ eGFR objective.
2. Complete Swallowing Disorders objective.
3. Complete Endoscopy Procedures objective.
4. CATEGORY V – Contrast studies of the GI/GU and reproductive.
5. The exams listed on the student competency record must be mastered prior to graduation.

#### ATTENDANCE

1. All make-up time is to be made up at the discretion of the clinical coordinator and/or PD.
2. If sick, the student is required to call in 30 minutes before the hour they are scheduled to report to their clinical assignment.
3. Punctuality is expected and enforced.
4. All vacation or excused absences must be approved in advance.

#### GRADE DETERMINATION

Clinicals

- 1.

Final Clinical Grade = \_\_\_\_\_

GRADING    A = 93 – 100    B = 83 – 92    C = 75 – 82    F = Below 75 30





## BUN / Creatinine/ eGFR

Write a 2-page, typed report to include:

1. Normal values
2. Creatinine is a by-product of what
3. BUN is a by-product of what
4. An increase in BUN / Creatinine levels indicate what
5. In the Radiology department, when do BUN / Creatinine levels need to be checked
6. How to find values (2)
7. Importance of checking BUN / Creatinine levels
8. Define eGFR and its importance

Reference: Internet  
Internal Medicine books

Swallowing Disorders  
5 points each

1. Define dysphagia:  
\_\_\_\_\_  
\_\_\_\_\_
2. Dysphagia is caused by \_\_\_\_\_ or \_\_\_\_\_
3. The precaution to watch for in patients who have dysphagia is  
\_\_\_\_\_  
\_\_\_\_\_
4. An NG tube was inserted into John's stomach because he was unable to  
\_\_\_\_\_  
\_\_\_\_\_
5. A video was ordered on John even though his swallowing improved. Why?  
\_\_\_\_\_  
\_\_\_\_\_
6. John choked on what foods?  
\_\_\_\_\_  
\_\_\_\_\_
7. In Stage 1, a swallowing disorder occur \_\_\_\_\_

9. In Stage 3, a swallowing disorder occurs when \_\_\_\_\_  
\_\_\_\_\_

10. List 5 symptoms of swallowing disorders

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

11. The most common disagreement families have with staff if their family member has swallowing disorders is:  
\_\_\_\_\_  
\_\_\_\_\_

12. What amount of food and liquid should a patient have at one time?  
\_\_\_\_\_  
\_\_\_\_\_

13. Best positioning for swallowing is \_\_\_\_\_ at a right angle \_\_\_\_\_

14. To help move food through the throat, the \_\_\_\_\_



16. A video can show what three things?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

17. When should a speech pathologist order a FEES?

---

---

18. List three alternative means of feeding?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

19. A pureed food is the right conccc rignTJETQq0.00000912 0 612 792 reW\* nBT/F2 14.04 1 0 0 1 324.05 4





DCH Regional Medical Center  
School of Radiologic Technology  
7<sup>th</sup> Quarter/7<sup>th</sup> Term  
Clinical Education PRCT VII - RAD 710  
Clinical VII Preceptorship

Course Master: Leonetta Jackson, MSHA, ARRT (R)  
Office Hours: Posted and/or by appointment

RAD 710 Clinical

2. Continue to work toward completion of the clinical competen





Education Eligibility



5. Check contrast material and emergency drugs for quantity and possible chemical deterioration (check expiration dates of all drugs).
6. Fill syringes with contrast material using sterile technique when appropriate.
7. If the procedure is a fluoroscopic examination, prepare the patient and equipment before the radiologist enters the room.
8. Select the proper film size and type, correctly reload film holder, if needed.

B. Evaluation of the Requisition:

The student will:

1. Correctly identify the patient using two patient identifiers.
2. Determine the patient's mode of transportation.
3. Follow instructions as outlined by the radiographic requisition.
4. Based on the requisition, the

7. Determine the patient positions and projections of the area of interest in relation to the patient's condition.
8. Correctly identify the part or side of the patient with "R" or "L" lead marker properly placed.
9. Record the radiographic exam including any pertinent comments about the exam or the patient's condition.
10. Record any equipment problems in the proper logbook.

C. Patient Care:

The student will:

1. Respect each patient's privacy and concerns.
2. Treat each patient with dignity and respect.
3. Correctly identify the patient using two patient identifiers for whom the radiographic procedure is requested.
4. Transport the patient to and from radiology without injury to the patient or yourself.
5. Explain the radiographic exam to the patient or a family member.
6. Inform the patient of what will happen during the radiographic procedure.
7. Reassure the patient and answer any questions.
8. Draw implications from the patient information to allow the radiographic exam to be conducted as efficiently as possible.
9. Alert the radiologist to possible contraindications to the requested radiographic exam such as:
  - possible radiation exposure to a fetus
  - recent duplication of the exam
  - effectiveness of patient preparation for the examination
  - signs of distress, adverse or emergency reactions
10. Transport the patient on a stretcher or wheelchair into the radiographic room; position the vehicle next to the examination table.

11.

compatible with the diagnostic quality, desired, if not using AEC.

3. Carefully adjust the exposure factors for special considerations, i.e. patient's size, medical condition, age, sex or muscularity, if not using AEC.
4. Using arithmetic calculations, adjust the technique to compensate for change in the Group



IV. Radiation Protection:

The student will:

1. Consider the effects of ionizing radiation on human tissue and conform to established safety standards.
  - A. wears protective lead garments if in the room during an exposure
  - B. makes exposures from behind the lead protective barrier

corent

- 
1. iatiof exp02uoA.  
p

V. Injectable Contrast Media and Procedures:

The student will:

1. Check contrast material and emergency drugs for chemical deterioration. In performing radiography when sterile, surgical or invasive procedures are involved, use knowledge of sterile conditions and procedures to achieve or maintain the sterile integrity of materials, area or parts of the patient's body.
2. Using sterile technique, fill syringes with contrast matyostaintain

- the examination and offer the least amount of discomfort to the patient
      - C. provide a technical quality review of the images produced
- 4. Assess for each image / radiograph / procedure whether:
  - A. correct patient view and full area of interest is demonstrated
  - B. unnecessarily large area of the patient is visible (irradiated)
  - C. proper shielding of the patient is visible
  - D. artifacts, blurring, or distortion of the image is present
  - E. adequate detail and definition are present in the image
  - F. adequate density and contrast are present to provide the diagnostic quality required for the examination
  - G. the anatomy and area of interest are demonstrated satisfactorily for diagnostic purposes, based on the requested exam and review of the radiographs
  - H. problems were caused by the radiographer's performance (improper positioning, incorrect exposure factors, etc.) or if malfunctioning equipment is responsible
  - I. anatomical structures needed are shown in the image and their relationships are demonstrated appropriately
  - J. proper collimation has been used to prevent exposing areas of the patient unnecessarily
  - K. standards for diagnostic quality have been met
  - L. any views have been omitted



5.

D. Image Identification

The student will review each radiograph to determine:

## INTEREST and PREPARATION

To demonstrate this trait, the student will:

1. Be able to perform the radiographic procedures ordered.
2. Possess and use items required to perform the procedures, i.e. lead markers, pen/pencil, radiation monitoring devices, etc.
3. Have the motivation to learn and alternative methods to perform the procedures.

## COOPERATION

To demonstrate this trait, the student will:

1. Respect patients and personnel's privacy and dignity.

4. Perform any tasks that are necessary for the efficient function of the radiology department.

#### DEPENDABILITY

To demonstrate this trait, the student will:

1. Be prompt in:
  - A. arriving at the clinical site early enough to prepare your assigned area.

misunderstandings should be brought to the clinical coordinator or PD.

3. Exhibit adaptability in new or unusual situations.
4. Follow the rules of the clinical site and medical facility.
5. Exercise self-discipline in performing all aspects of your duties.
6. Keep your mind on your responsibilities and follow them through until the job is completed.
- 7.



upon arriving after the beginning of an assignment. Students who arrive early but are found not reporting to their assigned areas on time will receive a tardy.

4. When it is impossible for the student to fulfill assignment obligations, it is the student's responsibility to notify the PD or other school official prior to the beginning of the assignment. If the student is unavoidably late, the PD or clinical instructor should be notified as soon as possible. In the event the PD or CC is unavailable, leave a voice message on their office line.
5. Should a clinical education center ask for a student to be removed from that clinic, the student can be penalized up to dismissal from the program. If a clinic asks that a student not be reassigned to that clinic, the student will be counseled and put

4.



### Extension Policy

In the event a student does not achieve the required competencies for the quarter, the student will receive a non-progressive grade and will be dismissed from the Program. In the event it appears the student will not achieve the minimum required competencies the student may ask for a clinical extension in an effort to achieve the necessary competencies to

5. Sterile / Medical Aseptic Technique
6. Transfer of patient
7. Care of patient medical equipment (e.g. oxygen tank, IV tubing, etc.)

#### General Plan for Competency Based Clinical Education

The clinical coordinator has primary responsibility for clinical education assignments, supervision and evaluation. Each clinical education center has a designated clinical instructor responsible for the supervision, instruction, counseling and evaluation of assigned students. The clinical instructor or a qualified staff technologist, R.T. (R) (ARRT) will supervise the students in the clinical education centers at all times. Supervision of students may be direct or indirect. The type of supervision is determined by the progress of the assigned student. Direct and indirect supervision are defined as follows:

Direct Supervision – the supervising technologist is present in the radiographic room when the student is performing a radiologic examination. The supervising technologist is responsible for assisting the student and assuring proper procedures are followed.

Indirect Supervision – the student performs examinations without the presence of a technologist in the radiographic room. This type of supervision requires that a qualified technologist be immediately available to assist the student if necessary. Immediately available is defined as being in the adjacent room or within earshot of the student. Only those students that have proven competency



14. Students should discourage visitors to the Radiology Department during clinical education assignments. A student should not visit the department while off duty.
15. Reading newspapers, books, magazines, playing on phone, iPad, computer, etc. is not permitted in the clinical area while a patient is in the department awaiting a radiographic examination.
16. The student may study in the department provided there are no patients who require their services. Studying is not permissible at times when a student should be administering patient care. Studying may be defined as reading textbooks or practicing radiographic procedures with each other; however, no radiographic exposures will be made.
17. Horseplay is not permitted!! Horseplay is a serious matter that may result in injury to yourself or others or lead to destruction of equipment or supplies.
18. Loud noises in patient care areas should be avoided. These include laughing, singing, whistling, loud talking, arguing, foul language, etc.
19. Clinical swapping for weekend assignments has to be approved by the PD or Clinical Coordinator. This should be done within the students' own class.
20. A student cannot achieve competencies while working for pay.
21. Any doctor, dental or personal appointment should be made on scheduled days off, before or after the assigned shift.
22. Departmental telephones are business telephones and personal phone calls are discouraged. Cell phone use should be limited to break times and should not be used while walking the hallways or while transporting patients.
23. Students are required to supply the PD with a telephone number where they can be reached.

### Graduation Requirements

To be eligible for graduation from this program, the student must meet the following criteria:

- All financial obligations must be met.
- All hospital education obligations (CBTs) must be met.
- Successful completion of all didactic courses.
- Successful completion of all clinical assignments.



will be ineligible to graduate with their class. In any event, those students who do not meet the requirement by the end of the final quarter of the program will have their graduation date adjusted to reflect the date the requirement is satisfied.

#### Competencies Necessary for Graduation

Each academic course and clinical assignment of this program is designed to provide the student with the necessary skills to meet the requirements of working in diagnostic radiology at the entry level. Each course syllabi contains competencies and objectives as outlined by the American Society of Radiologic Technologists (ASRT), American Registry of Radiologic Technologists (ARRT), and the Private School Licensure Division of the Alabama Community College System. Syllabi are made available to students at the beginning of each quarter, but may be obtained in PD's office or the office of the School Agent.

#### Learning Outcomes for the Student Technologist

7. Seek help from your technologist(s) to assist you in achieving your learning outcomes and satisfactorily complete your clinical assignments. Be open to suggestions & constructive criticism.
8. Reflect on your progress to increase self-awareness, confidence and competence.
9. Complete objectives for each clinical education course, which can be found in the course syllabi distributed at the beginning of each semester.
10. Develop and practice safe habits associated with equipment and accessories in accordance with accepted equipment use.
11. Employ techniques and procedures in accordance with standards in radiation protection practices to minimize exposure to patient, selves and others. Always practice the ALARA principles and *Image Gently*.
12. Acquire professional values and develop appreciation for life-long learning so that you may function in the future as a knowledgeable technologist.

Malpractice Insurance

Each student is covered with personal liability insurance at all clinical education facilities while enrolled in the program. Liability insurance is provided by DCH at no cost to the student.

Minimum Competency Requirements for each Quarter

The number of competencies to be performed each quarter is as follows:

| Quarter | Minimum Number of Required Competencies           |
|---------|---------------------------------------------------|
| 1       | 2 (optional)                                      |
| 2       | 10 or 12                                          |
| 3       | 10                                                |
| 4       | 12                                                |
|         | *34 total                                         |
| 5       | 20 comps / recomps                                |
| 6       | 20 comps / recomps                                |
| 7       | Comps/recomps must be completed by end of quarter |
| 8       | Competency evaluation for ARRT requirements       |

Total            100% of comps (total of 72)



6. Demonstrate the ability to work and communicate with other health care professionals in the treatment of trauma patients.
7. Demonstrate the ability to perform under abnormal stress and high intensity situations.
8. Under the supervision of a qualified technologist R.T. (R) (ARRT), demonstrate independent decision-making related to the performance of radiographic procedures on trauma patients.

Weekend 3 - 11 shift is usually when the best clinical experiences are available for the student. The goals for this rotation are:

1. To practice good patient care in trauma cases.
2. To become aware of the emotions involved in severe trauma cases.
3. To gain an understanding of the death and dying situation.
4. To learn variations in procedures for severe trauma cases.
5. To become acquainted with a different type of radiography practice, a different type of work atmosphere from the 'normal' shift.
6. To learn how to prioritize the work schedule.
7. To be given a more active role in trauma alerts.
8. To be able to see R.T. role change from 7 - 3 shift.
9. To practice modification of exams.

The 11 - 7 shift will give the student experience in a rotation very different than any other. On this shift the staff consists of three Diagnostic technologists and two Cr5e.5



## Radiation Protection Practices

1. Students are required to practice proper radiation safety. At no time may a student participate in a procedure utilizing unsafe radiation protection practices.
2. Students **WILL NOT** hold patients or imaging receptors during ANY radiographic procedure.
3. Students will **ALWAYS** wear personal radiation monitors, i.e. film badges in the clinical education center and in all laboratory classes.
4. Students will **ALWAYS** wear one radiation monitor at the collar level. Declared pregnant female students will also wear a second monitor at the waist level.
5. The collar monitor is worn outside the lead apron; the waist badge (fetal monitor) is worn under the lead apron.
6. Students will **ALWAYS** remove personal radiation monitors from the radiographic room. Leaving these in the exposure room will result in improper exposure readings on the badge.
7. Students **WILL NOT** remain in the radiographic room without proper protective attire and radiation monitoring device while an exposure is being made.
8. Students will **ALWAYS** remove personal radiation monitors whenever having diagnostic medical or dental radiographs performed.
9. Students will **ALWAYS** wear lead aprons and maintain a proper distance when performing mobile radiographic procedures.
10. Students will **ALWAYS** stand behind the fixed lead barrier when making a radiographic exposure.
11. Students will **ALWAYS** maximize the use of collimation.
12. Students will **ALWAYS** close the door of the room when making a radiographic exposure.
13. All personal radiation-monitoring badges will be returned to the badge control area at the end of each month per department policy.

14. Lost monitors must be reported to Program Faculty *immediately*. A written and signed statement must be submitted by the student so as to be placed in the student's permanent personal school file.
15. Radiation protection of the patient is the responsibility of the student and the supervising technologist.

Exposure reports are reviewed by the DCH Radiation Safety Officer (RSO). Reviewed personal exposure readings will then be kept on file in the PD's office. Students are asked to review and sign monitor reports. Student dosimetry reports must not exceed 25 mrem (.25 mSv) per calendar quarter.

Excessive exposure outcomes will be reviewed for inappropriate use and/or conduct, in which the student may be restricted in clinical activities.

For the complete Radiation Safety Policy, occupational radiation exposure levels, NRC occupational dose limits as well as policy and procedures regarding overexposure and limits please refer to the Radiation Safety Policy located on the DCH Imaging intranet page.

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#### Re-Comping of Competency Requirements

Beginning in the 5<sup>th</sup> quarter (or 2<sup>nd</sup> year), students can start re-comping exams. 80% of the exams listed on competency records must be re-comped before graduation. The procedure to follow is t.-Qameeffsh h horr the



## Trauma

Trauma is considered a serious injury or shock to the body and requires modifications in positioning and monitoring of the patients' condition.

## Trajecsys

5. Evaluations This menu item is used for evaluations that students will complete. (Note: not all programs will have this menu item.)

There is a User Guide linked on the left menu for more information. Also, if you have trouble logging into Trajecsys or are required to change your password each time, that usually means you are trying to log in with an incorrect user name. Please click "forgot" on the log-in page and enter your e-mail address and an email will be sent to you with your user name and password.

#### Use of the Clinical Competency Evaluation Form

Each quarter, the student will be graded on a minimum number of designated examinations completed unassisted. For all examinations required for clinical competency, the student will have been tested and practiced the examination in the laboratory during a previous quarter or during the concurrent quarter.

In the clinical setting, a student who wishes to perform a competency exam must have passed the laboratory session on the procedure.

If the student meets the criteria above, then s/he will initiate a competency evaluation. The student shall perform the procedure, process the images and have each projection evaluated using the clinical competency evaluation form. The evaluator must review the images with the student present and appropriately complete the clinical competency evaluation form.

An example of the clinical competency evaluation form can be found on the following pages. During a competency procedure, the student will be evaluated on a maximum of nine (9) categories. Each category contains several tasks with an *Excellent*, *Adequate*, *Inadequate* or *N/A* box preceding it.

Note

### Use of the Rotation Evaluation

The rotation evaluation form is intended to be used by the clinical instructor. This evaluation form will be completed by the CI at the end of each clinical rotation. It is the responsibility of the student to supply the form to the CI before the last day of their assignment. The completed forms will be used by the CC in the calculation of the student's clinical grade.





Section VI: Accreditation / Licensure / Certification

Page Number

|                                    |     |
|------------------------------------|-----|
| ARRT .....                         | 171 |
| Certification & Registration ..... | 171 |

T

## Education Requirements

As part of their education, candidates must demonstrate competency in didactic coursework and an ARRT-specified list of clinical procedures by completing competency requirements established for the discipline in which they are seeking certification and registration.

Candidates must have successfully completed a radiography educational program that is accredited by a mechanism acceptable to the ARRT.

## Ethics Requirements

Every candidate, as a condition of ARRT registration, must have good moral character and must not have engaged in conduct that is inconsistent with the ARRT Rules of Ethics," and they must "agree to comply with the [ARRT Rules and Regulations](#) and the [ARRT Standards of Ethics](#)." ARRT investigates all potential violations in order to determine eligibility.

Issues addressed by the Rules of Ethics include convictions, criminal procedures, or military courts-martial as described below:

Felony;

Misdemeanor;

Criminal procedures resulting in a plea of guilty or nolo contendere (no contest), a verdict of guilty, withheld or deferred adjudication, suspended or stay of sentence, or pre-trial diversion.

Juvenile convictions processed in juvenile court and minor traffic citations not involving drugs or alcohol do *not* need to be reported.

Additionally, candidates for certification and registration are required to disclose whether they have ever had any license, registration, or certification subjected to discipline by a regulatory authority or certification board (other than ARRT), as well as any honor code violations that may have occurred while they attended school.

If it is found a candidate has had the above listed infractions, the candidate may complete a [pre-application](#)

Technologists (ARRT). A minimum score of 75 is required to pass the exam. As in any of the health related careers, it is advisable to be credentialed in your profession. Failure to become a Registered Radiologic Technologist may make it very difficult to become employed and may hinder your career opportunities. The ARRT examinations are administered by Pearson VUE, the electronic testing business of Pearson Education.

The [Radiography Content Specifications](#) provide an outline of the topics covered in the exam. Since ARRT uses many references to build its exams, it does not provide specific lists of study materials or textbooks, nor does it recommend or endorse any review programs, mock registries, or study guides.

Candidates are allowed three attempts to pass an exam, and they must complete the [three attempts within a three-year period](#) that begins with the initial ARRT examination window start date.

Applications for primary pathway candidates are obtained through individual program directors. Certification and registration handbooks are available online.

Find out more about ARRT's Rules and Regulations, ARRT's standards of Ethics, Continuing Education Requirements, and Continuing Qualifications Requirements (CQR), exams, exam format, exam length, test centers, testing accommodations at [www.arrt.org](http://www.arrt.org).

### Task Inventory

An itemized list of tasks, specific activities, or competencies are required to demonstrate competency for the entry level position of a Radiologic Technologist. This task inventory addresses the categories outlined in the content specifications, such as Patient Care, Safety, and Image Production and Procedures. The complete task inventory is available at [www.arrt.org](http://www.arrt.org).

### Task Inventory and Content Specifications for Radiography

The Joint Review Committee on Education in Radiologic Technology (JRCERT) promotes excellence in education and elevates the quality and safety of patient care through the accreditation of educational programs in radiography,

handbook. If the individual is unable to resolve

Standard Two: *Institutional Commitment and Resources*

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

Objectives:

2.1



Standard Four: *Curriculum and Academic Practices*  
The

- 5.3 The program assures that students employ proper safety practices.
- 5.4 The program assures that medical imaging procedures are performed under the appropriate supervision of a qualified radiographer.
- 5.5 The sponsoring institution and/or program have policies and procedures that safeguard the health and safety of students.

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

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

Objectives:

- 6.1 The program maintains the following program effectiveness data:
  - five-year average credentialing examination pass rate of not less than 75 percent at first attempt within six months of graduation,
  - five-year average job placement rate of not less than 75 percent within twelve months of graduation, and
  - annual program completion rate.
- 6.2 The program analyzes and shares its program effectiveness data to facilitate ongoing program improvement.
- 6.3

DCH School of Radiologic Technology is licensed by the Alabama Community College System. The Private School Licensure Division of the Alabama Community College System issues Private School licenses to proprietary postsecondary schools interested in offering courses of instruction, whether on a resident campus or through distance learning, within the State of Alabama; based on recognized educational Standards and practices.

More information may be found at: <https://psl.asc.edu/external/viewapproved.aspx>.







# Codes, Policies & Forms



Section VII: Codes, Policies and Forms

Page Number

DCH Emergency Codes ..... 184  
    Bomb Threat ..... 184

Workplace Bullying ..... 232

## DCH Health System Emergency Codes

In the event of a disaster, or the possibility of one, an announcement on the hospital PA system



4. Contact Environmental Services if there is a Hazardous chemical/waste or mercury spill.

#### Right to Know

Employees and students have a right to know about any hazardous materials in their workplace or environment. Safety Data Sheets (SDS) contains information related to safe practices when working with hazardous materials. If hazardous materials are kept in your workplace or environment, SDS is available for your review at any time.

#### SDS Book

The SDS book contains the Safety Data Sheets on all chemicals that can be found at DCH. It is located on the intranet page.

1. Hazards of chemicals used in the workplace.
2. Prevention and Protection methods.
3. Emergency and First Aid procedures.
4. PPE and Disposal methods.
- 5.

## Disaster Plan

### I. PURPOSE

To ensure that our students are prepared in case of an emergency or disaster either outside of the hospital or internally.

### II. POLICY

#### A. Contacts:

|               |           |                    |
|---------------|-----------|--------------------|
| Deborah Shell | Ext 6009  | Cell: 662-523-5214 |
| Jackie Jones  | Ext. 5434 | Cell: 334-663-9690 |

#### B. External Disaster

In the event of an external disaster, the Director or the alternate manager will report to the Administrative Command Center (ACC) located in the Risk Management Conference Room, where the ACC coordinator will apprise them of the status and extent of the disaster. The Radiology Coordinator will report to the ACC coordinator, the status of Radiology resources. The radiology coordinator will take the following steps based on the severity of the disaster:

1. Notify the radiologist on duty that a disaster code has been called.
2. Calling in additional personnel as needed.
3. Checking supplies and obtain additional items as needed.
4. Assign a supervisor to the ED x-ray hallway to triage the patients, determine whether a patient should be left to be done in the ED or be transported to second floor, depending on the patient's condition and time

7. Assign a floor supervisor to route patients to receiving area, route patients to radiology rooms and out of the department.
8. If the power to the hospital is interrupted, reassign personnel to areas which have emergency power.
9. PACS is on emergency power. The PACS superT93 663g(549 12 2 T

## Policies and Procedures that Pertain to the Rad Tech Program

DCH Regional Medical Center  
School of Radiologic Technology  
Access to Information

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### Purpose of Policy:

The purpose of this policy is to set forth the guidelines pursuant to which users may access patient information in whatever medium it may exist.

### Principle of Policy:

DCH Health System develops, stores, maintains and releases patient information for the treatment of patients and the management and payment of their accounts and for Health System operations. Such information must only be accessed by those with a need to know the information and only to the extent that is minimally necessary.

### Applicability of Policy:

This policy applies to any user who must access patient information that is developed, stored, maintained, or released by DCH Health System in order to do his/her job or to discharge his/her obligations to DCH and/or his/her patients.

### Responsibility for Compliance with Policy:

The Privacy Officer, Data Security Officer, and the Vice President for Medical Affairs are responsible for compliance with this policy.

### Policy:

1. Only users who have executed a DCH Health System Confidentiality Acknowledgement & Agreement Form (" Acknowledgement" ) shall be granted access to any patient information. An Acknowledgement must be signed at the beginning of user's association with the Health System and acknowledged at least annually thereafter.
2. Access to patient information shall only be granted to those users who have a need to access patient information in order to do their job or discharge their obligations to the Health System or their patients. Further users shall be granted access to the information that is minimally necessary.
3. Each user's access to patient information shall be subject to the following:
  - a. Users may only access information for which they have a legitimate/job related need to know for treatment, payment/billing, or healthcare operations. Further, accesses must be the minimum necessary access for this purpose(s).
  - b. Users may not access the PHI on any person for which this information is not needed for treatment, payment/billing, or healthcare operations and that is not necessary for

job duties. Specifically, users will not access information on themselves, family, relatives, or friends unless they meet the above criteria.

- c. Users are obligated to hold confidential information in the strictest confidence and not to disclose the information to any person or in any manner which is inconsistent with applicable policies and procedures of DCH Health System.
- d. Users may print information from any hospital information system only when necessary for a legitimate purpose and are accountable for this information until it is destroyed. Patient medical information may only be stored in authorized locations.
- e. All patient identifiable information must either be shredded or disposed of in a safe and confidential manner. Each user is responsible for printed data that he/she generates.
- f. Patient information available from any hospital information system or source may be preliminary and, therefore, may not have been reviewed for accuracy. If a user chooses to use or disseminate this information, consistent with relevant policies and procedures, he/she does so being informed of the possible preliminary nature of the information.
- g. DCH provides/releases to user's patient information for the treatment of patients. Users are responsible to use this information consistent with all applicable rules, laws, regulations, and standards.
- h. Users may not seek personal benefit or permit others to benefit personally by any confidential information that the user may have access to.
- i. Failure to comply with confidentiality obligation may result in disciplinary action or termination of employment/educational affiliation by DCH Health System and its affiliates, or corrective action in conformance with current medical staff bylaws, rules and regulations.

DCH Regional Medical Center  
School of Radiologic Technology  
Cellular Telephones and Any Other Electronic Device

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This policy outlines the use of personal cell phones and other portable electronic devices in the classroom and clinical education setting, including special issues related to camera phones, the personal use of business cell phone, smart watches and the safe use of cell phones by employees while driving.

Personal Cell Phones

1. While in school, students are expected to exercise the same discretion in using personal cell phones as is expected for the use of DCH phones. Excessive personal calls during the workday, regardless of the phone used, can interfere with employee productivity and be distracting to others.
2. Personal cell phones or other portable electronic devices to include Apple watches or other smart watches should be turned off or silenced and not seen, including Bluetooth devices on the ear, during class, on the class (when applicable) or in the classroom. (TJETQq0.(d)32 waa)
3. Students should limit their personal telephone usage, text messaging, e-mails, Facebook, Instagram, Twitter, Snapchat, TikTok, etc. during working hours to emergency situations only.
4. Cellular phones and other portable electronic devices may only be used during breaks or lunch periods and should not be used while walking the hallways.
5. Students are

written notice upon the first offense. Any subsequent offenses will result in immediate suspension for three days without the possibility of making up missed assignments and/or tests. Incoming calls, pages and texting are also forbidden. If a cellular telephone or pager is carried in a purse or on the body, it must be turned off during lecture classes and clinical assignments.

Disciplinary action will be taken if a student uses a cell phone for calling, texting, or photo taking during clinical rotations.

I have read, understand, and agree to abide by this policy.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

DCH Regional Medical Center  
School of Radiologic Technology  
Classroom and Clinical Behavior Understanding

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In order to acquire the knowledge and skills necessary to become proficient in the profession of Radiologic Technology, the student must pay strict attention to the instructor during all lecture and lab sessions. This requires good listening skills and participation by asking questions and offering appropriate comments related to the subject matter. Failure to follow these guidelines may result in disciplinary action to include dismissal from the program.

Not paying attention, disruptive behavior and sleeping in class, online class (when applicable), lab or clinic



DCH Regional Medical Center  
School of Radiologic Technology  
Dress Code Policy

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DCH Regional Medical Center  
School of Radiologic Technology  
Drug & Alcohol Policy

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I have read and understand the policy regarding drug & alcohol. By my signature, I agree to abide by the Drug and Alcohol

DCH Regional Medical Center  
School of Radiologic Technology  
Employer Survey Consent Form

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Purpose: Our accreditation agency requires us to conduct employer follow-up studies on our

DCH Regional Medical Center  
School of Radiologic Technology  
Enrollment Agreement Contract

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- \_\_\_\_\_1. I hereby acknowledge receiving the DCH Radiology Program's handbook dated September 2022, which contains information about attendance, academia, finances, policies for program as well as DCH, etc. The school handbook is included as part of this enrollment agreement and I acknowledge that I have received a copy of this handbook.
- \_\_\_\_\_

DCH Regional Medical Center  
School of Radiologic Technology  
Handbook & Policy Manual Student & Clinical

---

The DCH School of Radiologic Technology Program Handbook provides information regarding the policies and procedures of the program. Students must indicate agreement with each of the following statements

\_\_\_

I comprehend and will abide by the radiation prorc9s2rc0n prp pc1(0)-3(). TJETQq0.00000912 0 612 792 reW\* n

DCH Regional Medical Center  
School of Radiologic Technology  
Incident Reporting Form

Date incident received by Radiology School Faculty: \_\_\_\_\_

Student Name: \_\_\_\_\_

Date Reported: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Mechanism by which report of event was received:      Student      CI      Manager/Supervisor

Brief Description of Incident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Program Official's Comments and/or Suggested Areas of Improvement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Actions taken:

- Incident has been reviewed and addressed with appropriate staff members
- Additional education has been provided to all involved

Resolution of Incident:

- Resolved, no further follow-up required
- Unresolved, further follow-up required
- Resolved after further follow-up

Student Acknowledgement

By signing below, I acknowledge that I have been informed of the incident, suggestions for improvement, and any resulting Disciplinary Action (form to be attached) following based on the incident stated above.

Student Name (print): \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Official (print): \_\_\_\_\_

Program Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DCH Regional Medical Center  
School of Radiologic Technology  
MRI Scanner Information

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Magnetic Resonance Imaging or MRI utilizes strong magnetic fields and radio frequency waves to produce high-resolution, diagnostic images of the body. MRI is especially useful in the evaluation of soft tissues and blood vessels.

Regional Medical Center has two 1.5 Tesla short-bore scanners which significantly reduces the anxiety associated with older conventional machines. At the Outpatient Center we have a 3.0T scanner. At Ruby Tyler we have a 1.5 T scanner. Northport Medical Center has one 1.5T short bore scanner.

Students are not to enter the MRI Suite until they have been screened and documentation placed in their permanent folder, and submitted to the MRI Supervisor. Students will be required to take the MRI Zone test.

MRI Scanner General Information

Students **ARE NOT** permitted to enter the scan room without prior screening from the MRI staff.

I. PURPOSE

To educate all employees and students on creating a safe environment in and around the MRI scanners.

II. POLICY

MRI scanners use very strong magnetic fields to generate images. Ferrous metals **must not** enter the exam room. Ferrous metals entering the scan room are subject to being pulled into the magnet. In order to maintain a safe environment, the following procedures will be strictly followed.

III. TASK CLASSIFICATION/PRFu0 6.304 293.33 T6r02 293.3snBT5(T)-4(ASK)6( C)5(LA)-3(S)6(S)6(I)-4(FI)9(C)-3(A)8(



4. Patients will be carefully screened for possible objects that may be pulled into the magnet. Patients moved from a hospital stretcher to the MRI scan table will be carefully checked to ensure that no metallic or ferrous metals are in the sheets or blankets.
5. Stretchers and wheelchairs will not be allowed to enter the MRI scan room.
6. The MRI staff will perform all light housekeeping duties. Other housekeeping duties will be performed under the direction of the MRI staff.

VI. AGE SPECIFIC CONSIDERATIONS

VII. REFERENCES

VIII. CONTACT PERSON  
MRI Department Manager  
MRI & CT Supervisor

IX. DATES

Reviewed: July 2004

Reviewed: March 2009

Revised: July 2012

Reviewed: August 2014

Revised: August 2015

Revised: August 2016

Reviewed: May 2020

Reviewed: September 2022





DCH Regional Medical Center  
School of Radiologic Technology  
MRI Zone Information & Safety

---

The MRI suite is divided into four zones to provide restrictions to ensure the safety of patients and other non-MRI personnel.

Zone I includes all areas that are freely accessible to the general public. This area is outside the MR environment and is the area through which the patients, healthcare personnel and other employees of the MRI suite use to access the MRI environment.

Zone II is the area between the publicly accessed area (Zone I) and the controlled areas (Zones III & IV). Patients are under the supervision of MRI personnel in this area. It is in this area that all MRI screening questions are answered and addressed.

Zone III access is controlled by the supervision of MRI personnel. All access to Zone III is strictly restricted. All non-MRI personnel and patients must first undergo a successfully passed MRI screening to enter Zone III. This is to ensure the safety of patients, other non-MRI personnel and the equipment itself.

Zone IV is the area synonymous with the MRI scanner magnet room. It is always clearly marked as being potentially hazardous due to the presence of a very strong magnetic field. This area is always located within Zone III. No access to Zone IV is allowed without first being screened for Zone III.

The MRI zones at RMC, NMC and RT are clearly marked with zone signs in each area. There are also restrictive tension barriers, caution/warning signs and locked doors to ensure limited access. If you are unsure if you may proceed into any area in the MRI suite, contact an MRI employee.

It is required that all personnel who enter the MRI suite undergo the screening process. At the end of this in-service, you MUST complete a test for competency. We also request that if you have not already, complete the screening questions to ensure everyone has been approved for access into the MRI suite.



DCH Regional Medical Center  
School of Radiologic Technology  
MRI Zone Restrictions Test

---

Student Name: \_\_\_\_\_

Emp ID #: \_\_\_\_\_

1. The MRI suite is divided \_\_\_\_\_ to ensure safety.
  - a. down the middle
  - b. by a single door
  - c. into four zones
  
2. Zone I can be found:
  - a. outside the MR environment, freely accessible to the general public
  - b. where only MRI personnel are allowed
  - c. in the magnet room where the scan is performed
  
3. The MRI screening questionnaire is answered and addressed in which zone?
  - a. Zone II
  - b. Zone III
  - c. Zone I
  
4. Zone restrictions are in place to:
  - a. make all patients feel welcome
  - b. ensure the safety of patients and other non-MRI personnel
  - c. complicate the process

5. Zone III access is controlled by:
  - a. a dragon
  - b. MRI personnel
  - c. a coded door
  
6. All non-MRI personnel and patients must first undergo a successful \_\_\_\_\_ to enter Zone III.
  - a. TB skin test
  - b. MRI screening
  - c. chest x-ray
  
7. Zone IV is potentially hazardous due to the presence of:

10. In what zone would you find this picture?

- a. Zone I
- b. Zone IV
- c. Zone III



DCH Regional Medical Center  
School of Radiologic Technology  
Notice of Intent to Formally Appeal a Grade

---

Student Information:

Student Name: \_\_\_\_\_ Student ID or SS#: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Course Information:

Course Name: \_\_\_\_\_ Name of Instructor: \_\_\_\_\_

Quarter Taken: \_\_\_\_\_ Grade Received: \_\_\_\_\_ RAD #: \_\_\_\_\_

-----  
Was an informal remedy sought with the instructor through conversation or other means? \_\_\_\_\_

This appeal is based on the claim of (check all that apply - refer to definitions in the policy)

Arbitrariness \_\_\_\_\_ Prejudice \_\_\_\_\_ Error \_\_\_\_\_

Please provide a statement of reasons justifying the claim that your grade was improperly assigned. Use additional pages if needed.

\_\_\_\_\_  
\_\_\_\_\_

Add any relevant information and/or documentation tha



DCH Regional Medical Center  
School of Radiologic Technology  
Orientation

---

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewer will sign and date (m/d/y) as completed.

The student will sign at completion and return to Faculty Advisor.

Completed in the following way:

A. Lecture B. Written Test C. Verbalized D. Demonstrated E. Other (specify) \_\_\_\_\_

| General Responsibilities | How Met | Date<br>(m/d/y) | Reviewer's Name |
|--------------------------|---------|-----------------|-----------------|
|--------------------------|---------|-----------------|-----------------|

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Signature of Student/Date

---

Signature of Faculty/Date



The JRCERT, recognized by the United States Department of Education for the accreditation of radiography, radiation therapy, magnetic resonance, and medical dosimetry educational programs investigates allegation(s) submitted, in writing, signed by any individual with reason to believe that an accredited program has acted contrary to the relevant accreditation standards or that conditions at the program appear to jeopardize the quality of instruction or the general welfare of its students.

Joint Review Committee on Education in Radiologic Technology (JRCERT)  
Allegations Reporting Form

DCH Regional Medical Center  
School of Radiologic Technology  
Professional Standards

---

As you enter the profession of Radiologic Technology, you must understand that you are entering a field of medicine that requires certain professional standards that other career choices may not require. Professional dress, appearance, attitude, and modes of communication must be of certain standards in order to maintain the confidence and care of the patient. Patients under the care of the radiographer present themselves in all ages, cultures and of various ethnic origins; therefore, trendy modes of dress and appearance and unprofessional demeanor and attitude will not be tolerated.

The program has an established dress code and a code of ethics, which are contained in this handbook. You must review the entire contents of this handbook once you are accepted into this program.

Your signing of this Professional Standards Form indicates that you have read and understood

DCH Regional Medical Center  
School of Radiologic Technology  
Request for Time off (RTO)

---

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date(s) Requested as Personal Leave: \_\_\_\_\_

If less than a full day, state exact hours. No less than a 4-hour increment is permitted.

Time Range that you will be absent: \_\_\_\_\_

Time off requested is during a (please check one)

DCH Regional Medical Center  
School of Radiologic Technology  
Room Equipment Evaluation

---

Name: \_\_\_\_\_ Semester: \_\_\_\_\_

RT: \_\_\_\_\_ Room #: \_\_\_\_\_

Must be completed by student and may be reviewed by evaluating technologist.

Equipment

a. Type: \_\_\_\_\_ d. Focal spots: \_\_\_\_\_  
b. Kv range: \_\_\_\_\_



| Image Receptor                                | Yes | No | N/A |
|-----------------------------------------------|-----|----|-----|
| Recognize various size IRs                    |     |    |     |
| Proper placement of IR into table/wall bucky  |     |    |     |
| Proper alignment of IR and radiographic tube  |     |    |     |
| Miscellaneous                                 | Yes | No | N/A |
| Crash Cart location                           |     |    |     |
| Use and care of radiation protection apparel  |     |    |     |
| Location and application of cleaning supplies |     |    |     |

DCH Regional Medical Center  
 School of Radiologic Technology  
 Rotation Evaluation

Student: \_\_\_\_\_ Date: \_\_\_\_\_  
 CES: \_\_\_\_\_ Room Assignment: \_\_\_\_\_ Technologist: \_\_\_\_\_

|                              |                               |                               |                        |                                  |                               |
|------------------------------|-------------------------------|-------------------------------|------------------------|----------------------------------|-------------------------------|
| Organization of Work         | Plans time and works well     | Unsatisfactory                | Above average producer | Consistent top performer         | Fair                          |
| Quality of Work              | Consistently accurate         | Makes repeated mistakes       | Seldom makes mistakes  | Seldom accurate                  | Work generally acceptable     |
| Application of Knowledge     | Good                          | Fair                          | Excellent              | Inadequate                       | Poor                          |
| Concern for Patient          | Unconcerned for patient       | Usually concerned for patient | Above average concern  | Indifferent, cool to the patient | Justifies complete confidence |
| Perseverance                 | Follows through on most tasks | Dedicated                     | Is easily distracted   | Consistent                       | Inconsistent                  |
| Ability to Follow Directions | Good, rarely makes mistakes   | Makes mistakes,               |                        |                                  |                               |



DCH Regional Medical Center  
School of Radiologic Technology  
Social Media Guidelines

---

In order to promote professionalism of students enrolled in our program, no student shall post, forward or supply photos, comments, etc. of any faculty, fellow students, DCH employee, or patients to any social

1. Know and follow all DCH policies related to using the Internet, privacy and sharing information.  
These policies include, but are not limited to: DCH's Behavioral Standards, Positive Disciplinary Policy, E- mail Policy, Confidentiality Policy, Privacy Policy, Cell Phone Policy, Internet/Intranet Use Policy

5. If you are not authorized to speak on behalf of DCH, make it clear that you are speaking for yourself. If you see DCH misrepresented by the media or others, it's ok to comment on that. Just be sure to identify yourself as a DCH student, be respectful, share accurate information and avoid conflict. If you come across positive or negative remarks about DCH that you believe are important, consider sharing them by forwarding them to the Marketing/Communication Department.
6. Make sure that your online activities do not interfere with your work or our commitment to our patients.  
DCH computers and your work time are to be used for DCH business.
7. Recognize that DCH may address as a disciplinary issue any language that you post in a blog or a social media site that reflects negatively on your work ethic or your level of commitment to and compassion for our customers. Violations of this policy can result in

DCH Regional Medical Center  
School of Radiologic Technology  
Statement of Understanding Occupational Exposure to Ionizing Radiation during Pregnancy

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DCH Regional Medical Center  
School of Radiologic Technology  
Student Employment Policy

---

1. DCH Health System will not be responsible for any negligence, malpractice, illness or injury associated with radiography students during their employment at locations outside



DCH Regional Medical Center  
School of Radiologic Technology  
Student Probation Agreement

---

It is the policy of the DCH Regional Medical Center's School of Radiologic Technology that all first year students are on probation for the first three (3) months of the program. At the end of this period, the student will be evaluated. If the student is meeting all program requirements, the probation is withdrawn.

DCH Regional Medical Center  
School of Radiologic Technology  
Student Record Privacy Release

---

Student's Name: \_\_\_\_\_ SS# \_\_\_\_\_

As an enrolled student, you are protected against the release of confidential information according to the Family Educational Rights and Privacy Act of 1974 (referred to as FERPA and/or the Buckley Amendment). DCH School of Radiologic Technology has identified the following items as directory information and permission is not needed to release this data: name, campus address, permanent address, e-mail address, telephone number, date and place of birth, major field of study, participation in officially recognized activities and sports if applicable, weight and height of members of athletic teams if applicable, dates of attendance, degrees, achievements, academic awards, honors, most recent previous educational agency or institution attended, social clubs, academic clubs and societies. Students may at any time request that the directory information not be released to any one by notifying the Program Director in writing. All other academic record data may be released only by written permission from the student. Official

To release information to or to discuss information contained within the academic record, such as grades, with anyone other than the student, students are required to provide written permission. Students should be aware that mid-term and final grades will not be mailed to the students. Students may access grades from the Program Director after grades are submitted by the faculty. To have final grades for the semester mailed to parents, guardians, scholarship grantees, or employers, students should complete the following information and sign the request. A transcript will only be sent upon a separate, written request by the student.

Permission to Provide Grades to Parents, Guardian, Scholarship Grantee or Employer if approved by the student, only final grades for the semester will be mailed to the following, permission for faculty members to provide grades to parents, guardians, scholarship grantees, or employers, 7e o

DCH Regional Medical Center  
School of Radiologic Technology  
Two Patient Identifiers

---

I. Purpose

- a. To improve the accuracy of patient identification in an effort to increase patient safety and decrease risk for patients.
- b. To accurately identify the individual as the person for whom the service or treatment is intended.
- c. To match the service or treatment to the correct individual.

II. Mandatory Practice

- a. Use two patient identifiers (neither to be the patients room number) when providing any treatments or procedures.
- b. The two patient identifiers will be specific to the area as follows:

Hospital Inpatients and Outpatients

Two patient identifiers (patient name and birthday) should be verified every time before any care, treatment or service is provided.

Patient name and birthdate should be verified by comparing the informatio

- c. The patient's exam request should always be in hand and matched with two patient identifiers.
  - d. When sending for patients in the radiology tracker always enter the patient's D# instead of patient name.
- III. National Patient Safety Goals NPSG.01.01.01 to improve the accuracy of patient identification
- a. Use at least two patient identifiers when providing care, treatment and services.
  - b. Wrong-patient errors occur in virtually all stages of diagnosis and treatment. The intent for this goal is two-fold
    - i. First, to reliab1t trst, co15912 0 612 792 reW\* nBT/F1 11.04 Tf1 0 0 1 229.73 572.74 Tm0 g0 G(f)

DCH Regional Medical Center  
School of Radiologic Technology  
Two Patient Identifiers Test

---

Student Name: \_\_\_\_\_ Employee # \_\_\_\_\_

1. Why should we utilize two patient identifiers?
  - a) To improve the accuracy of patient identification and increase patient safety while decreasing risk for our patients.
  - b) To accurately identify the individual as the person for whom the service or treatment is intended for.
  - c) To match the service or treatment to the correct individual.
  - d) All the above
  
2. What should not be used as a patient identifier?
  - a) Patient's armband.
  - b) A family member.
  - c) Patient's room number.
  - d) None of the above.
  
- 3.

6. When you receive an out-patient for an exam; you can just order and complete the exam without matching two patient identifiers.
  - a) True
  - b) False
  
7. Out-patients can give which of the following for patient identifiers?
  - a) Verbal verification of their name or (ask patient and/or family member to state patient's name).
  - b) Date of Birth.
  - c) Photo ID/Driver's License.
  - d) All of the above.
  
8. In the event that correct actions aren't taken to ensure proper identification, safety, and well-being for the patient that directly results in the wrong procedure or harm being done; it could be deemed as medical negligence by legal standards?
  - a) True
  - b) False
  
9. The goal of NPSG.01.01.01 is to improve the accuracy of patient identification.
  - a) True
  - b) False
  
10. Specimen bags or containers should be removed away from the patient before they are labeled.
  - a) True
  - b) False

This interim guidance has been updated by the CDC based on currently available information about COVID-19 and the current situation in the United States.

#### Masks

Patients should, ideally, wear their own cloth face covering (if tolerated) upon arrival to and throughout their stay in the hospital. If they do not have a face covering, patients will be provided one upon entry or admission as supplies allow.

- Patients may remove their cloth face covering when in their rooms but should put it back on when around others or leaving their room.
- Facemasks and cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance.

Healthcare providers (HCPs) should wear a facemask at all times, including breakrooms or other spaces where they might encounter co-workers.

- When available, facemasks are preferred over cloth face coverings for HCPs as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others.
- Extended use of the mask throughout the shift reduces the number of times HCPs touch their face and potential risk for self-contamination.
- Respirator masks with an exhalation valve are not recommended as they allow unfiltered exhaled breath to escape.
- When leaving facility, remove respirator or facemask, perform hand hygiene, and put on cloth face covering.

#### *NEW Guidance:* Eye Protection

Universal use of eye protection (in addition to a facemask) is recommended for HCPs during moderate to sustained SARS-CoV-2 community transmission to ensure eyes, nose, and mouth are all protected during patient care encounters.

A variety of styles is available for order from Supply Chain by each department that has staff who enter patient rooms. They should be issued to employees for their individual use, cleaning, and reuse.

DCH Regional Medical Center  
School of Radiologic Technology  
Workplace Bullying

**HUMAN RESOURCES  
WORKPLACE BULLYING POLICY**

**I. OVERVIEW**

including supervisors, managers  
ing behavior. Employees found in

The purpose of this policy is to communicate to all employees,  
and executives, that DCH will not in any instance tolerate bullying

Bullying may be intentional or unintentional. However, when an allegation of bullying is made

**Verbal bullying:** Slandering, shaming, ridiculing or maligning a person or his or her family;  
persistent name calling that is hurtful, insulting or humiliating; using a person to be the short  
end of the joke; abusive and offensive remarks.

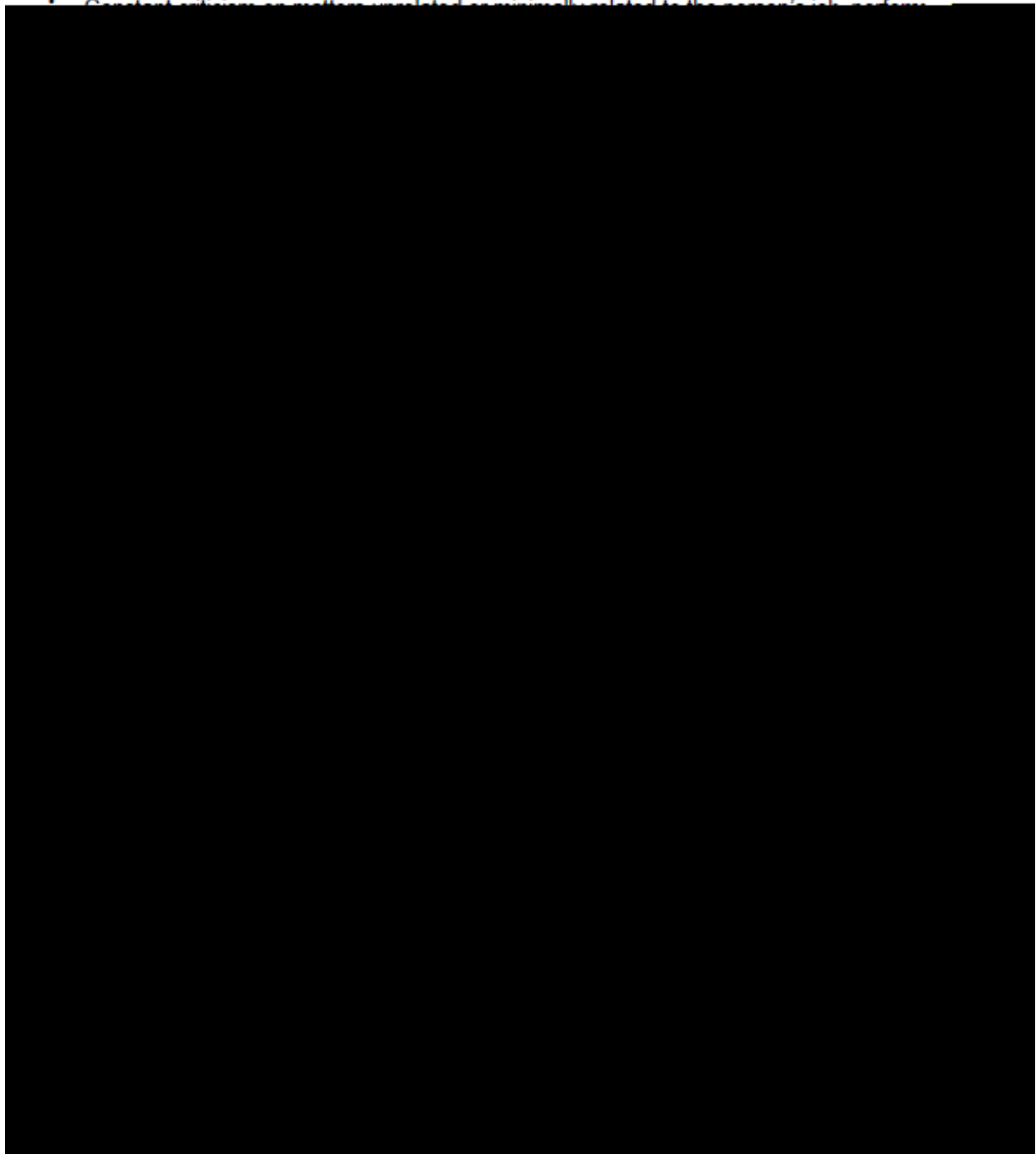
noted above, but in electronic form over email. **Cyber Bullying:** Taking the same actions

In addition, the following examples may constitute or contribute to evidence of bullying in the  
workplace:

- \* Persistent singling out of one person.

Using verbal or physical gestures that







Section VIII - Quick Reference

Radiologic Technology Administration and Faculty

|                                       |                         |                                |              |
|---------------------------------------|-------------------------|--------------------------------|--------------|
| Deborah Shell, M.Ed., R.T. (R)        | Program Director        | deborah.shell@dchsystem.com    | 205.759.6009 |
| Leonetta Jackson, MSHA, R.T. (R)      | Clinical Coordinator    | leonetta.jackson@dchsystem.com | 205.759.6012 |
| Ashley Long, M.A., CHES, R.T. (R)(CT) | Didactic Instructor     | heather.long2@dchsystem.com    | 205.759.7039 |
| Kim Wiggins                           | School Agent/Admissions | kimberly.wiggins@dchsystem.com | 205.750.5169 |

Clinical Education Listings

DCH Regional Medical Center Inpatient  
809 University Blvd E.  
Tuscaloosa, AL 35401  
205.759.7338  
Kathy Shuttlesworth, R.T. (R)  
Jill Wilson, R.T. (R)  
Hannah Hollis, R.T. (R)

DCH Regional Medical Center Outpatient  
809 University Blvd E.  
Tuscaloosa, AL 35401  
205.750.5586  
Kelly Holmes, R.T. (R)

DCH Northport Medical Center NMC  
2700 Hospital Drive  
Northport, AL 35476  
205.333.4500  
Emily Moss, R.T. (R)

DCH SpineCare  
1050 Ruby Tyler Parkway  
Tuscaloosa, AL 35404  
205.750.5712  
Brooke Lucas, R.T. (R)

Fayette Medical Center FMC  
P.O. Drawer 710  
Fayette, AL 35555  
205.932.1168  
John Files, R.T. (R)  
Whitney Collins, R.T. (R)

Ruby Tyler Imaging  
1050 Ruby Tyler Parkway  
Tuscaloosa, AL 35404  
205.750.5895

Clinical Times subject to change with notification

|                              |            |                                                                                                    |
|------------------------------|------------|----------------------------------------------------------------------------------------------------|
| DCH Regional Medical Center  | Inpatient  | 7:00 a.m. – 3:00 p.m. days<br>3:00 p.m. – 9:00 p.m. evenings<br>3:00 p.m. – 7:00 p.m. Fridays only |
| DCH Regional Medical Center  | Outpatient | 7:00 a.m. – 3:00 p.m.                                                                              |
| DCH Regional Medical Center  | ED X-ray   | 7:00 a.m. – 3:00 p.m.                                                                              |
| DCH Northport Medical Center | NMC        | 7:00 a.m. – 3:00 p.m.                                                                              |
| DCH SpineCare                |            | 7:00 a.m. – 3:00 p.m.                                                                              |
| Fayette Medical Center       | FMC        | 7:00 a.m. – 3:00 p.m.                                                                              |
| Ruby Tyler Imaging           |            | 9:00 a.m. – 5:00 p.m.                                                                              |
| The Radiology Clinic         |            | 7:00 a.m. – 3:00 p.m.                                                                              |

Quarter Schedule tentative and subject to change

|                              |                                 |
|------------------------------|---------------------------------|
| 1 <sup>st</sup> Quarter 2023 | September 25 - December 8, 2023 |
| Thanksgiving Holiday         | November 23 & 24, 2023          |
| Break Weeks                  | December 11 - December 22, 2023 |
|                              | December 26 - March 8, 2024     |
| New Year's Holiday           | January 1, 2024                 |

