

MASSACHUSETTS COLLEGE OF
LIBERAL ARTS

RADIOLOGIC TECHNOLOGY
STUDENT HANDBOOK

2023 – 2024



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This Student Handbook has been designed to give students in the Radiologic Technology Program at Massachusetts College of Liberal Arts an overview of the program. The *Handbook* is revised on an annual basis and students currently in the program are subject to the revisions and changes in the Handbook.

THIS HANDBOOK IS NOT A CONTRACT AND SHOULD NOT BE VIEWED AS SUCH.

RADIOLOGY PROGRAM CODE OF ETHICS

The following are professional standards developed by the American Society of Radiologic Technologists (ASRT) by which all students must adhere. The Radiologic Sciences involves professional behavior, honesty and integrity of graduates and students. The Code of Ethics forms the first part of the Standards of Ethics. The Code of Ethics shall serve as a guide by which Certificate Holders and Candidates may evaluate their professional conduct as it relates to patients, healthcare consumers, employers, colleagues, and other members of the healthcare team. The Code of Ethics is intended to assist Certificate Holders and Candidates in maintaining a high level of ethical conduct and in providing for the protection, safety, and comfort of patients. The Code of Ethics is aspirational. The radiologic technologist student conducts him or herself in a professional manner, responds to the needs of patients and supports colleagues and associates in providing quality patient care.

- The Registered Technologist acts in a professional manner, responds to patient needs, and supports colleagues and associates in providing quality patient care.
- The Registered Technologist acts to advance the principal objective of the profession to provide services to humanity with full respect for the dignity of mankind
- The Registered Technologist delivers patient care and service unrestricted by the concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, familial status, disability, sexual orientation, gender identity, veteran status, age, or any other legally protected basis.
- The Registered Technologist practices technology founded upon theoretical knowledge and concepts, uses equipment and accessories consistent with the purposes for which they were designed, and employs procedures and techniques appropriately.
- The Registered Technologist assesses situations; exercises care, discretion, and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.
- The Registered Technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.
- The Registered Technologist uses equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice, and demonstrates expertise in minimizing radiation exposure to the patient, self, and other members of the healthcare team.
- The Registered Technologist practices ethical conduct appropriate to the profession and protects the patient's right to quality radiologic technology care.
- The Registered Technologist respects confidences entrusted in the course of professional practice, respects the patient's right to privacy, and reveals confidential information only as required by law or to protect the welfare of the individual or the community.
- The Registered Technologist continually strives to improve knowledge and skills by participating in continuing education and professional activities, sharing knowledge with colleagues, and investigating new aspects of professional practice.
- The Registered Technologist refrains from the use of illegal drugs and/or any legally controlled substances which result in impairment of professional judgment and/or ability to practice radiologic technology with reasonable skill and safety to patients

MISSION OF THE PROGRAM

The Health Sciences degree in radiology prepares students to meet the needs of the medical imaging community through an advanced level of education with a broader knowledge base that meets the demands facing the healthcare industry today. With a foundation in the liberal arts, the competency-based program fosters excellence by expanding the curriculum in the application of current, developing, and advanced imaging technologies.

The graduate will use appropriate interpersonal skills, think critically, embrace diversity, employ healthcare research, and apply appropriate radiation safety measures becoming ethical professional leaders dedicated to the health and safety of their patients

ADMISSIONS PROCESS _____ Implemented: 6/19 __Revised: 6/20, 6/21, 6/22,6/23

RADIOLOGIC TECHNOLOGY ADMISSION POLICIES (In addition to MCLA Admission Standards):
Students seeking admittance to the MCLA radiology program will follow one of two paths:

- First year students declaring as a Health Sciences major with a Concentration in Radiologic Technology
- Matriculated or transfer students who meet the following criteria for the health sciences radiologic technology admittance

Minimum acceptance requirements include:

- Overall GPA of 2.85 or higher
- BIOL 150 Introduction to Biology I: cells C+
- BIOL 342 Anatomy and Physiology I C+
- BIOL 343 Anatomy and Physiology II C+
- HLTH 110 Introduction to health care C+
- HLTH 105 Medical Terminology C+
- MATH 150 Precalculus C

Highly qualified candidates who have not taken one of the above courses by the end of their second year may be permitted to do so at a future time with the approval of the program director.

Progression to BS in Health Sciences with a concentration in radiologic technology major:

Prior to final acceptance, students must successfully complete the following courses with applicable grades or higher to be eligible for consideration for the concentration in radiology major. Acceptance into the major is limited, with chances increased by earning grades higher than the minimum in these courses:

- Precalculus C
- Anatomy and Physiology I C+
- Introduction to Healthcare C+

Students will be notified with a conditional letter upon conclusion of the review process conducted by the Radiology Admission Committee. Final acceptance into the major takes place at the completion of the spring semester after final grades. MCLA matriculated students applying to this program will be considered before transfer students.

Space in the program is limited and the final decision rests with the Radiologic Technology Admissions Committee. Alternate programs are offered to those students who do not meet the specific requirements for the Radiologic Technology program.

Non-discriminatory Policy MCLA Radiologic Technology program does not discriminate in admission or access to, or treatment or employment in, its educational programs and activities on the basis of **race, color, religion, national origin, age, disability, gender, sex, sexual orientation, gender identity, gender expression, genetic information, marital or parental status, or veteran status.**

DEGREE PROGRESSION AND RE-ADMISSION TO THE PROGRAM Implemented: 6/19

Revised: 6/23

A radiologic technology student must maintain a grade of C+ or higher in each radiology major core course and a cumulative grade point average of 2.3 to progress in the program.

A student who does not receive a C+ or higher in a RADT major course or who does not maintain a cumulative GPA of 2.3 or higher will be dismissed from the program. A student may reenter the program on a space available basis. A student who wishes to reenter must email the program director to develop a plan to raise the GPA to the admissions standards of a 2.85 and they may also need to update their clinical requirements for the program. **A student may only be readmitted to the program once.**

A student who is readmitted must repeat any radiologic technology major course in which he/she has not received a grade of C+ or higher before being eligible to take the next course (s) in the degree sequence. A student may only retake courses in which he/she has not achieved a grade of C+ or higher, except for clinical courses. Students reentering the program will need to retake the clinical course for the semester that they reenter. This is to ensure that students keep up with their clinical skills. Course repetition is allowed on a seat available basis only. Students may wish to audit classes that they have already taken to ensure that the knowledge base is retained.

RADIOLOGIC TECHNOLOGY PROGRAM DUE PROCESS/

STUDENT GRIEVANCE PROCEDURES Implemented: 6/19 Revised: 6/20, 6/23

Grievances can be identified as academic and non-academic. Academic grievances pertain to grades within Radiologic Technology courses. These can be a difference of opinion between a student and a program faculty member about clinical and didactic grading as well as aspects that affect grading such as attendance, clinical disciplinary action, instructional quality, and situations where the student believes he or she is being treated unfairly. Non-Academic Grievances within Radiologic Technology can be a difference of opinion or dispute between a student and a program instructor, hospital administrator, clinical department staff member, or another student pertaining to the interpretation and/or application of the policies and procedures, unrelated to clinical and classroom management of the program. Examples of this may be a difference of opinion between the student and a clinical preceptor on the interpretation of the Appearance Code policy.

Every attempt should be made to informally resolve any dispute at the level at which the dispute arises. Recognizing that such matters cannot always be resolved informally, Massachusetts College of Liberal Arts provides a formal process through which students can appeal to individual (s) external to the program.

Procedure for Radiologic Technology Program – Specific Academic Grievances

Procedure for Grade specific grievances: In cases involving appeals of a course grade, a student has one month into the following semester to initiate an appeal relating to grades earned in the regular Fall or Spring semester. In all other cases (e.g., summer) the student has one month after receipt of the grade to initiate an appeal. No grade appeals can be made after these deadlines.

Grade appeals must be submitted on a MCLA Undergraduate Grade Appeal form and follows a four-step process. **MCLA Undergraduate Grade Appeal form** The grade appeals form can be accessed at <https://www.mcla.edu/Assets/MCLA-Files/Registrar/PDF-Forms/Grade%20Appeal%20Undergrad.pdf>

Procedure for Radiologic Technology Program – Specific Non-Academic Grievances

It should be noted that all non-academic issues of personal conflict should be addressed directly with the individual with whom the conflict exists. If the student does not feel comfortable with this, or if he or she feels that the conflict is unsolvable at this level, then the following procedure should be followed:

1. The student must bring in writing the issue to a program faculty member within 5 working days of the incident or conflict. If the matter is related to an issue at one of the clinical sites, the student must discuss it with the site Clinical Preceptor and MCLA clinical faculty member. If the matter is related to the site Clinical Preceptor, the issue is discussed with the MCLA clinical faculty member. After discussion, program faculty will notify the student in writing within five working days of their decision. If the student is dissatisfied with the response in step one, the issue will move to step two.
2. The student must bring the written issue and the program faculty's written response to the Clinical Coordinator. After discussing the issue with all parties, the Clinical Coordinator will notify the student their resolution of the conflict in writing in not more than 5 working days. If the clinical coordinator is the program faculty member the issue will move to step 3. If the student is dissatisfied with the response in step two, the issue will move to step three.
3. The student must bring the written issue, the program faculty's written response and the response from the Clinical Coordinator to the Program Director. The Program Director will review all statements and decide within 5 working days. If the Program Director is the clinical faculty member the Clinical Coordinator will bring the matter to step 4.
4. If the matter is unresolved in the previous steps, it will be brought to the department chair. This will include the students' written statement and all correspondence from the clinical coordinator/program director/MCLA clinical site faculty member.

The entire procedure for review and resolution of non-academic issues will reach resolution in no more than 30 working days.

JRCERT ACCREDITATION AND THE STANDARDS

Implemented: 6/19

Radiologic Technology programs nationwide operate based on Standards for an Accredited Educational Program in Radiologic Sciences as adopted by the Joint Review Committee on Education in Radiologic Technology. The Standards is an outline of requirements and ideals which the Massachusetts College of Liberal Arts Sciences program must follow to meet accreditation standards.

Massachusetts College of Liberal Arts is accredited by Joint Review Committee on Education in Radiologic Technology which is recognized by the American Registry of Radiologic Technology (ARRT) as the regional accreditation agency for colleges in Radiological Technology. This accreditation makes students who have successfully completed the Radiologic Technology program eligible to sit for the ARRT exam. A copy of their Standards is in Appendix A. The college is also accredited by the New England Commission of Higher Education (NECHE).

The Joint Review Committee on Education in Radiologic Technology
20 North Wacker Drive, Suite 2850
Chicago, Illinois 60606-3182
312-704-5300 mail@jrcert.org

PROGRAM MASTER PLAN

Implemented: 6/19 Revised: 6/23

The Standards require that all Radiologic Technology programs must maintain a Program Master Plan, which contains information regarding program philosophy, curriculum and course outlines, clinical education plan, and program policies. The Radiologic Technology Program Master Plan can be found online in a shared file with radiology faculty.

CURRICULUM and SUPPORT SERVICES

Implemented: 6/19 Revised: 6/21

A copy of the program curriculum can be found in Appendix C. As you can see, the Radiologic Technology program is a demanding program. The following are some suggestions to help you.

If you are having problems do not wait before acknowledging a problem. The sooner you seek help, the better off you will be. If you find you are having an academic problem or a personal problem that is impacting your ability to do your work, seek out your instructor or advisor for assistance. If you do not feel comfortable with your instructor or advisor, think about going to any one of the program faculty, the center for success and engagement, counselor services or the Dean of Academics. **We are all here to help you succeed.**

Study: Yes, study. Acquire the habit of “study first, play later.” Think of a day of college as a day at work. When you are not in class: go to the library, have a friend quiz you, get extra help from an instructor (all instructors have posted office hours--this is your time!) or take advantage of the learning lab. Do not go out at night until you are ready for the next day's classes. Remember: learn each concept well (not short-term memory) because your patients will be placing their trust in your ability. Once you are in the hospital working, you will be using the knowledge you have gained every day. Also, you will need to pass the national registry exam, and you cannot rely on short-term memory for that.

[Center for Student Success and Engagement](#): The College's Center for Student Success and Engagement (CSSE) includes Advising, Academic Support, Career Development and Disability Resources.

- [Advising](#): The Advising center offers academic support in the form of general college and academic program information, class registration and schedule adjustments as well as general academic difficulties and academic recovery related to suspensions, withdrawals, leave of absences and probation.
- [Academic Support](#): Offers free [tutoring](#), [supplemental instruction](#), [math help](#) and [writing support](#) services to all MCLA students who request assistance
- [Career Development](#): Providing tools, resources, and knowledge from your first resume to career transitions.
- [Disability Services](#): provides students with disabilities the accommodations they need to access their college education.

[Freel Library](#): The library provides a full-range of services which includes 24/7 access to all online resources which includes full-text articles, journals, and databases. Through the library services you can get research help, borrowing privileges, course reserves, interlibrary loans, as well as computers and printing ability. One unique feature is the ability to access library resources from home which involves [remote access privileges](#).

[Counseling Services](#): offers a range of services including individual and couples counseling, crisis intervention, outreach workshops and educational programming, psychiatric treatment, alcohol and other drug education, consultation to faculty, staff, parents, and students, and off-campus referrals. Group counseling is available as needs arise. Counseling services are confidential and free to all enrolled MCLA students.

[Financial Aid Support](#): offers a range of services including virtual and counter appointments. They can help you with FASFA applications that offer aid such as Pell Grants, Supplemental Education Opportunity Grants, MASS Grants, the College Work Study Program, Perkins Loans, and Federal Direct Student Loans

[Campus Safety](#): We are committed to being responsive to our College Community in the delivery of quality services and to reduce the incidence and fear of crime, to partner with the community to solve problems, and to enhance public safety in a manner that is reasonable, unbiased and transparent.

[Emergency Preparedness](#) In the case of an emergency or other urgent event, students, faculty, and staff will be contacted through a variety of different methods. These may include telephone and cell phone voice calls, cell phone text messages, voice-mail messages, telephone intercom paging, e-mail announcements, campus websites, community postings, local media sources, and direct notification through staff. In addition, MCLA has bolstered its internal and external emergency communication capabilities with RAVE Guardian - emergency notification technology that enables the rapid and seamless distribution of information using all of the communication methods noted above.

[Harassment policy](#): behaviors that violate the Policy Against Discrimination, Discriminatory Harassment and Retaliation found in the College's Equal Opportunity, Diversity, and Affirmative Action Plan (EO Plan). Violations of this policy will not be tolerated and may result in disciplinary action up to and including termination or expulsion.

[Substance abuse policy](#) The use of illegal drugs and abuse of alcohol at the College workplace, on College property or at College activities both on and off campus impairs the safety and health of community members, inhibits the personal and academic growth of students, and undermines the public's confidence in the College. Only in an environment free of illegal drugs and alcohol abuse can the College fulfill its mission of developing the professional, social, cultural, and intellectual potential of each member of its community. For these reasons,

it shall be the policy of MCLA that all College activities, College property, and the College workplace shall be free of the use of illegal drugs and the "abuse" of alcohol. MCLA recognizes the definition below of alcohol and other drug abuse.

<https://www.mcla.edu/student-services/health-services/>: Health Services offers a range of services which include: acute care of minor illness or injury, sexual healthcare and testing, preventative care and appointment assistance to our local medical community. Current communicable disease updates are posted here along with appointment information.

Link to MCLA Community Standards (formerly Student [MCLA Community Standards](#))

GENERAL EDUCATION REQUIREMENTS _____ Implemented: 6/19, 6/22, 6/23

MCLA- In all, there are 40-41 general core credits, along with elective and program-specific radiologic technology credits in the major for 124 credits. Students transferring general education credits or elective credits may have fewer overall credits.

GRADE-POINT AVERAGE _____ Implemented: 6/19 _____ Revised: 6/20, 6/23

Students in Radiologic Technology are required to maintain a C+ or higher in all radiologic technology courses and the following required courses: HLTH 105 Medical Terminology, BIOL 342 & 343 Anatomy and Physiology I & II, BIOL 150 Into to Biology: Cells, HLTH 110 Intro to Healthcare, A grade if C or higher in ENGL 150 English Comp II, HLTH/CCAP 300 Ethics, MATH 150 Precalculus. A cumulative GPA of 2.3.

EXPENSES _____ Implemented: 6/19 Revised: 6/21, 6/23

In addition to tuition, housing and fees, Radiologic Technology students should expect the cost of books for the junior year to far exceed the cost of books for their senior year. Most of the texts purchased for the junior year will be used throughout the program. Students have reported spending \$750 to \$1000 during their junior year for their textbooks.

Expenses for which you are responsible include your own transportation to and from clinical sites, a criminal background check, Criminal Offender Record Information (CORI or equivalent), individual health insurance, the cost of an initial health physical, as well as, documentation of the following required by our clinical sites: a two-step tuberculin skin test (TST , a T spot will also be accepted for the 2 step PPD, varicella (chicken pox), Hepatitis B vaccination, annual influenza shot, other vaccinations as required by the CDC (ex. Covid-19), a current CPR card through the **American Red Cross: Basic Life Support for Healthcare Workers** or **"CPR/AED for Professional Rescuers"**, or through the **American Heart Association's BLS for Healthcare which is "Heart Code BLS"**, personalized radiographic lead markers, a clinical manual and proper clinical attire (uniforms). *The program reserves the right to add drug screening as an annual fee. Some clinical sites may require or perform random drug testing. Failure and/or refusal for drug screening are grounds for immediate removal from the Program.*

Each student is required to arrange their own transportation for travel to clinical sites. Some sites are more than an hour from the college and weather can vary throughout the year. Hospitals and clinics do not close for snow days, you should be prepared to travel in harsh weather.

Each student is required to have a laptop or iPad for in-class testing. Cell phones used for this purpose are not acceptable.

Summer clinical between the junior and senior years is at an additional cost for both tuition and housing. Students should plan for this expense and speak to financial aid if help is needed to cover these costs. Students should obtain a new 1 step PPD before senior year.

CHANGE OF ADDRESS

Implemented: 6/19

Revised:

The Radiologic Technology program and the Registrar's Office should be notified promptly of changes in name or address in case of an emergency.

INSURANCE INFORMATION

Implemented: 6/19

Revised:

Health Insurance:

Radiologic Technology students must provide documentation of current basic health insurance. Coverage under an existing plan must meet guidelines mandated by the [Commonwealth of Massachusetts](#). The college also offers a Student Health Insurance plan through Blue Cross Blue Shield of Massachusetts. ***A student cannot begin the Radiologic Technology program without proof of health insurance***

Professional Liability Insurance:

Radiologic Technology students will be covered at each of our clinical sites by a specified medical professional liability insurance policy carried by MCLA. Cost for this insurance is attached to each clinical education course as an additional fee.

PROGRAM RECORD MAINTENANCE SYSTEM Implemented: 6/19 Revised 6/21

1. **Health Services**

Documentation is required and all MCLA physical examination form(s) signed by a physician is required for participation in clinical education. This information along with any other health-related documents will be kept in a secure location in the student's file in the Health Services office.

2. **Program Occupational Radiation Exposure Report**

Radiation Exposure Reports are kept on file in the Program Director's office. Specific reports for individual students will be generated at the end of the two-year period and include the student's dose accumulated during the education period on request.

3. **Affective and Technical Skills Evaluation**

This evaluation form is completed and reviewed by the student and clinical preceptor twice throughout each semester (except for the first semester) and is stored in the student's master clinical folder.

4. **Clinical Competency Evaluation Grade Sheet**

The student initiates this form when he/she feels competent in an examination category such as “Extremities” or “Cranium” The student shall ask the clinical preceptor or other qualified technologist to evaluate his/her competency. These forms, with appropriate comments, will be stored in the student's master clinical folder.

5. **Examination Record Form**

This form indicates those exams the student has been evaluated on within each competency category. The original examination record form is stored in the student's master clinical folder.

6. **Disciplinary Action/Counseling Report**

The clinical preceptor or radiology faculty can initiate a report if at any time during the student’s clinical session, a specified negative event occurs. The report will be kept in the student's master clinical folder.

7. **Clinical Hours Sheet - Monthly/Yearly**

Each student signs in and out at their perspective clinical site on a timecard. At various times throughout the semester, program faculty will record the student's time on the student's yearly time file. Total hours ahead or behind are indicated. This form is stored in the students’ master clinical folder.

8. **Merit/ Demerit Forms**

When students receive merits or a demerit, a written record of the occurrence (s) are kept on file in the students master clinical folder.

9. **Quarterly Film Badge Reports**

These reports are initialed for each student assigned to a clinical education site and are stored in a three-ring binder in the Program Director’s office. Students will be shown their report and initial the report within 30 days of receipt of the data.

CLINICAL COMPETENCY MASTER PLAN Implemented: 6/19 revised: 6/20

By the end of their professional study, students **MUST** complete all the clinical competency requirements by the ARRT (American Registry of Radiologic Technologists). In addition, students may complete the following rotations: up to 24-hours in any of the advanced imaging modalities, a Radiologist Rotation and/or an Emergency Medicine observation. All students must successfully complete a Final Assessment Clinical Exam (FACE) which includes the following sections: an oral evaluation, a written critical thinking exam and one patient exam competence chosen by the program faculty. FACE is to be completed prior to graduation.

Course number	Course Name	Competencies Required () denotes total number required	Approx. Clinical Hours
RADT-355	Clinical Radiography I	1. Three Mandatory competencies (no trauma, pediatric, or OR procedures) additional comps may be done this semester. (3)	128*
RADT-365	Clinical Radiology II	1. Ten Mandatory competencies 2. General Patient Care Competencies (10)	280*
RADT-455	Clinical Radiology III	1. Sixteen Mandatory competencies 2. Four elective exams must be completed A. One must be from the fluoro category B. One must be from the cranium category 3. Optional Clinical Rotations- Radiologist and/or Emergency Medicine Observation – up to 16 hours each. (20)	440*
RADT-465	Clinical Radiology IV	1. Six Mandatory competencies 2. Five elective competencies- If not previously completed A. Two must be pediatric B. One must be spine/pelvis C. One must be fluoro (students need a minimum of 2 to graduate) D. One elective choice (11)	330*
RADT-475	Clinical Radiology V	1. One Mandatory competencies 2. Seven new Elective Exam Competencies 3. Additional competencies needed for graduation not previously completed. 4. Optional Elective Rotation – 24 hours (if not previously completed) 5. FACE Final Assessment Clinical Exam (8)	320*
Approximate total			1498*
<i>*Clinical hours are approximate and can range from 1420 – 1500, depending on holidays and the college's academic schedule.</i>			
Students may not comp on any procedure that has not been covered in class.			
Students will follow all institutional safety procedures and guidelines.			

**Total clinical hours are dependent on completion of all competencies & proficiency determination.*

Total hours depend on holidays and start and end dates for each academic semester.

+ See specific Clinical Education Policies for additional clarification.

Massachusetts College of Liberal Arts

Radiologic Technology Clinical Education and Laboratory Policies

All Clinical Education Policies are evaluated annually and revised if needed by Program Faculty.

APPEARANCE CODE

Implemented: 6/19 revised:

The general intent of this code is to present a professional appearance and attitude to our patients and co-workers. All students are always expected to maintain an appropriate professional appearance and attitude. This is extremely important and has a direct effect on patient confidence and the public's impression. Radiologic Technology students are a reflection on the program, the college, and the clinical site.

Each student will have as a standard part of their uniform:

1. Radiation badge
2. Name tag/College ID
3. Small pocket size clinical notebook and pen
4. Right and left lead markers with the student's initials

Apparel

- White or charcoal/pewter gray scrub-type tops– scrub pants must be charcoal/pewter gray in color.
- Wearing tight-fitting, baggy, suggestive or see-through attire is prohibited. Pants must be worn at the waist.
- White or charcoal/pewter gray lab jacket may be worn over the uniform.
- Uniform pants must extend to the shoe tops and not touch the floor.
- White, black, or pewter gray tee-shirt/long sleeved may be worn under scrub tops, must be tucked in.
- Shoes must be all white or all black and free from ornamentation. (May be all white or black sneakers)
- No open toed shoes, sandals, or open heel clogs
- White, gray, or black socks are to be worn with pants.
- Uniforms must be neat and clean with no torn or worn areas, excess wrinkles (slept-in-appearance) is not acceptable.

Jewelry

- No more than 2 small earrings (stud or small hoop) in each ear are acceptable. Lobe expanders are not acceptable. Clinical Preceptors will utilize their discretion should they feel size and shape may be too extreme for the environment or workplace.
- A *non-smart* watch may be worn.
- May wear rings such as engagement, wedding, friendship, or class ring, no additional rings allowed.
- Facial jewelry or visible piercing (s) are **NOT** permitted.
- Dangling earrings, rings, bracelets and/or necklaces are not allowed. Students are allowed one bracelet that is tight fitting with no charms. Necklaces are not allowed.
- Visible tattoos are to be covered in an acceptable manner.

Personal Hygiene

- Appropriate personal hygiene must be practiced and conducive to patient care. An effective antiperspirant/deodorant is a **MUST**.
- Sideburns, mustaches, and beards must be neatly trimmed. Students whose work requires protective or other equipment on the face may be required to remove facial hair, depending upon the type of work and equipment.
- For health and safety reasons, shoulder length hair or longer, must be tied back.
- Fingernails should clean, short and well-trimmed. Artificial fingernails and nail wraps are not permitted. Fingernail polish of light color and chip free may be worn.
- Use of perfume or cologne is not permitted due to patient and/or co-worker allergenic sensitivity.
- No gum chewing is permitted.
- Hair color must be one that is considered natural.

Name Tag/ Student Identification

- Student ID Badge must always be worn with name; photo unobstructed and easily viewed.
- Each student is to have an acceptable identification badge; this may be a college ID, or one specifically furnished by the clinical site.
- Student Identification badge must indicate the student's name and state "Student."

Failure to follow the Appearance Code policy may result in demerits. Clinical site policies concerning appearance supersede this policy; the clinical preceptors/ clinical coordinator have the ultimate determination of appropriate appearance of professionalism.

BACKGROUND (CORI – Criminal Offense Record) Check Implemented: 6/19

For a student to be eligible to participate in a clinical program that involves potential unsupervised contact with children, the disabled, or the elderly, the student will be required to undergo a Criminal Offender Record Information (CORI) check. Students found to have certain criminal convictions or pending criminal actions will be presumed ineligible to participate in such activities. Background checks are an additional cost for the student.

The College is authorized by the Commonwealth's Criminal History Systems Board, pursuant to Massachusetts General Laws, Chapter 6, Sections 167-178B, to access CORI records. The College shall refer to regulations issued by the Commonwealth's Executive Office of Health and Human Services, 101 Code of Massachusetts Regulations 15.00-15.16, as guidance when assessing student CORI records. Sex Offender checks shall be performed pursuant to Massachusetts General Laws, Chapter 6, Sections 178C-178P.

For outside of the Massachusetts area, a background company, acceptable by the college and in accordance with Massachusetts law will be utilized.

CLINICAL BEREAVEMENT LEAVE

Implemented: 6/19 revised: 6/23

Students who experience a death in their immediate family will be allowed no more than a week off from their clinical assignments. Additional time due to individual circumstances can be granted upon the discretion of the clinical coordinator and/or program director. Although the clinical time does not need to be made-up, all competencies required for that clinical session must be completed or additional time will be needed to complete them.

Immediate family is defined as: grandparents, parents, stepparents, siblings (adopted, biological, or step), spouse, child or other individuals residing with the student. It is the responsibility of the student to notify the clinical coordinator, clinical preceptor and/or program director of a family death as soon as possible.

CLINICAL GRADE Implemented : 6/19 revised:

Clinical grades are based on the required procedure competencies, midterm and final "Affective and Technical Skills" evaluations, daily clinical journals, assignments, clinical attendance, any demerits received and disciplinary action/counseling reports (if applicable).

Percent's given to procedure competencies, "Affective and Technical Skills" evaluation, clinical assignments (if indicated) and daily clinical journals will be noted in the clinical course syllabus and may change depending on the clinical course (e.g., RADT-355 verses RADT-365). For each required competency not completed in a scheduled clinical assignment semester 5 points will be deducted off the appropriate (Midterm or Final) Affective and Technical grade for that semester. Competencies not completed will need to be completed in the next clinical course. All required competencies must be completed before the student can graduate from the program.

Clinical time missed not made up or covered under the personal leave time policy will affect the final clinical grade in the following way:

Number of Absences	Hourly amount	Points deducted.
One absence	up to-8 hours missed	-5.0 points
Two absences	9-16 hours missed	-7.5 points
Three absences	17-24 hours missed	-10.0 points
Four or more absences	over 25 hours missed	-20.0 points and possible failure of the clinical course

CLINICAL SCHEDULED TIME Implemented : 6/19 revised: 6/20

Students are scheduled for clinical for either the day shift, beginning after 6:00 a.m., but before 12:00 pm, or evening shift, beginning after 12:01 p.m. and ending before 11:30 p.m., provided there is appropriate clinical staff for direct and in-direct supervision.

Rotations are scheduled at the beginning of the semester by the Clinical Coordinator or Clinical Preceptors. Every effort will be made to ensure that all students receive an equal number of day and evening hours. Weekend shifts are granted if appropriate staff are scheduled to supervise. Make-up time will be scheduled according to the make-up time policy.

Students are not allowed to work more than forty (40) hours in a week, or ten (10) hours in a day. NO student will be granted clinical time for the performance of clinical duties outside of the normal duty hours, including weekends, unless they have been approved by Clinical Coordinator and/or Program Director and the site-specific Clinical Preceptor (s).

CLINICAL SUPERVISION Implemented : 6/19 revised: 6/21

Direct Supervision - In accordance with Standard Five, Objective 5.4 of the *Standards of an Accredited Educational Program for the Radiographer*

The JRCERT defines **direct supervision** as student supervision by a qualified radiographer who:

- reviews the procedure in relation to the student's achievement,
- evaluates the condition of the patient in relation to the student's knowledge,
- is physically present during the conduct of the procedure, and
- reviews and approves the procedure and/or image.

Students must be directly supervised until competency is achieved

Failure to comply with this policy will result in the filing of a Disciplinary Action/Counseling Report, and the student's final clinical grade will be affected. Abuse of this policy may result in the student's termination from the program.

Indirect Supervision - In accordance with Standard five, Objective 5.4 of the *Standards of an Accredited Educational Program for the Radiographer*, once students have achieved competency, they may work under **indirect supervision**. The JRCERT defines indirect supervision as student supervision provided by a qualified radiographer who is immediately available to assist students regardless of the level of student achievement.

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

Students must be directly supervised during surgical and all mobile, including mobile fluoroscopy, procedures regardless of the level of competency.

Failure to comply with this policy will result in the filing of a Disciplinary Action/Counseling Report, and the student's final clinical grade will be affected. Abuse of this policy may result in the student's termination from the program.

Supervision of Repeat Radiographs - In accordance with Standard Five, Objective 5.4 of the *Standards of an Accredited Educational Program for the Radiographer*: Repeat images must be completed under direct supervision. The presence of a qualified radiographer during the repeat of an unsatisfactory image assures patient safety and proper educational practices. A repeat documentation form is part of the clinical manual for each student each semester.

Students are to utilize the form appropriately. All repeat radiographs documented must have the name of the supervising technologist listed.

Failure to comply with this policy will result in the filing of a Disciplinary Action/Counseling Report, and the student's final clinical grade will be affected. Abuse of this policy may result in the student's termination from the program.

CLINICAL TIME, ABSENCES, TARDINESS, and LEAVING EARLY POLICY

Implemented: 6/19 revised: 6/23

STUDENTS ARE REQUIRED to make themselves aware of the assigned hours and adjust personal and work schedules to coincide with their clinical schedule, as posted at the clinical site. Students are expected to be at their assigned clinical assignments for the total amount of time scheduled. Students may not deviate from their assigned clinical time or location unless previously approved by the clinical preceptor, clinical coordinator, or program director.

Absences

All students will be required to submit a note from a medical practitioner for extended absences due to illness. An extended absence is considered any absence from clinical of more than 1 week of clinical.

Clinical Time

All students are expected to complete the assigned clinical time. Students accrue Personal Time Off (PTO) over the course of the two (2) years. Any time missed other than the PTO allotted or accrued will require the student to make-up time missed by the end of the semester or a clinical absence grade penalty will be assessed to the students' final clinical grade for that semester. (See clinical grade policy)

Tardy Policy

All students are expected to be at their assigned clinical sites and ready to begin their clinical day at the scheduled time. Students are considered tardy if they are more than five minutes late.

Tardiness will cause the student to be given a demerit(s) which will adversely affect their clinical grade.

Leaving Early Policy

If a student leaves his/her clinical site more than five minutes before the scheduled time, they will be considered leaving early; and, this action will cause the student to be given a demerit(s) which will adversely affect their clinical grade. Students need to get approval from the clinical preceptor or their designee for PTO to be used on the day of the absence. Students are required to email the clinical coordinator and clinical faculty whenever they leave clinical. All reasonable requests will be approved; however, requests may be denied due to certain circumstances in which it is necessary to have the student present at clinical.

COMPETENCY PROCEDURES Implemented: 6/19 Revised: 6/20, 6/21

Exam competencies are divided into two major types (Mandatory and Elective), sub-types (General Patient Care, Initial, Simulation, Pediatric, Geriatric, Trauma, Mobile, Surgical, Fluoroscopy) and individual categories divided by body area.

One patient may be used to document more than one competency. However, each individual procedure may be used for only one competency (e.g., a portable femur can only be used for a portable extremity or a femur but not both).

MANDATORY COMPETENCIES

Mandatory competencies are those indicated by the ARRT and must be completed before the student will be allowed to graduate from the program. Students must demonstrate competence in all 36 procedures identified as mandatory.

ELECTIVE COMPETENCIES

Elective competencies are those indicated by the ARRT. Students must demonstrate competence in 15 of the 34 elective procedures. One procedure must be selected from the head section and two fluoroscopy procedures.

Demonstration of competence includes patient identification, verification, examination order verification, patient assessment, room preparation, patient management, equipment operation, technique selection, patient positioning skills, radiation safety, image processing and image evaluation.

**Total program competencies may exceed the ARRT's requirements*

SIMULATION

Certain procedures can be simulated. The ARRT defines simulation of a clinical procedure routinely performed on a patient as the candidate completing all possible hands-on tasks of the procedure on a live human being using the same level of cognitive, psychomotor, and affective skills required for performing the procedure on a patient. The program director is confident that the skills required to competently perform the simulated task will generalize or transfer to the clinical setting

ARRT requires that competencies performed as a simulation must meet the same criteria as competencies demonstrated on patients. For example, the competency must be performed under the direct observation of the program director or program director's designee and be performed independently, consistently, and effectively.

Simulated performance must meet the following criteria:

- Simulation of imaging procedures requires the use of proper radiographic equipment without activating the x-ray beam.
- **A total of ten imaging procedures may be simulated. Imaging procedures eligible for simulation are noted within the chart.**
- If applicable, the candidate must evaluate related images.
- Some simulations are acceptable for General Patient Care. These do not count toward the ten imaging procedures that can be simulated.

Simulations should be used for procedures that are only available in the clinical setting on a limited basis. Students are strongly encouraged to perform these procedures on actual patients and simulations should be used only when this is not possible.

The program must be confident that the skills required to competently perform the simulated procedure will transfer to the clinical setting, and, if applicable, the candidate must evaluate related images.

GENERAL PATIENT CARE

Students are required to demonstrate competency in 10 general patient care activities. These activities include CPR, vital signs: blood pressure, pulse, respiration, temperature, pulse oximetry, sterile and aseptic technique, venipuncture, transfer of patient, care of patient medical equipment (e.g., oxygen tank, IV tubing). These activities should be performed on patients; however, simulation is acceptable if state or institutional regulations prohibit candidates from performing the procedures on patients. Venipuncture can be simulated by demonstrating aseptic technique on another person, but then inserting the needle into an artificial forearm or suitable device.

INITIAL COMPETENCY

An initial competency is any examination from a specified category that the student has performed under direct supervision and now feels confident enough to pass a competency exam. If the student receives a passing score of 85 or higher on the competency exam, the student may now perform that exam under indirect supervision. Any initial mandatory competency that fails to receive a score of 85 or higher must be repeated. Students who fail an initial competency must then complete the exam under direct supervision until such time as the student feels confident enough to request another competency exam.

Students must be directly supervised during surgical and all mobile, including mobile fluoroscopy, procedures regardless of the level of competency.

PEDIATRIC COMPETENCY

By the end of the program, each student is required to demonstrate competency in at least three pediatric exams: Chest, Extremity (upper or lower), Abdomen, or Mobile.

The ARRT has established that a pediatric patient is any child who is six years of age or younger.

GERIATRIC COMPETENCY

By the end of the program each student is required to demonstrate competency in two geriatric exams: Chest routine and Upper Extremity or Lower Extremity. In addition, students may complete Geriatric Hip or Spine as an elective procedure.

The ARRT has established that a geriatric patient is any adult who is physically or cognitively impaired as a result of aging, and at least 65 years of age or older.

TRAUMA COMPETENCY

By the end of the program, each student is required to demonstrate competency in five trauma exams: Upper and Lower Extremities, Trauma Shoulder (scapular Y, Transthoracic, Axillary); Trauma spine (X-table lateral) and/or Trauma hip (X-table lateral or equivalent).

The program has defined trauma as any severe injury that has occurred within a 48-hour period. A trauma patient is an individual who has sustained severe injury or shock to the body. Trauma requires modifications in positioning, due to injury with monitoring the patient's condition. Students may not perform all the trauma competencies on the same patient. **The clinical preceptor or clinical faculty may exercise discretion in determining whether a procedure is deemed trauma competency.**

MOBILE STUDY AND SURGICAL STUDY COMPETENCIES

By the end of the program, each student is required to demonstrate competency on three mobile studies (Chest, Abdomen, and Upper or Lower Extremity) and two surgical procedures. A pediatric mobile study can also be done under the pediatric section of competencies. A mobile study is one that utilizes mobile equipment such as a portable radiographic unit or C-arm and that is completed outside of the radiology department. A surgical procedure is one that is performed in the operating room or special endoscopic or urography room or suite where additional sterile technique is needed.

FINAL ASSESSMENT CLINICAL EXAM (FACE)

To graduate from the program each student must pass the Final Assessment Clinical Exam (FACE). FACE consists of three parts:

- A. A verbal exam on patient care issues
- B. A written exam on critical thinking skills
- C. One patient exam competency to be chosen by program faculty.

All efforts will be made to have the student perform the patient exam competency on real patient and not a simulation. This exam is to be given and supervised by the Program Faculty or a designee by the Program Director. The FACE exam is satisfactorily completed when a student obtains a score of 95 or higher on the patient exam and an 85 or higher on both the written and verbal exams. Any score below the required level in any of the specific areas is considered failing. If the student receives lower than the expected outcome in an exam or exams, he/she must retake the section until a passing score is obtained. The failure of an exam will result in a five-point deduction from the final grade of the section for each time the section needs to be repeated. A student is said to pass the FACE when all three areas have received the required score for that area. A student may not graduate from the program until they have successfully passed all three sections of the FACE.

COMPETENCY REQUIREMENTS Implemented: 6/19 revised: 6/20, 6/21

By the end of their professional study, students **MUST** complete all the clinical competency requirements by the ARRT (American Registry of Radiologic Technologists). In addition, students are encouraged to complete the following rotations: up to 24-hours in any of the advanced imaging modalities, a Radiologist Rotation and/or an Emergency Medicine observation. All students must successfully complete a Final Assessment Clinical Exam (FACE) which includes the following sections: an oral evaluation, a written critical thinking exam and one patient exam competence chosen by the program faculty. FACE is to be completed prior to graduation.

All clinical education courses in Radiologic Technology are competency and not hourly based, which means that students must complete all the required competencies in each of the clinical courses regardless of the hours spent at the clinical education setting. To graduate from the program, students must complete the following:

- Ten (10) mandatory general patient care activities
- Thirty-six (36) mandatory radiologic procedures which include at least one pediatric chest, three mobile studies, two surgical study–C-arm procedures, five trauma procedures, and two geriatric procedures
- Fifteen (15) elective radiologic procedures some of which can be chosen from the list of thirty four (34) procedures. Required elective exams include one exam from the head section, and 2 from the fluoroscopy section. Other elective exams must be chosen from specific body areas to ensure that students receive a well-rounded clinical education.
- Successful completion of all areas of FACE. FACE examines the student’s ability to think critically, apply general patient care and tests the student’s overall clinical ability.
- These requirements are comparable to those which would be expected of an entry-level radiographer.

Clinical Exam Competency Protocol

Competency Protocol: Clinical competencies can be done using AEC (Automatic Exposure Control), however manual technique is *strongly suggested*. Routines and polices for each of the exam competencies are dependent upon the clinical site in which the competency is completed. Individual competencies are scheduled for each of the clinical education courses beginning with RADT-355. Students should refer to the individual course syllabus for the exact competencies to be completed.

This is the basic procedure that all students and technologists should follow whenever they are completing a clinical exam competency. Some variations to the protocol may occur for certain procedures, i.e., fluoroscopy, OR and some pediatric procedures.

Clinical exam competencies can be completed by any of the following evaluators: a designated MCLA clinical preceptor or clinical faculty and/or an assigned staff radiographer at the clinical facility. Staff radiographers must have a minimum of two-years' experience as a technologist in the field to qualify as an evaluator.

1. Student identifies a procedure/ requisition of an exam competency that they would like to perform. One patient may be used to document more than one competency. However, each individual procedure may be used for only one competency (e.g., a portable femur can only be used for a portable extremity or a femur but not both).

2. The student must verbally acknowledge to the evaluator that they would like to obtain competency on the exam, and have the evaluator verify the requisition.
3. A competency form must be handed to the evaluator from the student before the competency exam begins.
4. The student must complete the whole exam procedure independently with only minimal assistance for patient safety reasons, such as with regards to patient transfer. This includes all aspects of the exam including the required departmental paperwork/computer documentation and the patient exit instructions.
5. The evaluator should verify that the student knows and can identify the basic anatomy of the procedure, the exposure values used and why the exam was ordered on the patient.
6. The evaluator needs to completely fill out the competency form with attention to the following:
 - a. All statements should receive a yes or no check mark.
 - b. No ½ credit is given.
 - c. Any non-applicable, N/A should be marked as Yes.
 - d. Signature of the evaluator verifying that the competency was completed and reviewed.
 - e. Signature and review by the clinical preceptor, if needed.
7. All competency forms either **passing or failing** must be fully completed and returned to the student. It is the student's responsibility to get the completed form to the college's clinical coordinator. **At no time, should completed Clinical Competency evaluations be kept at the clinical site.**
8. After a student has demonstrated competency all exams can be done independently under indirect supervision but must still have the requisition verified at the beginning of the exam and have the images approved at the end of the exam before the patient is released. Students must be directly supervised during surgical and all mobile, including mobile fluoroscopy, procedures regardless of the level of competency.

Note: Students are not to perform procedures on patients without proper instruction and supervision as described in the Clinical Supervision Policy and as required by the Joint Review Committee Standards of an Accredited Program in radiography.

GENERAL PATIENT CARE

- CPR
- Vital signs (5) (blood pressure, pulse, respiration, temperature, and pulse oximetry)
- Sterile and aseptic technique
- Venipuncture
- Transfer of patient
- Care of patient medical equipment (e.g., oxygen tank, IV tubing)

The following radiologic procedures have been identified by the ARRT. Procedures that are considered elective by the ARRT are outlined in *italic*; all others are considered mandatory. Procedures that must be completed on a patient are marked with a P, those that can be simulated have a P or S. Only 10 procedures may be simulated.

CHEST & THORAX	Date	Grade	Patient (P) Simulated (S)	Tech. Initials	SPINE & PELVIS	Date	Grade	Patient (P) Simulated (S)	Tech. Initials
Chest Routine			P		Cervical Spine			P	
Chest AP(w/c or Stretcher)			P		Thoracic Spine			P or S	
Ribs			P or S		Lumbar Spine			P	
<i>Chest Lateral. Decubitus</i>			P or S		<i>Cross-Table Lateral Spine (Horizon. Beam)</i>			P or S	

<i>Sternum</i>		P or S	Pelvis		P
<i>Upper Airway (Soft Tissue Neck)</i>		P or S	Hip		P
<i>Sternoclavicular joints</i>		P or S	X-table lat. Hip		P or S
UPPER EXTREMITY			<i>Sacrum &/ or coccyx</i>		P or S
Thumb or Finger		P or S	<i>Scoliosis Series</i>		P or S
Hand		P	<i>Sacroiliac Joints</i>		P or S
Wrist		P	ABDOMEN		
Forearm		P	Abdomen Supine(KUB)		P
Elbow		P	Abdomen Upright		P or S
Humerus		P or S	<i>Abdomen decubitus</i>		P or S
Shoulder		P	<i>Intravenous Urography</i>		P
Trauma, Shoulder (Scap. Y, Trans thoracic, AX)		P	FLUOROSCOPY STUDIES (2 from this section)		
Trauma, Upper Extremity (non-shoulder)		P	<i>Upper GI Series (Single or Double Contrast)</i>		P
Clavicle		P or S	<i>Contrast Enema (Single or Double Contrast)</i>		P
<i>Scapula</i>		P or S	<i>Small Bowel Series</i>		P
<i>AC Joints</i>		P or S	<i>Esophagus (not dysfunction)</i>		P
LOWER EXTREMITY			<i>Cystography/ Cystourethrography</i>		P
Foot		P	<i>ERCP</i>		P
Ankle		P	<i>Myelography</i>		P
Knee		P	<i>Arthrography</i>		P
Tibia – Fibula		P or S	<i>Hysterosalpingogram</i>		P
Femur		P or S	SURGICAL STUDIES		
Trauma, Lower Extremity		P	C-Arm Procedure More than one projection (manip)		P or S
<i>Patella</i>		P or S	C-Arm Procedure around sterile field		P or S
<i>Calcaneus (Os Calcis)</i>		P or S	MOBILE STUDIES		
<i>Toe</i>		P or S	Chest		P
CRANIUM (1 from this section)			Abdomen		P
<i>Skull</i>		P or S	Upper or Lower Extremity		P
<i>Paranasal Sinuses</i>		P or S	PEDIATRICS (age 6 or younger)		
<i>Facial Bones</i>		P or S	Chest Routine		P or S
<i>Orbits</i>		P or S	<i>Upper or Lower Extremity</i>		P or S
<i>Mandible</i>		P or S	<i>Abdomen</i>		P or S
<i>Nasal Bones</i>		P or S	<i>Mobile Study</i>		P or S
<i>TMJ</i>		P or S	GERIATRICS (65+) Impaired		
			Chest Routine		P
			Upper or Lower Extremity		P
			<i>Hip or Spine</i>		P

BOLD = Mandatory

Italics = Elective

The following are other clinical rotations required or optional:
DEPARTMENTAL ROTATIONS

Transportation/ Radiology Aide
Emergency Medicine

Advanced Imaging
Radiologist/viewing room

ELECTIVE MODALITY ROTATIONS

Computed Tomography Nuclear Medicine Mammography Interventional
Radiography Sonography Radiation Therapy
MRI

CLINICAL EDUCATION GUIDELINES

Radiologic Technology students are under the direct supervision of the clinical faculty and the clinical preceptors (s) while at the clinical facilities. Students will also receive instruction and directions from staff radiographers and imaging department administrators. Staff radiographers through their daily interactions with the students will provide input to the clinical faculty and the clinical preceptors regarding the student's progress when needed. Students are to participate in a team effort with staff to perform department activities as needed, such as maintaining department cleanliness, replenishing supplies, and transporting patients as appropriate. Students are to participate in planned learning activities as assigned by the clinical preceptor.

When determining course grades for clinical, the program faculty will consider all aspects of a student's professional and technical progress. Grading specifics and weighting of each area is described in each semester's course syllabus. Professional and technical progress is assessed through the evaluations of:

- Clinical Exam Competencies and
- Midterm and Final Affective and Technical Evaluations

Midterm and Final Affective and Technical Evaluation Protocol:

Affective and Technical (A&T) evaluations are used to assess overall professional and ethical behavior. Areas evaluated range from dependability, patient communication, and professional ethics. The site clinical preceptor completes the A&T evaluations twice per semester, once at midterm and again at the end. Information for this evaluation is gathered by the clinical preceptor through discussions with staff radiographers, program officials, and other personnel who have interacted with the student over the course of the semester.

1. The college's clinical coordinator will alert the clinical preceptors on the due dates for the completion of the A&T evaluations.
2. Clinical preceptors are to complete and review the evaluation with the student by the completion dates. (The program's clinical faculty may, if requested, review the evaluation with the student.)
3. Students will receive a summary of the affective and technical form and have 1 week to bring any complaints to the clinical coordinator regarding the results.
4. **At no time are completed A&T evaluation copies or originals to be kept at the clinical facilities past the end of the semester.**

COMMUNICABLE Disease Implemented: 6/19 revised: 8/20, 6/21, 6/22, 6/23

Due to the nature of the clinical work that the radiographic sciences student performs, it is evident that she/he may find her or himself caring for a patient with a communicable disease or one who has little or no immunity to a communicable disease. Therefore, it is the policy of this program that **each student will follow the exposure control policies of the clinical education affiliate in which he/she is assigned**. Any additional costs to comply with the clinical affiliates policy is the sole responsibility of the student.

Students developing signs or symptoms of communicable diseases such as vomiting and fever that pose a hazard to the patients they serve, or other clinical personnel shall immediately report this information to the clinical preceptor or other hospital department personnel. If warranted, a hospital incident/injury form must be completed, and a copy sent to the health department of the College.

Any student that is actively ill, including fever, vomiting, or diarrhea caused by a pathogen will need to be symptom free 24 hours before returning to clinical.

MCLA RADIOLOGY COVID-19 PREPAREDNESS & RESPONSE PLAN

Definition:

An infectious Disease Preparedness and Response Plan based on OSHA's planning guidance (<https://www.osha.gov/SLTC/covid-19/>) and CDC recommendations (www.cdc.gov/coronavirus/2019-ncov).

- 1. ALL RADIOLOGY STUDENTS MUST STAY HOME IF THEY ARE ILL WITH FEVER, WITH OR WITHOUT RESPIRATORY SYMPTOMS.**
- 2. ALL RADIOLOGY STUDENTS ARE TO CHECK FOR ANY SIGNS OF ILLNESS BEFORE REPORTING TO CLINICAL ROTATIONS EACH DAY, AND NOTIFY THE CLINICAL COORDINATOR, CLINICAL FACULTY, AND CLINICAL PRECEPTOR (SITE) IF THEY BECOME ILL.**
- 3. ALL RADIOLOGY STUDENTS SHOULD REMAIN AWARE OF NATIONAL GUIDELINES FROM CDC, etc. CONCERNING PRECAUTIONS FOR VIRAL ILLNESS (COVID-19) RISK MITIGATION and EXPOSURE RESPONSES in the CLINICAL LEARNING ENVIRONMENT.**
- 4. MANAGING STRESS AND ANXIETY YOUR MENTAL HEALTH IS JUST AS IMPORTANT AS YOUR PHYSICAL HEALTH. REACH OUT TO YOUR RADIOLOGY FACUTLY FOR HELP OR MCLA MOUNTAINONE STUDENT WELLNESS CENTER 413-662-5331**

STUDENT LEARNING ENVIRONMENT-SPECIFIC POLICIES

- 1. Clinical settings:** Students in clinical settings are not to participate in clinical care of patients known to have COVID-19, without proper PPE. Major hospitals and health systems may have additional guidelines for students to follow. Students will be made aware of these policies before starting their clinical site. Some will require additional paperwork, mandatory self-assessments for signs of COVID-19. MCLA will work with these policies and requires students in clinical settings to also adhere to the following:
 - Inform MCLA immediately: rebecca.reylea@mcla.edu or julie.walsh@mcla.edu
 - Students will follow proper PPE training and policies for their clinical site.
 - Students may need to be fit tested for N95 masks if requested by the clinical site. This is the student's expense. Students will need to obtain specific N95 masks when required by the clinical site.

CONFIDENTIALITY

Implemented: 6/19 revised:

It is important that all students in the Radiologic Technology program understand that confidentiality is a critical element of medical radiography. Students are to adhere to all applicable HIPAA (Health Insurance Portability and Accountability), hospital, and federal confidentiality laws and regulations. Students **are not** to discuss any patient, condition, or treatment outside the line of duty. **A student found to have violated this policy may be subject to immediate dismissal from the Radiologic Technology program.**

Radiology Contingency Plan**Purpose**

Implemented: 3/20, Revised 6/21

The radiology program at MCLA is dedicated to creating, coordinating, standardizing, and implementing a comprehensive plan for the preparedness, prevention, response, and resolution of any foreseeable catastrophic event that may affect the efficacy of the program. This policy is not intended to be all inclusive but to be used as a guide to ensure the safety and welfare of program faculty and students, ensuring the least disruption to the educational process.

Whenever an emergency affecting the education of students enrolled in the Program reaches proportions that cannot be handled by routine measures, the following contingency guidelines may be implemented by the Program Director, Clinical Coordinator, School Administration or Facility Administration.

Since an emergency may be sudden and without warning, these procedures are designed to be flexible to accommodate the contingencies of diverse types and magnitudes.

- Unable to continue with in-classroom didactic education
- Unable to participate in patients' exams in the clinical sites
- Provide an extension for graduation dates until students can fulfill their didactic and clinical education
- Consider delaying admissions to enable the currently enrolled students the opportunity to matriculate

POLICY Classroom Education

- A. Students will be notified immediately that classroom instruction must be altered or discontinued
- B. Faculty will adjust lesson plans to accommodate for remote learning
- C. Verification of student emails outside of the organization is obtained so not to disrupt continued and frequent communication
- D. Students will return to didactic education when faculty deems it safe

Clinical Education

- A. If possible, clinical labs may continue in a controlled environment under the supervision of the Clinical Coordinator or Faculty member.
- B. If clinical education at a particular clinical affiliate must be suspended, students will be given alternative learning assignments which include but are not limited to:
 - a. Practicing in the college's energized radiology laboratory under the supervision of a faculty member.
 - b. Written assignments that link to the clinical education objectives.

- c. Change clinical competency requirements to those procedures that can be simulated in the college's energized laboratory.

C. Students will return to clinical sites when the faculty deems it safe.

D. This may mean that students could be reassigned to a different clinical facility or site, or to a non-traditional shift, such as evenings and weekends to accommodate the student.

E. The Program will adhere to the supervision policies.

F. The Program will assure adequate PPE is provided to maintain and ensure student safety.

G. The Program will review and revise the clinical education plan to assure that all students are provided equitable learning activities regardless of the type of facility (ex – trauma or outpatient center)

MCLA Radiologic Technology faculty will work with its affiliates to assure they are aware of the steps being taken to ensure student safety and to keep them apprised of the program's plan for the students' education. Faculty will communicate biweekly via email regarding students' progress, program changes and overall updates on the situation.

All students will check their MCLA email and portal for college updates weekly.

CARDIOPULMONARY RESUSCITATION (CPR) Implemented: 6/19 revised: 6/20

Students must hold current certification in CPR through a Basic Life Support (BLS) course. The BLS training obtained must include Infants, Child, and Adult. Acceptable certification from the **Red Cross** is "**Basic Life Support for Healthcare Workers**" or "**CPR/AED for Professional Rescuers**". Or the **American Heart Association's** BLS for Healthcare which is "**Heart Code BLS**" will be accepted. Online courses are not acceptable; hands-on training must be completed. Proof of certification must be submitted to the Clinical Coordinator prior to the clinical education session for RADT-355.

It is the student's responsibility to assure that the certification does not expire prior to the last day of the semester. You must recertify prior to the expiration of the card and submit an updated card to remain in compliance. Should the certification be found to have expired and a renewal card is not on file during a clinical course, the student will not be allowed to participate in clinical or lab. These absences may result in clinical and course failure.

DISCIPLINARY ACTION-COUNSELING REPORT Implemented: 6/19, 6/23

Disciplinary Action Counseling forms may only be completed by the Clinical Coordinator and/or Program Director as soon as any of the following incidents of misconduct are known. The Program Director is to be notified within 48 hours of the incident. The clinical preceptor or radiology faculty can initiate a report if at any time during the student's clinical session, a specified negative event occurs. The report will be kept in the student's master clinical folder.

The college community standard rules of conduct will apply to radiology students while at all clinical sites.

Individual clinical sites may also have additional code of conduct guidelines that if violated may result in disciplinary action report being generated. A disciplinary action/counseling report may result in verbal counseling (with the program director), up to dismissal from the program depending on the severity of the infraction and number of times it has occurred.

Any violation any of the identified indiscretions under Group I may result in a failing grade and immediate dismissal from the program. This list is not all inclusive and other infractions on the same level as these can be included

GROUP I

1. Possessing or under the influence of illegal drugs or alcohol while at the clinical site.
2. Theft, abuse, misuse, or destruction of the property or equipment of any patient, visitor, student, hospital employee, or hospital.
3. Disclosing confidential information about any patient.
4. Immoral, indecent, illegal, or unethical conduct on hospital premises.
5. Possession of weapons or wielding or threatening to use any type of weapon on hospital or College property.
6. Assault on any patient, visitor, student, and hospital or college personnel.
7. Misuse or falsification of patient, student, and hospital or college records.
8. Removal of patient, student, and hospital or college records without authorization.
9. Smoking in restricted areas.
10. Threatening, intimidating, coercing other students, patient, visitors, or hospital personnel.
11. Failure to follow program policies regarding direct and indirect supervision while performing radiographic exams

For students who violate the identified indiscretions under the Group II, the following procedure will be followed:

- 1st Report: Verbally warned & counseled, and 3 demerits.
- 2nd Report: Written warning & counseled, and 5 demerits.
- 3rd Report: Suspension from clinical up to three days, plus 7 demerits. Clinical time missed due to suspension must be made-up. Personal Time off (PTO) can not be utilized to in lieu of make-up time for suspension.
- 4th Report: Failing Course Grade and Immediate program dismissal

This Group II list is not all inclusive and other infractions on the same level as these can be included

GROUP II

1. Engaging in disorderly conduct that could threaten the physical well-being of any patient, visitor, student, and hospital or College personnel.
2. Insubordination and/or refusal to obey orders.
3. Inconsiderate treatment of patients, visitors, students, and hospital or college personnel.
4. Unexcused absences. (Failure to notify clinical preceptor in the appropriate amount of time).
5. Improperly recording clinical time on one's own or another's time sheet. (*Depending on severity, this offense may be upgraded to group I.*)
6. Failure to perform responsibilities or to exercise reasonable care in the performance of responsibilities.
7. Violation of safety rules and regulations or failure to use safety equipment provided.
8. Unauthorized use of equipment.
9. Unauthorized soliciting, vending, or distribution of written or printed matter.
10. Individual acceptance of gratuities from patients.
11. Failure to follow the social media policy.
12. In any event where three demerits have previously occurred within the same category.
13. Failure to follow program policies regarding direct and indirect supervision while performing radiographic exams

DISMISSAL Implemented

: 6/19 revised:

Students in the Radiologic Technology Program may be automatically dismissed from the program for the following reasons:

- Violation of any identified indiscretion(s) under Group I of the Disciplinary Action/Counseling Report. *
- Fourth reported violations of any identified indiscretion(s) under Group II of the Disciplinary Action/Counseling Report. *
- Violation of the confidentiality policy (HIPAA)*
- Failure to receive a C+ or better in any of the Radiologic Sciences core courses (RADT) and/or any of the programmatic required courses (example: Introduction to Healthcare
- Failure to maintain an overall GPA of 2.3.

Students dismissed for academic reasons have the right to re-apply to the program. See Re-admissions policy in this handbook. *It should be noted that all relevant documentation will be maintained for these offenses.

ENERGIZED RADIOGRAPHIC LABORATORY/ANATOMAGE TABLE USE POLICY

Implemented: 7/19

Revised: 6/21

The program's energized radiographic laboratory facility is in the Imaging Department of BMC North on the ground floor. The unit meets all state and federal regulations and is utilized to complete objectives in courses as stated in the curriculum.

Under NO CIRCUMSTANCES shall students be allowed to operate ionizing equipment without the guidance of a faculty member. All students must abide by the laboratory policy.

The purpose of the lab is to coordinate actual practice with didactic material. Labs may also be used for research purposes if theories are valid and of an educational nature (this must also be supervised).

Safety Policy for the Energized lab

The energized lab provides the radiography student with the opportunity to develop skill in imaging anatomical structures and to perform exposure experiments to assess equipment operation and radiographic techniques. The energized lab requires following special rules to ensure safety for both you and your fellow classmates.

Energized Lab rules:

1. Before making a radiation exposure, be sure that students and faculty are away from the door and out of the room and that the control panel is set correctly.
2. Be sure to turn the appropriate positioning locks off on the tube stand before attempting to move the unit. This will help to prolong the life of the locks.
3. Do not, under any circumstances, radiograph another human being using this unit. Students will not make any exposures in the lab without the approval of one of the program faculty. *(Failure to follow this policy will result in the offending student(s) being given a disciplinary action counseling report. Future violations of this policy will result in a recommendation of dismissal from the program.)*
4. If you notice anything unusual in the operation of the unit or its appearance (i.e., loose wire), please report it to the instructor. The x-ray unit is calibrated by a physicist to ensure the unit meets federal and state guidelines for ionizing radiation units.

5. Do not eat or drink in the x-ray room or at the operating console.
6. While positioning the phantom or a fellow classmate can be fun, do not lose sight of the fact that you are working with heavy electrical equipment and injuries can occur (i.e., hitting their head on tube stand). Therefore, good conduct is required when operating the unit. Should an injury occur, please report it to the instructor immediately.

Energized and Non-Energized Lab Policy: Students learning within the energized or non-energized lab should follow all aspects of the student policy regarding COVID 19. In addition, the following policy must be adhered to when working in either of the labs:

- Students ARE NOT allowed to attend lab if they are experiencing any of the following symptoms (cough, fever, sore throat, respiratory symptoms, vomiting/diarrhea)
- Students who have tested positive for COVID 19 and must quarantine for required days will be provided with online work that must be completed.
- Students will be required to take their temperature upon arrival to lab and document their temperature in the temperature log.
- Students must wash their hands with soap and water when entering and leaving the labs. Hand sanitizer must be used throughout the lab and in between positioning your peers.
- Students will be working in close contact with other students positioning for radiographic positions. Students are required to wear a surgical/cloth mask while in the labs. Students who forget their mask will/may be asked to leave and this will count as an absence for lab.
- Disinfectant cleaner (wipes or spray) will be used to clean the equipment (wall bucky, table top, table bucky, x-ray tube, image receptor, clipboards, wheelchair, and stretcher) will take place before each lab group and in between each set of students utilizing the equipment.
- Energized lab: No more than 5-6 students and the instructor should be in the lab at once
- Non-Energized lab: No more than 3 students and the instructor should be in the lab at once.
- When students are not involved in positioning for a specific view/exam, students should maintain a 6-foot distance between each other.
- Students should not be touching any other objects in the labs that are not in use (ex. wheelchair, stretcher, view boxes). If a student touches these objects, they must be cleaned with disinfectant.

Portable Radiographic Unit Policy

Implemented: 7/19

The portable radiographic unit falls under the same policy as the use of the energized radiographic lab with additional safety rules that must be followed during the operation of the unit.

Safety policy for the Portable Radiographic Unit:

1. Students must have direct supervision from a qualified radiologic technologist faculty member while practicing with the portable unit.
2. The student initiating the exposure must be wearing the lead apron, thyroid shield, and radiation badge. This student must be standing back a minimum of 6 feet from the unit before initiating the exposure within the nursing labs.

- a. Students not initiating the exposure must be outside of the nursing lab when the exposure is being initiating.
- b. When exposing within the energized lab, the student initiating the exposure and fellow classmates along with instructor must be behind the lead barrier.
3. Do not under any circumstances; radiograph another human being using this unit. Students will not make any exposures with the unit without the approval of one of the program faculty. *(Failure to follow this policy will result in the offending student(s) being given a disciplinary action counseling report. Future violations of this policy will result in a recommendation of dismissal from the program)*
4. COVID policy includes working with the portable.

Anatomege Table Use Policy

Implemented 9/20

The anatomege table is located within the Radiologic Technology classroom located at Berkshire Medical Center North Campus in room 306.

The purpose of the anatomege table is to enhance the learning process. It can be used during lecture by an instructor and students may utilize the table before, in between or after classes as long as an instructor is readily available. The following rules must be adhered to while utilizing the table:

1. Students must ask for instructor permission before utilizing the anatomege table.
2. Student do not need to be supervised while using the table, however the instructor must be readily available and students should always utilize professional behaviors.
3. Students should wash their hands before utilizing the table.
4. Absolutely **NO** eating or drinking should occur near/around the anatomege table.
5. Students are encouraged to use a stylus pen whenever possible while utilizing the table.
6. **DO NOT** lean or place any objects (laptop, binder, backpack, phone, etc.) on the anatomege table.
7. Students should follow any policies/procedures related to communicable diseases (ex. COVID-19)

EXTRAORDINARY CIRCUMSTANCES Implemented: 7/19 Revised:

Extraordinary circumstances are those situations that are beyond the normal control of a student and would result in the student missing clinical days. Examples of extraordinary circumstances are extended illness (>5 clinical days), extended hospital stays (>5 clinical days), severe family issues, and death in one's family. Under normal circumstances, **pregnancy is not** considered an extraordinary circumstance. Absences due to complications of pregnancy will need to be evaluated by the student's doctor and written permission to return to clinical duties will be needed.

Students who miss clinical days due to extraordinary circumstances will first utilize up to 80% of their available personal time off (PTO). Students will be allowed to make up all missed clinical days more than the available personal time off without penalty. * A student will receive an incomplete grade until the clinical time has been made up. The program director, clinical coordinator and/or clinical preceptor will schedule the make-up time. Make-up time can be completed before the start of the next semester if necessary.

**Students who miss clinical time during RADT-475-Clinical Radiology V will have to complete all required competencies. This may require that the student make-up all or most of the clinical time missed before they will be allowed to officially graduate.*

Fee Payment and Clinical Implemented : 7/19

Revised:

Students are responsible for full payment of their tuition balance, less financial aid. It is the student's responsibility to contact the Student Accounts Office with any questions or concerns they may have concerning their account. Failure to pay tuition and fees or planning for payment will result in the student not being allowed to attend classes or clinical.

Note: If a student attends clinical without permission, a disciplinary action/counseling report will be filed, and the student's final clinical grade will be affected.

HEALTH PHYSICAL

Implemented: 7/19

Revised: 6/21, 6/22

The [Code of Massachusetts Regulations](#) requires that all full-time (those taking 9 or more credits) undergraduate and graduate students under age 30 and ALL full and part-time Health Science students, regardless of age, submit documentation of the following immunizations to Health Services prior to the student's arrival on campus. Please also include the completed health forms and a copy of your most recent PE. **Failure to comply will result in the student not being allowed to start fall semester classes.** (Some clinical affiliates may require a health physical on an annual basis.)

Immunizations and TB Skin Test

- The College, program, and clinical education centers require that all students in the program have the following immunizations: 2 doses of live measles, mumps and rubella vaccine given at least one month apart beginning at or after 12 months of age; 1 dose of Tdap within 10 years; 3 doses of hepatitis B vaccine; 2 doses of varicella vaccine (chickenpox) given at least four weeks apart beginning at or after 12 months of age OR evidence of having the disease; a two-step PPD test, or T spot and 1 dose of meningococcal vaccine at age 16 or older. **The Covid vaccine will also be required.**
- Students should have a regular 1 step PPD between junior and senior year.
- Students should be aware if a clinical site requires other vaccinations the student will need to be removed from clinical and graduation may be delayed.

All clinical education centers affiliated with the program require that students have a two-step Mantoux skin test (PPD) before starting their clinical education. **Failure to comply will result in the student not being allowed to start their clinical rotation.**

Annual Flu vaccination

Annual flu vaccination is required by the program. Students may be exposed to the flu during the clinical rotations. The college offers flu vaccinations clinics throughout the fall semester or students may go to their personal doctor. Flu shot documentation must be sent to the MCLA Health services. Students should also keep a copy to show their clinical site. Flu shots need to be documented by October 1st

HOLIDAYS/VACATION

Implemented: 7/19

Revised: 6/20

Radiologic Technology students receive the same holidays and vacations scheduled for the entire student body of the College including cancellation due to weather, with some exceptions:

- Summer clinical: Students will be scheduled for eleven of the fifteen weeks of the summer session. A total of approximately 400+ clinical hours are expected during this time.

Note: The summer clinical course (RADT-455) costs the students extra tuition, housing expenses and additional fees. These expenses are not included in the fall or spring semester.

INCIDENT/INJURY REPORTS Implemented: 7/19 Revised:

During the clinical assignment, the student **must** report any incident of injury to themselves or to a patient to the clinical preceptor, or department administrator, and an email or call should be placed to the clinical coordinator. Hospital policy is to be followed in the event of any injury or incident. **Any costs relating to the incident as required by the Healthcare facility are the sole responsibility of the student.**

If a hospital incident/injury report is filed, notification will be provided to the Program Director of Radiologic Technology.

INCLEMENT WEATHER Implemented : 7/19 Revised: 6/21

In the event of a major winter storm, a decision to close campus will be made before 6:00 a.m. and will be posted on the college's website. This decision will be reported to the Public Safety Department, and specified radio and television stations, and a message will be sent to the MCLA pop up announce and web page. Additional clinical related closing will be done through the following:

Clinical Site Information: Clinical cancellations due to weather will be determined by closure of the following public-school systems. If MCLA closes or has a delay all students will follow that delay. After that closings and delays will be designated by the public school corresponding to the clinical site. You must attend clinical unless the public school corresponding to your clinical site is closed.

Closings are used for travel conditions and traffic weather advisories only, not issues such as water main breaks, extreme cold or power outages

Clinical Site	Public school closure
Albany Medical Center	Albany Public Schools (518-475-6000)
Berkshire Health Systems	Pittsfield Public Schools (413) 499-9512
Brattleboro Memorial Hospital, Brattleboro, VT	Windham Southwest Supervisory Union (802- 464-1300) Windham Southeast Supervisory Union and/or Brattleboro Union High School (BUHS) (802-254-3730), Twin Valley School District
Glens Falls Hospital (GFH) Glens Falls, NY or GFH - Medical Center at Wilton, Wilton, NY	Greenwich Central School District (518-692-9542); Glens Falls City Schools (518- 792-6564); South Glens Falls Central School District (518-793-9617 or 518-792-1212)
Southern Vermont Medical Center SVMC or SVMC Orthopedic, Bennington, VT	Southwestern Vermont (SVSU) Supervisory Union School system (802-447-7501)

SVMC- Northshire, Manchester, VT	Manchester School District: Bennington-Rutland Supervisory Union (BRSU) (802- 362-2452) and/or Manchester Elementary/Middle School (802-362-1597)
Rutland Hospital, VOC - Vermont Orthopedic Clinic, Rutland, VT	Rutland Public Schools (802-770-1200)

In general, the following radio / television stations will be used to broadcast closing information:

Radio

- North Adams Area - WNAW (1230 AM), WUPE-FM (100.1 FM)
- Pittsfield - WBEC (1420 AM), WBEC-FM (95.9 FM)
- Greenfield Area - WHMP (1240 AM), WHAI-FM (98.3 FM)
- Bennington, VT Area - WBTV (1370 AM)

Television

- Albany, NY Area - WNYT, Channel 13; WTEN, Channel 10; WRGB, Channel 6
- Springfield Area - WGGB, Channel 40; WWLP, Channel 22

Webpages

- MCLA <http://www.mcla.edu/>
- Times Union Albany <http://www.timesunion.com/closings/>

Weekend Clinical: Determination of weekend clinical cancellations due to inclement weather will be made by the Clinical Coordinator, Program Director or other radiology faculty who is on-call for the specific month. Students should call/text the on-call faculty member **on the day** the inclement weather is falling to verify that clinical is to be cancelled.

Students are required to call the clinical site to notify them that clinical education is cancelled due to inclement weather and that you will not be attending clinical. You must mark your attendance record SD for a snow day. It is the responsibility of students to mark their attendance record. Days not marked will be considered absent. When class delays are in effect, students are required to start clinical at the delayed time.

JOB INTERVIEWS

Implemented: 7/19 Revised:

During the last spring semester, (RADT-475) students may request and be granted the equivalent of two days of excused absence from clinical to participate in employment interviews.

Students **must** notify the clinical preceptor/ coordinator/faculty prior **to** their scheduled interview. The initials INT (interview) must be written on the time sheet indicating the date attended. Students are required to provide proof of attendance at an interview session. An email must be sent from the interviewee verifying the date and time you attended the interview.

JRCERT Implemented

: 7/19 Revised:

It is the policy of the MCLA Radiologic Technology Program to comply with all standards set by the JRCERT, Joint Review Committee on Education in Radiologic Technology. A copy of the latest standards can be found in appendix A.

JURY DUTY Implemented

: 7/19 Revised: 5/18

If you receive a court order or subpoena for jury duty, every effort will be made to allow you to serve; however, there are times when you will be requested to seek a postponement given to the extent of clinical time that may be missed. Immediately upon receiving a court order or subpoena, you must present a copy to the coordinator and/or program director to discuss your current responsibilities and how this may affect your educational or clinical needs.

Clinical time missed due to jury duty will need to be made up, however no penalty is given to the clinical grade for the loss of time incurred due to jury duty. If you are released while serving jury duty during business hours, you should return to clinical or class if it is practical and permissible by the court. Proof of attendance for the jury duty is required.

MAKE-UP TIME

Implemented 7/19

Revised:

Absences from clinical internship more than the Personal Time Off (PTO) allotted or accrued each semester shall be made up according to the following guidelines:

1. Make-up time must be approved and scheduled by a program faculty member.
2. Request for make-up time must be in writing and can be through email.
3. All make-up time must be completed before the end of the semester or pre-approved at other times by program faculty.
4. Make-up time cannot extend the work week beyond 40 hours, or 10 hours in a twenty-four-hour period of clinical and academic sessions.
5. In cases of extenuating circumstances, outstanding make-up time will result in an incomplete grade.
6. Make-up time cannot be made up on night shifts or shifts that extend past midnight. weekend, day, and evening shifts can be used for make-up time.
7. Failure to report to the clinical site for a scheduled make-up time will result in a disciplinary action which results in a 5-point deduction, per incident, from the clinical grade.
8. Any changes to the make-up time without prior approval of an instructor will not be counted towards make-up time.
9. Time will be allotted during each semester to be used if necessary, to make-up clinical hours missed.
10. Make up time needs to be scheduled with the clinical coordinator and site before the last clinical day of that semester.

MASTER CLINICAL ASSIGNMENT

Implemented: 7/19 Revised:

The programs clinical sites are Albany Medical Center (AMC); Berkshire Health Systems (BHS); Brattleboro Memorial Hospital (BMH); Glen Falls Hospital (GFH); Rutland Regional Medical Center (RRMC), and Southern Vermont Medical Center (SVMC) which includes Northshire & SVMC orthopedic center. Students will be expected to travel to clinical sites throughout the 21-month program. Assignment of students to a clinical education center is based on the number of students allotted per clinical education center. Each clinical education center offers a unique and valuable experience in the students' educational process, so a rotation of sites assures that students are provided with sufficient opportunities to become competent in every facet of radiography. Each of the major sites performs more than 10,000 exams per year. Additionally, students will be scheduled for clinical rotations, which provide adequate time and experience to allow them to achieve the objectives for evening and weekend hours, and if elected at least one elective rotation.

Albany Medical Center 47 New Scotland Ave Albany, NY 12208 518-262-3125	52miles from campus
Berkshire Health Systems 725 North St Pittsfield, MA 01201	20 miles from campus
Brattleboro Memorial Hospital 17 Belmont Ave Brattleboro, VT 05301 802-257-8332	56 miles from campus
Glens Falls Hospital 100 Park Street Glens Falls, NY 12801 518-926-3714	68 miles from campus
Southwestern Vermont Medical Center (SVMC) and SVMC Orthopedic Center 100 Hospital Drive Bennington, VT 05201 802-442-6361 and 802-442-6314	21 mile from campus
SVMC Northshire Medical Center 5957 Main Street Manchester Center, VT 05255 802-362-4440	47 miles from campus
Rutland Regional Medical Center 160 Allen St Rutland, VT 05701	75 miles from campus

MERIT/DEMERIT SYSTEM Implemented

: 7/19 Revised:

The intent of the merit/demerit system is to encourage professionalism and ethical behavior. All students are expected to demonstrate professional and ethical behavior throughout the program by following the program's policies and procedures. Students who demonstrate superior professional and/or ethical behavior above what is required may be given merits. Students who do not adhere to the standards of the program may be given demerits.

Merits are a documentation of student excellence as recommended by clinical staff, physicians, or program faculty. One merit is equivalent to one hour of additional personal time off (PTO). Merits are awarded based upon the discretion of the program faculty. A commendation may warrant more than one merit; this determination will be decided by program faculty.

Demerits are documentation of unsatisfactory performance. One demerit is equivalent to a 1-point deduction in the overall clinical grade by semester. Demerits are assigned by clinical preceptors, supervisors, clinical coordinator and/or program director. Through interviews with clinical staff, demerits may be recommended. All demerits will be reviewed with the student by the clinical faculty, clinical coordinator, or program director before it is applied to their grade. The number of demerits given for an offense will depend on the seriousness and frequency of the infraction. A repeat of the same infraction can result in double demerits. Any event where three demerits have previously occurred within the same category will be considered a group II offense under the Disciplinary Counseling Report Policy listed in this handbook.

Any student who feels that a merit was missed by hospital or clinical staff should bring it to the attention of the clinical preceptor, supervisor clinical coordinator or program director.

PERSONAL TIME OFF(PTO) Implemented: 7/19 Revised:

Students will accrue personal time off (PTO) as they progress throughout the program. It is imperative for students to get as much clinical time in the beginning of the program to get a solid foundation of patient care, procedures, and techniques. A total of 64 hours of personal time off (PTO) will become available to each student over the course of their two- year program. This time is for the student to use at their discretion, within acceptable semester limitations, when ill, doctor appointments, childcare issues, or anything else that would require the student to need time off from their clinical rotation. Usage of this time requires advanced notification, or notification to the clinical preceptor/ coordinator/ and site a half hour before the start of their shift on the day of the absence. The 64 hours is in addition to school holidays, and snow days as designated by the college.

Students will accrue PTO based on the amount of time spent in clinical each semester. Students will initially start with 0 the first semester as it is not advised for them to use any PTO in the fall. Students can carry over any PTO not used in that semester. This PTO will be given at the start of each semester

Clinical Course	Year/ Semester	PTO hours given
RADT 355	Junior/ Fall	0
RADT 365	Junior/ January & Spring	12
RADT 455	Senior/ Summer	24
RADT 465	Senior/ Fall	16
RADT 475	Senior/Spring	12
Total		64

(Additional allotment of PTO hours may be granted on a case by case base due to extenuating circumstances.)

Students may accumulate additional PTO hours through preapproved, lectures, trips, and assignments.

Leaving Early Policy: Students need to get approval from the clinical preceptor or their designee for PTO to be used on the same day of the absence. All reasonable requests will be approved; however, requests may be denied due to specific reasons.

All time missed beyond the allotted or accrued hours must be made up. A student may not make-up (bank time). There will be limited make-up time built into the end of each semester if needed. Make up hours plus normal school and clinical hours can never exceed more than 40 hours in a week, or 10 hours in a day. All make up hours should be done in the rotation or shift and at the clinical site that was missed originally. All make up hours must be approved by the clinical preceptor, clinical coordinator, and clinical faculty. End of semester make up time needs to be approved 1 week before the semester ends.

Students who leave early must get approval from the clinical preceptor or their designee **and** send an email to the clinical coordinator and clinical faculty for that site immediately upon leaving the site.

To ensure that clinical objectives are met on weekends and evening rotations the amount of personal time usage during these rotations will be limited. **Students are only allowed to take off up to two weekend shifts and up to three evening shifts during their two-year program.**

PERSONAL DEVICES

Implemented: 7/19 Revised:

Personal cell phones, beepers, iPods, MP-3 players, pagers, laptops, computers, tablets, apple watches, smart watches, other alternatives (Fitbit with wireless abilities) or any type of entertainment device will not be allowed at the clinical facility. These devices may interfere with the hospital equipment and cause distraction at the clinical site. All personal devices should be kept in personal vehicles.

Students are not allowed to use hospital computers for homework, studying or personal use.

If students need to be contacted due to emergency situations, the hospital department number can be used for this purpose.

All cell phones should be kept in manners mode in the classroom, texting is not allowed during classroom lectures. Students whose cell phones become a distraction during lecture will be asked to not bring them to class and may be subject to demerits.

Failure to follow the personal devices policy will result in demerits which will adversely affect the student's grade.

PREGNANCY

Implemented: 7/19 Revised:

MCLA's Radiologic Technology Program encourages any student who believes that she may be pregnant to formally declare her pregnancy and acknowledge that any such declaration should be on a **voluntary basis**. The

student can revoke this declaration at any time, for any reason by formal written notification. Removal of the declaration notification negates this policy.

A declaration of pregnancy must be made in writing to the Program Director who will notify the College's Health Office and the program's Radiation Safety Officer (RSO). Upon receiving the written declaration, the following procedure will be initiated to ensure that the unborn fetus does not receive a dose more than that given in 10 CFR 835:

1. Obtain a second radiation badge (fetal) to be worn at waist-level.
2. Restrict total gestational period dose to less than 0.5 rem (500 mrem during the entire gestation)
3. Obtain physician's permission to continue in program-related activities both during gestational period and before returning to normal educational activities after delivery.
4. The student will be counseled on radiation protection concepts and procedures. This will be documented on the pregnancy counseling sheet.

A student will be allowed to continue in the program without interruption if she chooses. If she voluntarily withdraws from the program due to pregnancy she will have the opportunity to return to the program on a space-available basis and may be required to wait one year.

PROFESSIONAL RESPONSIBILITY & ATTENDANCE Implemented: 7/19

The student's attendance and dependability in the clinical area shows professionalism. Frequent absenteeism and tardiness will adversely affect a student's clinical grade. Punctuality and attendance during all assigned clinical education courses is mandatory for continued progression in the program. The Radiologic Technology program is competency based and thus not based solely on hours spent in the clinical setting, however, a certain amount of clinical time is necessary to ensure competency. Excessive absenteeism will hinder clinical competency and thus must be considered in the student's overall grade and may result in dismissal from the program. *See also Clinical Time, Tardiness, Absences and Leaving Early.*

Students should note that continued state and federal financial aid is often dependent on previous successful completion of courses.

When unable to report to a clinical assignment, students **must personally notify** their clinical site by telephone, as well as the clinical coordinator/faculty by email. Notification **must be made to all parties** no later than a half hour before their clinical shift is to begin.

Students who leave early must get approval from the clinical preceptor or their designee **and** send an email to the clinical coordinator/faculty for that site immediately upon leaving the site.

To properly record clinical time, each student will personally sign in the morning or afternoon and sign out at the end of their scheduled clinical time on a time sheet provided. It is the student's responsibility to ensure that his/her attendance is recorded properly throughout the week. Those failing to sign in will be considered absent for those periods of time.

Any student caught falsifying his/her time sheet will be disciplined using the Disciplinary Counseling Form and may be removed from the program.

Absences and/or tardiness of any type require that the clinical site be notified no later than a half hour before your clinical shift or make-up shift on the day of the absence. Failure to notify the Clinical site will result in a demerit and your clinical grade will be affected accordingly.

PROGRAM ASSESSMENT

Implemented: 7/19

Revised:

Through outcomes assessment, the program's goals include measurable student learning outcomes that are reviewed, revised, and evaluated on an annual basis. The goals serve to measure the student's cognitive, affective, and psychomotor skills. They are evaluated based on the student's performance of specified tasks and attainment of clinical and didactic standards set at a level of expected clinical performance.

The program's assessment criteria have been approved by the JRCERT and is measured, correlated, and reported annually to the Radiology Advisory Board. Issues of non-compliance with benchmarked figures must be documented and actions put in place to ensure compliance in the future. Both the establishing, data collection, data correlating and reporting of the assessment criteria is done by Program Faculty. Throughout the year, the Radiologic Technology Program will review several student outcomes to review the effectiveness of the program based on the program's goals and mission.

The program's assessment goals:

Programmatic goal
Communication
Clinical Competence
Critical Thinking
Professional Development
Program Effectiveness

RADIATION PROTECTION/MONITORING and SAFETY

Implemented: 7/19 Revised: 6/21

Student use of ionizing radiation during clinical education courses, positioning labs and/or any other incidence in which ionizing radiation is utilized, shall be in accordance with:

1. Massachusetts, New York and Vermont state laws and criteria established in NCRP (National Council on Radiation Protection) - Radiation Protection in Educational Institutions.
2. Students **are not** permitted to operate x-ray equipment except under the supervision of program faculty and/or hospital staff radiologic technologists.
3. All individuals working in radiation exposure areas shall wear radiation-monitoring devices. The radiation monitoring device will be worn in the neck/upper thorax region, and visually exposed when wearing a lead apron. This procedure is mandatory whenever working with ionizing radiation. No person shall be permitted to work in these areas without wearing a designated badge.
4. The current report shall be inspected and initialed by each respective student. All radiation exposure reports will be kept in a notebook in the Program Director's Office.
5. Individuals will be charged a replacement cost for lost radiation-monitoring device.
6. Persons in the room during radiation exposures must avail themselves of the control area protective barriers and the doors to the x-ray room must be closed.

8. A human shall never be exposed to radiation for demonstration purposes. Phantoms are available for checking or establishing techniques or demonstrating technical factors.
9. A student in fluoroscopy and/or performing mobile radiography must wear an appropriate leaded apron and thyroid shield device.
10. The program's Clinical Coordinator or faculty is responsible for distributing and collecting exposure devices. The Program Director is responsible for maintaining exposure records.
11. The program control badge is in the technologist's lounge at Southwestern Vermont Medical Center.
12. It is **strictly prohibited** for anyone (students or faculty) to intentionally expose the control badge or his/her badge. Any student caught doing this will be automatically dismissed from the program.
13. If an individual's quarterly exposure is greater than 4.0 mSv per quarter, the Radiation Safety Officer (RSO) will notify the individual verbally and in writing. Within five working days, the individual will respond in writing with an explanation as to why the reading may be high. The RSO will then counsel the individual and attempt to modify the behavior that led to the situation. If quarterly film badge readings continue to exceed the allowable dose, the Program Director will be notified. Failure to correct radiation safety issues may result in dismissal from the program.

Radiation Safety:

Students will adhere to the principles of ALARA (as low as reasonably achievable) by providing appropriate radiation protection for personnel, and the general public by:

1. Proper shielding.
2. Use of screens, filters, collimation, and other safety devices.
3. Use of proper immobilization techniques.
4. Ascertaining pregnancy status.
5. Employing appropriate technical factors.
6. Adhering to the cardinal principles of radiation protection: time, distance and shielding.
7. **Students must not hold image receptors during any radiographic procedure and should not hold patients during any radiographic procedure when an immobilization method is the appropriate standard of care.**

MRI Safety

It is important that students in the program be fully aware of MRI safety procedures before their diagnostic clinical rotations and/or optional clinical rotation in MRI. Students must understand the nature of the magnetic fields that are used and understand the consequences of not following safety guidelines. Students in the program will be educated on MRI safety (Individual and Patient) in RADT 355 before the start of their first clinical rotation. All students regardless of their optional rotations will be required to complete an MRI pre-screening form. This pre-screening form will be maintained in their clinical folder. This form will be reviewed by program officials. Students will not be allowed to do an optional rotation in MRI if contraindicated by their pre-screening form. Students are required to notify the program should their present screening status change at any time during the program and will be required to complete a new screening form. Students are to always follow

the MRI safety policies and precautions at their respective clinical site. Students are required to notify the faculty of any changes to their status.

(The program utilizes the ACR Guidance Document on MR safe practices, <http://onlinelibrary.wiley.com/doi/10.1002/jmri.24011/pdf>)

RADIOGRAPH IDENTIFICATION Implemented: 7/19 Revised:

Students will always identify their images radiographically with their **own** (initialed right or left) lead markers. **Do not** allow someone else to use your markers.

It is recommended that students always keep a second full set of markers in case of one or both in a set lost. Students are only allowed to have red for right and blue for left, markers need to have the students 3 initials at the top. A student without markers in clinical education is considered in violation of the Appearance Code.

Additionally, if required by the clinical site, the student will be required to initial the top of the exam form and/or indicate in the Radiology Information System (RIS) on all exams they perform. If the student is performing the exam under direct supervision, the initials of the supervising technologist and/or indication of the supervising technologist must be noted.

All images will be scanned with proper patient identification. Images not marked with the -students individual identification markers or without proper patient identification will result in a demerit.

RECORDS ACCESS (Clinical Only) Implemented : 7/19 Revised:

It is the policy of the Radiologic Technology program that all program-related clinical records kept on any individual student are always available for inspection by that student. Clinical records **will not** be removed from the program office. Students who wish to see their clinical records should ask the program faculty who, in turn, will make them available. Student records are treated as confidential to third parties. Information will only be released to others with the student's written permission. *Clinical records release forms can be obtained from the Program Director or Clinical Coordinator.*

SOCIAL MEDIA POLICY Implemented 7/19 Revised:

Social media is a powerful and far-reaching means of communication that can have a significant impact on your professional reputation and status as a student at MCLA in the Radiologic Technology program (MCLA RT). Communications on social media sites can blur the lines between personal voice and institutional voice. Therefore, this policy should help clarify how best to enhance and protect personal and professional reputations when participating in social media whenever your MCLA RT affiliation is known, identified, or presumed. This policy is not inclusive of all situations related to social media.

Social media is defined as media designed to be disseminated through social interaction, created using accessible and scalable publishing techniques. Examples include but are not limited to LinkedIn, Twitter, Facebook, Second Life, Flickr, YouTube, and Instagram.

PART 1: POLICIES FOR ALL SOCIAL MEDIA SITES

- **Protect confidential and proprietary information:** Do not post confidential or proprietary information about other people (including but not limited to patients, faculty and staff, other students, preceptors, and co-workers). Adhere to all applicable federal requirements (such as FERPA and HIPAA) as well as College and clinical agency policies.
- **Comments or photographs posted on social media sites that describe, or attempt to describe, any clinical experiences are prohibited, with or without identifying information.**
- **Respect copyright and fair use:** Always consider copyright and intellectual property rights when utilizing social media sites. Adhere to all applicable laws and regulations.
- **Massachusetts's College of Liberal Arts logos for endorsements:** Refrain from using the MCLA logo or any other College images or iconography on personal social media sites. Be cognizant of pictures of students in their uniform where the MCLA RT logo can be seen. Pictures of MCLA RT students or faculty should only be posted with the consent of all individuals involved.
- **Terms of service:** Obey the Terms of Service of any social media platform employed.
- **“Friending”:** MCLA RT program strongly discourages the use of social media sites to “friend” patients, their family members, and clinical agency personnel. It is strongly recommended that students not initiate or accept friend requests with these individuals unless there is an in-person friendship that pre-dates the professional student radiographer relationship.
- **Be respectful and professional:** Students are expected to adhere to professional standards including the American Registry of Radiologic Technologist, Standard of Ethics.
<https://www.arrt.org/pdfs/Governing-Documents/Standards-of-Ethics.pdf>
- **Avoid providing healthcare advice or provider referrals:** MCLA Radiologic Technology does not endorse people, products, services, or organizations. Whenever your affiliation with MCLA Radiologic Technology is known or implied, you should not give or request advice or referrals
- **Think (and rethink) before sharing on a social media site:** Privacy is extremely hard to maintain, and never guaranteed, when utilizing social media sites. Before posting anything, think about the consequences of what will happen if it becomes widely known (for example printed in a newspaper or posted on a billboard) and how that would impact both the student and the college. Search engines can retrieve posts years after they are created, and communications can be forwarded or copied. If the student posting would not speak the comment in class or to a member of the media, think about if it should be posted online. Remember that postings may affect potential employer’s hiring decisions as it is becoming common place for prospective employers to check the internet and, consequently, any public postings prior to making hiring decisions.
- **Only access social media sites outside of clinical or class time.**
- **Add value to the MCLA community with what you post:** Be accurate and factual. If you make an error, post the correction immediately within the original post.

PART 2: VIOLATIONS

- **Complaints about PHI (Protected Health Information), HIPAA (Health Insurance Portability and Accountability Act of 1996) or FERPA (Family Educational Rights and Privacy Act) violations of this policy will be reviewed by the Program Director and Clinical Coordinator. Violations to this policy may result in demerits, disciplinary action and/or dismissal from the program.**
- **Violations may be referred to the Dean of Students Office for conduct review.**
- **Privacy violations are especially serious:** Violations involving protected health information (PHI) will result in disciplinary action and/or dismissal from the program. In addition, students may be subject to federal HIPAA fines or lawsuits from the affected individuals or clinical agencies.
- **Financial penalties:** Students may be required to reimburse MCLA if the College incurs legal costs related to an inappropriate social media posting.
- **Personal liability:** Libel and defamation of character may be subject to civil proceedings brought forward by the injured party. These would be separate from any College sanctions.
- **Additional consequences:** MCLA may have mandatory reporting obligations to licensing and credentialing bodies.

TECHNICAL STANDARDS

Implemented: 7/19

Revised:

Learning and Performance Responsibilities and Activities Associated with the Profession

As students prepare to begin their education and career in Medical Radiography, it is important to know the expectations in terms of required physical demands and general skills ability in their educational experience and in the work area. These skills and abilities, called "Technical Standards," were identified by the U.S. Department of Labor and American Society of Radiologic Technologists as being essential for an individual to demonstrate and possess, so they can perform all the tasks associated with Medical Radiography.

Read the checklist below. If you feel that you cannot perform any of the tasks listed, please contact the Radiography program for clarification and further discussion.

1. If patient can move, assist patients move from stretcher/wheelchair to examination table and from examination table to stretcher/wheelchair (push/pull/lift with 20 to 30 lbs. of force).
2. If patient is unable to move, move and/or lift a patient safely from stretcher/wheelchair to examination table and from examination table to stretcher/wheelchair (occasionally lift up to plus or minus 100 lbs., frequently lift weights of 20 lbs.).
3. Lift/move imaging equipment accessories (push/pull/lift with 20 to 30 lbs. of force).
4. Move overhead X-ray tube into appropriate position/orientation over the patient (move device located approximately 6 feet from the floor.)
5. Manipulate the various levers, switches, and controls associated with equipment in the Radiology department.
6. Read/understand/interpret standard printed text and instrumentation (dials, meters, read-out devices).
7. Visually detect the range of image brightness difference present on radiographic images.
8. Function in an environment which is frequently stressful due to a patient being injured, or in pain and respond with the speed and accuracy of performance required within given situations.

9. Observe and report in writing when appropriate a patient's condition (posture, facial expression, and skin hue), often at distances more than 10 feet, and often in subdued lighting.
10. Expeditiously and clearly communicate, in writing and verbally, with patients/staff by using conversational English, and once learned, medical and technical terms.

WORKING AS A RADIOGRAPHER Implemented : 7/19 Revised:

It is against this program's policies for any unlicensed student to work as a radiographer while in the Radiologic Technology degree program at MCLA. Violation of this policy will result in automatic dismissal from the program.

Appendix A

Standards for an Accredited Educational Program in Radiologic Sciences

Effective date: 1/1/2021

Standard One: Accountability, Fair Practices, and Public Information

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

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.

Standard Three: Faculty and Staff

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

Standard Four: Curriculum and Academic Practices

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

Standard Five: Health and Safety

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

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.

Detailed information concerning the standards can be viewed at <https://www.jrcert.org/accreditation-information/accreditation-standards-2021/>

Appendix B

Merit – Demerit System

The following is a partial list of Merits and demerits. Other merits and/or demerits may be given at the discretion of the program faculty. Some merits and/or demerits may warrant higher than one (1) point/hour.

Merits

- A documented compliment from a patient, physician, or clinical staff member.
- Constructive use of clinical down-time
- Volunteering for projects.
- Rewards for contests and in-class educational games.
- Volunteering to help other students through tutoring (not applicable if the student is monetarily reimbursed for tutoring through the college system).
- Going above and beyond in the clinical setting; exceeding expectations

Demerits

- Violation of the clinical or lab dress code. This includes the required equipment. (Radiation badge, name tag, initial markers, SVC patch, clinical notebook).
- Inappropriate use of hospital OR scrubs.
- Leaving clinical early without permission
- Improper phone call when absent from or late to clinical or class
- Absences or tardiness more than the maximum allowable for class or clinical.
- Not using markers, mismarking, or mislabeling films or images.

- Using someone else's marker.
- Not introducing yourself or explaining the exam to the patient.
- Not following department protocol.
- Passing inferior quality images
- Not finishing an exam (including paperwork).
- Inconsistent performance in clinical (inability to perform an exam when documented competent).
- Not cleaning or stocking assigned clinical room or picking up after assigned lab period.
- Unavailable in assigned area
- Poor attitude as evidenced by being argumentative, unwarranted complaining, being rude, and/or unmotivated or showing no interest.
- Unable to follow instructions from technologist/clinical staff; unable to use knowledge learned in class for clinical practice.
- Inappropriate use of personal devices.
- Computer use at the clinical site, not related to radiology education (i.e. studying, personal use).