

2009-2011

Radiography Program Student Handbook



VANCE-GRANVILLE
COMMUNITY COLLEGE

HENDERSON, NORTH CAROLINA
(252) 492-2061
www.vgcc.edu

Vance-Granville Community College is an equal opportunity, affirmative action institution. The College serves all students regardless of race, creed, color, sex, national origin, or disabling conditions.

Vance-Granville Community College is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools (1866 Southern Lane, Decatur, Georgia, 30033-4097; Telephone number 404-679-4501) to award the associate degree.

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Dear Student:

Welcome!

We are pleased to have you as a member of the Radiography Program at Vance-Granville Community College. Many of our graduates are employed in Henderson and the surrounding area. We, at the College, are proud of their professional achievements. We hope that you will join their ranks in the future.

Each year, thirty-one students are admitted to the Radiography Program. This limit is determined by the size of our Clinical Affiliates, the number of faculty, and the Joint Review Committee on Education for Radiologic Technology. Our goal is to prepare you for entry-level staff radiography positions. You, however, must complete the 21 months of education satisfactorily and pass the national certification examination in order to practice as a registered radiographer.

We have prepared this handbook for your convenience. We hope the guide will be helpful in presenting the curriculum, policies, and guidelines for professional and academic behavior specific to the Radiography Program. General College information can be found in the regular Vance-Granville Community College catalog.

We wish you success as you enter your professional education and offer our assistance in helping you achieve your goals.

Sincerely,

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Instructors reserve the right to modify course content and evaluation procedures, as they deem necessary. Likewise, they reserve the right to alter, amend or otherwise modify program policies or procedures. The student will be given a copy of the revised policy/procedure after adequate notification of the change.

RADIOGRAPHY PROGRAM

The Vance-Granville Community College Radiography Program enrolled its first class in the Fall of 1981. The program was developed and has remained consistent with the purpose and objectives of the college. Many years of experience in the field of Radiologic Technology were an inherent part of the development of the program. Two of the current clinical affiliates, Durham Regional Hospital and Maria Parham Hospital, had established schools of Radiologic Technology for over 50 and 25 years respectively. The Veterans Administration Medical Center had also had a long affiliation with Duke University's Radiologic Technology Program. With increasing accreditation standards and emphasis on academic education, it was felt the education of Radiographers would better serve the needs of the area through an institution of higher learning. Thus evolved the Associate of Applied Science Degree in Radiologic Technology at Vance-Granville Community College with its eleven clinical affiliates. Lincoln Health Center is a part of the Durham Regional Hospital and is recognized as a part of that affiliation.

The program has maintained accreditation with the Joint Review Committee on Education in Radiologic Technology, and the North Carolina State Board of Education. A program graduate is eligible for the Associate of Applied Science Degree in Radiologic Technology and the American Registry of Radiologic Technologists certification examination. One who passes this national exam and meets all of the other requirements will become a Registered Technologist in Radiography (R.T.-R.).

In cooperation with accreditation agencies, the program must adhere to what are called the "Standards", which are minimum standards for the development and self-assessment of programs in Radiography. A copy of the Standards is published in the appendix section of this handbook.

MISSION STATEMENT:

The Radiography Program at Vance-Granville Community College seeks to provide students with the knowledge and skills necessary to pass the American Registry of the Radiologic Technologists' national examination and obtain gainful entry-level employment in the field of Radiography through didactic and clinical experiences.

RADIOGRAPHY PROGRAM GOALS:

1. Provide the students with an education that promotes effective communication skills.
2. Provide the students with an education that promotes effective problem-solving and critical thinking skills.
3. Provide the students with an education that promotes ethical and professional behavior.
4. Provide the students with an education that promotes professional growth and development.
5. Graduate certified entry-level technologists to meet the needs of the community.

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

1. Demonstrate knowledge of human anatomy, physiology, and disease processes in performing radiologic procedures and examinations.
2. Apply the principles of medical and legal ethics in the performance of radiologic procedures.
3. Utilize problem solving, critical thinking, and decision-making skills in the performance of radiologic procedures.
4. Demonstrate skills relating to verbal, non-verbal, and written medical communication in patient care and professional relationships.
5. Anticipate the needs of the patient and provide basic patient care and comfort.
6. Understand and practice the principles of universal precautions to prevent the transmission of disease.
7. Practice the principles of body mechanics when providing patient care and performing radiographic procedures and examinations.
8. Demonstrate knowledge of pharmacology, the administration of drugs, as relating to the performance of radiologic procedures.
9. Recognize emergency patient conditions and initiate first aid and basic life-support procedures.
10. Provide radiation protection for patient, guests, personnel, and self.

11. Properly select and operate radiographic imaging equipment and accessory devices when performing radiographic procedures and examinations.
12. Properly position the patient for radiographic procedures and examinations.
13. Produce diagnostic radiographs with minimum radiation exposure.
14. Perform basic mathematical functions when determining radiographic exposure factors.
15. Adjust radiographic exposure factors and routine procedures to accommodate for patient condition and other variables.
16. Properly develop radiographs utilizing automatic processing.
17. Evaluate radiographic images to determine diagnostic quality and completeness.
18. Understand the importance of and demonstrate skills in quality assurance.
19. Evaluate the performance of radiographic systems, know the safe limits of equipment operation, and report malfunctions to the appropriate persons.
20. Recognize the importance of professional growth through continuing education.
21. Adhere to HIPPA regulations and requirements.

All of the hospitals participate voluntarily in the accreditation program of Joint Commission on Accreditation of Healthcare Organizations (JCAHO). This is evidence that medical and hospital personnel are available and that these hospitals are well run, well organized, and well staffed.

The hospitals are members of The American Hospital Association and their respective state hospital associations.

All of these hospitals cooperate as clinical facilities with the Radiography Program and Vance-Granville Community College.

A Clinical Instructor is designated at each clinical facility to oversee the clinical experiences of each student during his/her rotation.

PROFESSIONAL ORGANIZATIONS

Radiography students are encouraged to join professional organizations. Student annual dues are at a reduced rate to facilitate membership and participation. Students will be allowed to attend these meetings at their own cost as part of their educational endeavors. There are essay and exhibit competitions at the annual meetings in which students are encouraged to compete. Application forms will be provided by the faculty.

American Society of Radiologic Technologists - ASRT

This is the national organization that helps set the guidelines of education for our profession and keeps us updated with the latest information available on the profession. Publications include the "Radiologic Technology" as well as the "ASRT Scanner".

North Carolina Society of Radiologic Technologists, Inc. - NCSRT

This is the state organization that keeps us informed specifically about state and regional concerns relating to Radiologic Technology. Students are required to join NCSRT.

SGA REPRESENTATIVES

There are two SGA representatives, 2 junior students and 2 senior students. During the fall semester, the junior student SGA representative is selected. The students are required to attend SGA meetings.

RAD CLUB

The Radiography Program has a RAD club. The purpose of the RAD club is to have fund-raisers (2) to cover the expenses of the Student Radiography conference. Currently, the Radiography Program attends conferences in Virginia, Florida, or Georgia (alternating yearly). It is not required (but encouraged) that students attend the conference.

POLICIES AND PROCEDURES

Students enrolled in the Vance-Granville Community College Radiography Program will be responsible for observing College rules and regulations as stated in the current College Catalog, Radiography Student Handbook, and Code of Conduct. In addition, the clinical affiliates used by the program each have their own rules and regulations that the student is expected to follow. Clinical affiliates, while located away from the college campus, are considered an integral part of the program for student clinical assignments. Each student will rotate through some of these affiliates during their matriculation through the program.

The policies and procedures stated in this handbook represent a contractual agreement between this Community College and the Radiography student for 21 months. Failure to comply with the policies and procedures in this Student's Radiography Handbook or the College Catalog will result in dismissal from the Radiography Program. Each student will sign a statement of agreement confirming that the handbook has been read and each policy and procedure will be followed during the training period. The student will also be required to re-read the handbook prior to the beginning of each semester and sign an acknowledgement/agreement form on the first day of class each semester. If the student refuses to sign the statement of agreement, he/she will be required to withdraw from the program. (*See Student Handbook Agreement).

APPROXIMATE STUDENT EXPENSES

Aside from college tuition and books, there are several other items the student will be monetarily responsible for. They are as follows;

1. Markers-approximate cost \$25.00/pair.
2. Clinical notebooks- approximately \$20.00
3. Clinical Uniforms-this is dependant on the number of sets of uniforms the student purchases.
4. A fee for parking may be charged.
5. Classroom Presentations/Projects-This will be according to the student. All handouts, transparencies, and necessary materials will be covered by the student. Copies of handouts **will not** be made by faculty members.
6. Pinning Ceremony-Radiography pins are approximately \$80.00 depending on the market price of gold.
7. NCSRT fee-varies
8. Criminal Background Check \$12.00 for NC and an additional cost for each additional state you have lived in during the past 10 years.
9. Drug Screen-\$27.00 performed at Maria Parham Hospital.
10. Graduation fees approximately \$50.00.

*** This list may not reflect all expenses incurred throughout the program.**

ATTENDANCE

The faculty believes that anytime a student is not in attendance at a didactic class, laboratory, or clinical rotation, he/she is not able to receive the full benefits of a presentation or experience even if competencies are eventually met. Therefore, full-time attendance is mandatory to didactic classes, laboratories, and clinical rotations. At the same time, the faculty recognizes that students may contract illnesses that incapacitate them and cause them to be hazardous to patients and others. Please refer to the individual attendance policies for each RAD class.

CLASSROOM ATTENDANCE POLICY

1. Students are responsible for all material covered in scheduled classes whether or not they were in attendance. They assume the task of obtaining the material they need from classmates or the instructor. If a test is missed, the student is expected to take it on their first day back to classes. Any delay in taking a missed test will result in a 10% grade reduction for each day of procrastination. If the test is taken on time, a student with an absence will not receive any deduction from their test grade, but may be administered a different test.
2. If an absence will result in a missed test, student project, student assignment, or student presentation, the instructor must be notified prior to the missed class to determine if the assignment can be made up.
3. Students shall not miss more than 20% of the total classroom time per class per semester. After the 20% point is reached, the student will be dismissed from the program unless extenuating circumstances prevail.
4. Anytime a student misses **more than** three consecutive days of class and/or clinic, the student must obtain a doctor's excuse for the missed time before returning to class or clinic.
5. Please be advised: instructors may have attendance policies that differ from the Program Handbook.

CLASSROOM TARDINESS

Three tardies will constitute the equivalent of one full day's absence in the classroom. The absence will be counted toward the 20% point in the classroom.

PROLONGED ILLNESS

Students must notify the appropriate clinical or didactic instructor each day of an absence in accordance with the sick leave policies until it is established how long the student will be out of classes and clinic. Any student who misses more than three consecutive school days of class and/or clinic must obtain a doctor's excuse for the missed time. The student is responsible for obtaining all information covered during the missed classes and for making up missed requirements (tests, quizzes, etc.) according to an expedient schedule set by the instructors. Failure to do so will result in a zero (0) on each unresolved requirement.

EXTENUATING CIRCUMSTANCES

Extenuating circumstances are traumatic, uncontrollable events that prevent the student from attending clinic and class for an extended period of time (an extended period of time refers to a student being required to miss consecutively more than one week of class and clinic days). Events such as having surgery (other than cosmetic surgery); maternal/paternal leave; prolonged hospitalization; or death of a spouse, child, or parent/guardian may be considered as some examples of extenuating circumstances.

A death in the student's immediate family will be an excused absence and will not be considered as part of the attendance policy. The student is recorded absent, but the absence is not reflected in the clinical hours. Immediate family is defined as wife, husband, son, daughter, mother, father, brother, sister, guardian, grandmother, grandfather, granddaughter, grandson, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepmother, stepfather, great grandmother and great grandfather. The student must provide, in writing, full details to the Clinical Coordinator and faculty instructors regarding the death and verification of relationship to the deceased.

Students who have required jury duty (personal court cases will be reviewed by the Program Director and handled on an individual basis) or national guard duty must be recorded as absent on the official attendance roster, but the absence will not be reflected in the clinical hours. Written validation of a court appearance or jury duty is required.

If you experience an event such as any of those listed above, contact the Program Director. Documentation will be required.

Each extenuating circumstance will be reviewed on an individual basis by the Program Director.

RADIATION SAFETY POLICIES

During the two-year Radiography program, the student will be exposing patients to radiation under the close supervision of a faculty member, clinical instructor and/or qualified technologist. For this reason, students are required to be aware of all safety procedures when working with x-ray equipment. Throughout this program, students will have lectures and tests regarding the proper use, precautions and affects of radiation on individuals. Students need to be aware that not only are they required to use radiation safety precautions with their patients but also with adjunct faculty (nurses, doctors, etc) as well as family members. All people who have a possibility of being exposed must be removed from the vicinity (if applicable) or wear protective shields. *Please be aware that every effort should be made to remove any unnecessary people from the exposure area. Students will also sign a Radiation Safety/Protection Guideline and Acknowledgement form to be placed in the student's permanent file.

PREGNANCY POLICY

The Radiography Program has a policy of educating students about the hazards of radiation and proper radiation protection methods prior to their rotations at the clinical affiliates. This action is taken to minimize the radiation exposure of all students and to comply with the ALARA (As Low As Reasonably Achievable) concept. However, because a fetus is particularly sensitive to radiation, especially during the first trimester, certain information should be given to each female student and specific policies must be adhered to in the event of a possible pregnancy.

The National Council on Radiation Protection and Measurement (NCRP) recommends that the dose equivalent to the embryo-fetus from occupational exposure to the expectant mother should be limited to 0.5 REM for the entire gestational period. It is also stated that females involved in the occupation may voluntarily disclose their possible pregnancy to their supervisor if suspected. Through proper instruction to these precautions, it may be possible to limit all occupational exposure to under 0.5 REM per year and prevent fetal dose equivalents from being surpassed.

All students enrolled in the Radiography Program are instructed in proper safety precautions and personnel monitoring prior to being admitted to any ionizing radiation area. Students are required to abide by ALL safety precautions. The importance of keeping exposure as low as practical through a combination of time, distance and shielding is stressed.

Due to the number and variety of courses in the curriculum and the importance of maintaining a rotation schedule through various assigned areas without interruption, students enrolled in the program are strongly recommended NOT to become pregnant during their two years in the professional curriculum, due to concerns of exposure as well as contact with communicable disease and potential back strain from standing for long hours. However, should any student suspect pregnancy, it is recommended that she voluntarily discloses it to the Program Director. This must be in writing and indicate the expected date of confinement (delivery). In the absence of this information, a student cannot be considered pregnant.

Upon voluntary disclosure of the pregnancy, the student will:

1. Meet with the Program Director regarding the nature and potential of radiation injury associated with in-utero exposure, the regulatory limits established by the NCR Regulatory Guide 8.13 and the required preventative measures to be taken throughout the gestational period. A statement of receipt of this information will need to be signed at this time.
2. The student must be able to meet the clinical objectives to continue in the clinical course and program, including the clinical attendance policy that will be enforced. The pregnant student has the option to complete the program without the modifications.

3. The student will not be allowed additional breaks or be able to sit during clinical hours (other than the given break) due to pregnancy.
4. If requested by the student, modifications may be made for clinical rotation, making sure that the pregnant student gets a minimal amount of exposure. The faculty and Clinical Instructor from the clinical site will have the final authority on the rotation schedule after consultation with the pregnant student.
5. The student will abide by the following:
 - a. Strict adherence to ALL safety precautions for protection purposes.
 - b. A second dosimeter will be provided and is to be worn at the student's waist, to monitor fetal dose.
 - c. At any time that the pregnant student feels she is working in an unsafe area or under conditions she feels detrimental to herself or fetus, she will stop immediately and report to the clinical instructor.
 - d. At no time and for no reason will the pregnant student place herself in the primary beam of radiation.
6. If a student chooses to temporarily leave the program, she may return to the program at the beginning of the semester in which she left.
7. The student must realize that she must complete, upon her return, ALL requirements for graduation, including required courses, clinical competencies and rotations.
8. Each pregnancy will be reviewed on an individual basis by the Program Director and Clinical Coordinator. It may be required that a portion of the clinical time missed be made up.

COMMUNICABLE DISEASE POLICY

All students enter the Radiography program free from communicable disease, as evidenced on their medical forms. However, during the two-year program a student may contract a communicable disease from a patient or the general public. In order to protect patients, staff, and other students, the following rules must be adhered to:

1. Students are strongly advised not to come to class or clinic with a fever, vomiting and/or diarrhea. Students need to be aware that they may be sent home upon the discretion of the program faculty and/or clinical affiliate if the illness is considered a potential hazard to others.
2. The student must notify the Clinical Instructor and Program Head immediately upon being diagnosed with a communicable disease.
3. The student must submit written documentation from the diagnosing physician indicating how their contact with patients, staff and students should be limited.

4. The faculty will remove the student from the clinical and classroom instruction in accordance with the recommendation of the diagnosing physician.
5. The student may return to the clinic and/or classroom when they have received a written release from the physician.
6. Classroom and clinical absences will be handled according to the previously described attendance policies.

In recognition of the possibility of coming into contact with patients who carry a communicable disease which may be spread by blood or bodily fluids, Radiography students at Vance-Granville Community College should follow these guidelines:

1. Hands should be properly washed before and after each patient contact.
2. Gloves should be worn when the possibility of exposure to blood, mucous membrane, body fluids, or secretions exists. Gloves should also be worn when handling items soiled with blood or equipment contaminated with blood or other body fluids. Gloves should be changed if there is a break in the glove either by needle stick or tear. Gloves must be changed between patients.
3. Needles, scalpel blades, and other sharp instruments should be considered as potentially infective and be handled with extraordinary care to prevent accidental injuries. They should be disposed of in biohazard, puncture resistant containers located in designated areas at each clinical affiliate.
4. To prevent needle stick injuries, needles should not be re-capped, bent, broken, removed from disposable syringes, or otherwise manipulated by hand.
5. When performing procedures involving any contact with blood or body fluids, gloves, gowns, masks, and goggles should be worn in accordance with affiliate procedure.
6. To minimize the need for emergency mouth-to-mouth resuscitation, mouth-to-mouth masks should be used in accordance with affiliate procedure.
7. Blood, body fluid spills, contaminated surfaces, and re-usable items should be cleaned with a 1:10 Clorox solution and other appropriate disinfectant.

8. When obtaining specimens, gloves should be worn. Soiled containers should be placed in plastic bags and properly labeled with blood and fluid precautions before sending to the lab.
9. Proper isolation procedures for specific instances will be covered in detail during RAD 110 - Intro. to Rad. Tech. during the first semester.
10. All students will be provided information on the Hepatitis B vaccine according to OSHA guidelines and are strongly advised to have Hepatitis B vaccinations before beginning clinical rotations. Students will have to sign a declination form if they do not take the vaccine.

SUBSTANCE ABUSE POLICY

Substance abuse and its addictive illness, can lead to serious physical, psychological, and social problems for the individual. Affected student(s) may have impaired judgment and skills which can pose a serious threat to the lives of patients in their care. Substance abuse not only compromises patient care but also compromises the educational process. Vance-Granville Community College Radiography program is committed to identification of abuse, intervention, and referral for treatment of any students involved.

Drug testing of body fluids is a method of identifying recent use of alcohol or drugs. It is not a diagnosis of substance abuse or addiction. A violation of hospital clinical policy will likewise be considered a violation of college policy. Test results will be kept confidential with access allowed only for those who “need to know.” If clinical sites impose testing requirements that affect students and faculty, the school will uphold the clinical site’s policy in requiring testing.

Identification of abuse

Any Student:

1. Found to possess (consumed or carried on one’s body) any alcoholic beverage, mind-altering chemical or non-prescribed controlled substance on the Vance-Granville Community College campus or at any clinical facility.
2. Who diverts any controlled substance from a clinical facility.
3. Whose behavior or appearance provides reasonable suspicion that the student is under the influence of alcohol or non-prescribed controlled substances, under the influence of chemicals that alter cognitive functions, and/or abusing prescribed medications.

Intervention is defined as

Any student:

1. Identified according to Identification of abuse #1 and/or #2 (as cited above) will be dismissed from the Radiography program.
2. Identified according to Identification of abuse #3 (as cited above) may be required to submit to a breath analysis, saliva test, urinalysis, or blood analysis. Radiography faculty may make the determination that reasonable suspicion exists. Refusal to offer the required sample will be grounds for dismissal from the program. A positive test indicating use of controlled substance, mind-altering chemicals, or alcoholic beverages will be grounds for dismissal from the Radiography program. The student will be responsible for the cost of testing.

Referral for Treatment

Individuals who have been identified will be referred to the appropriate local or state agencies for assistance. All individuals will be afforded the right of confidentiality in all contacts consistent with local, state, and federal laws and the general welfare of the school, its students, faculty, and staff.

DRUG SCREENING POLICY/BACKGROUND CHECK

The Radiography Program Clinical affiliates require that students have a negative drug screen before rotating through the clinical setting. The drug screen will need to be performed prior to the student attending clinical. The actual test must be performed at Maria Parham Hospital no sooner than 10 days before the first day of clinical. **Students who test positive to the required drug screen will not be permitted to attend clinical and they will not be assigned to another clinical site. Therefore, a positive drug screening test will be grounds for dismissal without opportunity for readmission to the program.**

CRIMINAL BACKGROUND CHECK POLICY

Most of our clinical affiliates participate voluntarily in the accreditation program of the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO). This entity is requiring criminal background checks (CBC) for all Health Science students utilizing these clinical affiliates. As a result of this requirement, the following policy has been established.

Radiography students will be required by clinical affiliates to have a criminal background check prior to beginning clinical rotations. By applying for admission to any Health Sciences Program, a student consents to criminal background checks. A written consent form must be signed by each student prior to the performance of a background check. Refusal or withdrawal to consent to the criminal background check will disqualify

a student from clinical participation, hereby, resulting in forfeiture of acceptance into the Radiography Program.

The student is responsible for paying any fees associated with the criminal background check. The cost of the criminal background check will be \$12.00 for the North Carolina Criminal Background Check and all other states/countries are additional charges. Students must obtain CBC process and pricing information by going to Carolina Information Criminal and Civil Records at www.usinfogroup.com or by calling (919) 570-9861. **Students must provide all addresses for the previous 10 years.** Please note that VGCC does not guarantee the admission of any student to a clinic site just because a criminal background check has been completed.

Information obtained within the criminal background check will be provided to the clinical affiliate prior to the student beginning each rotation. Upon notification from the Radiography Program, Carolina Information will forward the CBC information directly to the appropriate individual at the student's assigned clinic site. Only students who are assigned to a particular clinic site will have their information sent to that site. The clinical affiliate makes sole determination of a student's eligibility to participate in a clinical rotation based on the CBC results. **A criminal background check may reveal information that will prevent the student from clinical participation and, therefore, will result in dismissal from the Radiography Program. Students who are denied access to a clinic site will not be assigned to another clinic site.** Please note that some clinical affiliates may have additional criminal background check policies (i.e. fingerprinting). If this is applicable, students will be made aware of these additional requirements at the appropriate time. Fees may apply. Students are under a continuing obligation to supplement the information provided to any clinic site concerning background checks, criminal histories or convictions or any other criminal background information. Failure to promptly provide updated or corrected information may be cause for dismissal from the clinic site and, subsequently, from the Radiography Program.

LEGAL LIABILITY INSURANCE

All Radiography students are required to enroll and pay premium costs in the medical legal liability insurance offered through the college "Blanket Liability Insurance Program". The annual premium is approximately \$16.00. Further information will be provided on orientation day or through the College Business Office.

ACCIDENT INSURANCE

Accident insurance is available through the College for all students who pay an activity fee. This insurance covers the student while in classes and clinic. **If a student is injured while in the clinical area, the clinical site will require them to receive appropriate medical care at the student's own expense or using this coverage.** Students should have an incident report filled out for an injury they incur while attending clinical. Reimbursement from the business office will be made after the student has filed with his/her own medical insurance. The students should submit a copy of the report and the bill for medical care to the Business Office for reimbursement.

HEALTH INSURANCE

Students must carry adequate health insurance with verification presented during the admissions process. The Program Director or Clinical Coordinator will review coverage before students attend clinic. **Health insurance coverage must be maintained throughout the student's time in the program.** Whenever a student is issued a new card or changes coverage/companies, a copy of the card must be provided to the Program Director. Students will not be allowed to attend clinic if their health insurance is not kept current.

CONDUCT/PERFORMANCE GUIDELINES

Conduct unbecoming of a Radiologic Technology professional will not be tolerated. All Radiography students must be aware of the increased amount of responsibility toward personal and professional conduct as a member of a health care team. Along with following Vance-Granville Community College's Code of Conduct in the college catalog, they are expected to maintain the ethical standards (*See Code of Ethics) of the medical community as well as any additional guidelines – (*See Grounds for Dismissal) set by the program. They must understand that they not only represent the medical profession, but also Vance-Granville Community College, as well as the sponsoring hospital affiliates. Whether they are in the classroom, hospital, or professional meeting, they must continue to practice professionalism. Remember, a student's individual or group behavior is representative of their ethical standards. If a student is found to be in violation of these conduct/performance guidelines, he/she will be dismissed from the program.

Students **are not allowed** to bring children and/or family members to class, clinic or the lab. Please see the College Catalog code of conduct section.

CELL PHONE POLICY

The purpose of a cell phone policy is to ensure that students are aware of the proper usage of personal cell phones during didactic and clinical classes.

With today's new technology, the use of cell phones has become a standard way of life. Cell phones can be a valuable tool in the case of emergencies. While the faculty understands the importance of keeping in touch with family in the event of an emergency, we also understand the distractions cell phones can cause.

Vance-Granville Community College Radiography Program follows the policies of each clinical affiliate by not allowing students to use their cell phones during clinical hours.

Cell phones ringing in class can become disruptive to students trying to concentrate on instructor lectures, study sessions, quizzes and/or exams. They can also break the flow of a lecture for an instructor. Student's text messaging during class lectures can also be a

distraction to other students and can hinder the student using the cell phone from obtaining pertinent information. The Radiography Program encourages mutual respect from the students as well as the faculty. Therefore, during the didactic classes cell phone usage is not allowed (either audibly or by texting).

In the event the student's cell phone is activated, the student will collect his/her belongings and dismiss himself/herself from class for the day. This occurrence will be considered an absence. The faculty's intention is not to embarrass the student nor hinder the student from receiving messages, however, it is important to ensure that each student is allowed the opportunity to attend his/her didactic classes with as little distractions as possible.

GRIEVANCE POLICY

The student should become familiar with the grievance procedure set up for the college and documented in the college catalog and Code of Conduct. There may be variations in the process depending on whether the matter relates to student conduct or suspensions or academics. In either case, the initial response should follow the proper chain of command.

Any matter should first be discussed with the involved faculty member. Unresolved grievances should then be referred to the Program Director. Then the Dean of Health Sciences if the grievance is unresolved. In each case, the grievance should be presented in writing. An appointment will then be made. Failure to follow the proper sequence may negate the student's right to appeal to a higher authority.

DRESS CODE (CLASSROOM)

All Radiography students are required to adhere to the proper dress code whenever attending the clinical portion of their training. Students should refer to the clinical portion of this handbook for exact requirements. Classroom attire should be neat and conservative, and not distract from the learning process. Shoes must be worn at all times, and halters or cropped off shirts are not allowed. Students will wear their complete clinical uniform during the lab portion of the RAD procedures class. Students must be aware that instructor's dress code policy for the classroom portion may differ, please refer to each instructor's course outline.

SEVERE WEATHER

Occasionally the college closes or delays classes as a result of severe weather conditions. The President of the college, or his representative, will determine if the college is to close and when the time missed will be made up. Generally, announcements of closing or delay will be made between 7:00 and 8:00 a.m. on local radio and television stations such as WRAL-TV (Channel 5) - Raleigh, WTVD-TV (Channel 11) - Durham, WRAL-FM (101.5 FM) -Raleigh, WHNC (890 AM) - Henderson, WIZS (1450 AM) - Henderson, and WCBQ (1340 AM) - Oxford.

IF NO ANNOUNCEMENT IS MADE, THE SCHOOL WILL OPERATE ON THE NORMAL SCHEDULE.

THE CLOSING OF VANCE AND/OR GRANVILLE COUNTY SCHOOLS DOES NOT MEAN THAT THE COLLEGE WILL BE CLOSED.

In the event that students are not able to verify a school closing prior to 7:00 a.m., they are encouraged to use their judgment in determining whether or not to drive in the existing conditions. If a student decides not to attempt to meet a class or clinical rotation time, he/she must notify the appropriate instructor according to the published attendance policies.

If school is open after the student's decision and proper contacts are made, the student's absence will not be considered excused. If school is closed, students need not contact the instructor and should not report to class or clinic.

Students are asked to recognize that the program faculty must also depend on radio and television stations for announcements of closing and have no power to make such decisions. However, students are welcome to contact them at home for verification of closing or to report an absence.

If the college is open but announces a delay in classes the delay should be based upon the 8:00 a.m. hour. For example, if a two (2) hour delay is announced, students should report to the 10:00 a.m. class or rotation at 10:00 a.m. The college will schedule make-up time for the missed 8:00 and 9:00 classes at a later date. If a student feels that he/she cannot meet the delayed time, then the Clinical Instructor, Clinical Coordinator, and Program Director must be notified according to the attendance policies.

Clinical Instructors ARE NOT ALLOWED to determine whether the student (s) rotating through his/her site will be released early during bad weather. If the student (s) chooses to leave, the student(s) WILL BE signed out for the actual time he/she left. The time will be documented accurately and any penalties will be administered according to the Radiography Program's policies and procedures. If the student is attending a clinical site that closes due to bad weather, he/she will not be penalized for the missed time.

SAFETY POLICY FOR THE ENERGIZED LAB

Students are oriented to the energized laboratory during the first week of class. 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. In addition, you will process the radiographic image using the automatic processor to complete the assigned task. This will necessitate working in the darkroom. Both the energized lab and darkroom require following special rules to ensure safety for both you and your fellow classmates.

Energized Lab (X-Ray Unit)

1. Before making a radiation exposure, be sure the door to the x-ray room is closed tightly and the control panel is set correctly.
2. Be sure to turn off the appropriate positioning locks 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.
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 each year by a physicist to ensure the unit meets federal and state guidelines for ionizing radiation units.
5. Do not eat, drink, or smoke 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 head on tube stand). Therefore, good conduct is required when operating the unit. Should an injury occur, please report it to the instructor at that time.

SAFETY POLICY FOR THE DARKROOM

1. Do not eat, drink, or smoke in the darkroom.
2. Do not open the top of the processor, unless under the direction of the instructor.
3. Under no circumstances are you to touch the electrical and mechanical components of the processor when it is in operation. Do not place any objects into the processor other than radiographic film.
4. If you notice anything unusual in the operation of the processor (i.e., indicator light not lit), please report it to the instructor.
5. Do not remove the lids from the replenishing tanks. These chemicals are harmful if they are splashed into the eyes, mouth, or other sensitive areas of the body. If an accident does occur, an eye wash station is located inside the darkroom. Please wash the area thoroughly with water. Be sure to report to the supervising instructor regarding any problems.
6. Be sure to close the radiographic film bin prior to exiting the darkroom.
7. Make sure darkroom safe-lights are on before turning the lights off. Do not try to move about the darkroom until your eyes have adjusted to the dim light.

ACADEMIC EVALUATION

The college catalog provides the information necessary for in-depth academic information and is to be reviewed by all students. However, the following general additional information is provided. The program will follow the basic grading scale of:

A	93-100
B	84-92
C	75-83
D	65-74
F	64 or below

In order to graduate, **students must maintain a grade of "C" or better in all of their major and related courses which have course prefixes of RAD or BIO.** Because of this, "D" grades are not considered as passing and the student must withdraw from the curriculum with less than a "C" in these courses. Students will receive conferences with the program faculty during every mid-semester to evaluate their progress in both classroom and clinical courses. Also, the faculty strongly suggests that students seek assistance and counseling at the first sign of any problems prior to scheduled times to assist the problem areas.

Didactic, lab, and clinical grades will all be on the same basis. Competency level examinations will be performed at the hospital sites and will be counted toward the clinical part of the grading. Further in-depth information will be provided at the beginning of each semester in the course syllabus.

INCOMPLETE GRADE

If a student receives an "I" during the first through fourth semester, he/she must remove the "I" prior to the start of the next semester in order to continue in the Radiography Program. If the student receives an "I" in a didactic class during the fifth semester, the instructor will determine the amount of time the student has in order to remove the "I"

The students must meet **all** requirements for graduation. In the event the student does not obtain all the required competencies and continued proficiencies by the end of the fifth semester he/she will not be eligible for graduation. The student will receive an "I" and will be required to return during the summer semester. (See incomplete policy in the College Catalog)

AUDITING COURSES POLICY

Students auditing courses in the Radiography Program must adhere to the same attendance policies as credit students. Failure to comply with policy will result in counseling of the student.

RETURNING STUDENTS

Students who are dismissed from the program for academic reasons or who withdraw for personal reasons may be eligible to re-enter the following academic year provided:

1. They meet the admissions requirements for the year they want to return. If admission requirements differ from when they were originally accepted, they must meet the new requirements.
2. They audit or retake for a grade specific clinical and core courses that are prerequisites for the courses they failed or dropped. This requires students to enroll in the semester sequenced prior to the one they did not successfully complete.
3. Their academic record is adequate to warrant re-entry.
4. There are adequate clinical slots to accommodate them when they re-enter. The program will not "save" a clinical slot unless the returning student re-applies to the program and re-enters in the fall semester as a full time student.
5. The student completes a re-entry contract with the Program Director specifying terms for re-entry.
6. Returning students must wear the designated scrub color for the year the student is entering.

Students who have been dismissed from the Radiography Program for disciplinary reasons or who have been unsuccessful in one previous academic readmission will not be considered for readmission. Students who request readmission later than the academic year following their release, must reapply to the program, compete with other applicants in the admissions process, and retake all major and related courses.

*Returning students will be given the most current student handbook. The student will be required to sign another form acknowledging the policies and procedures in the most current handbook. The student will be required to complete any competencies and continued proficiencies required for that graduating year.

PINNING CEREMONY

The Radiography Program holds a Pinning Ceremony every May to honor the graduating seniors. A limited number of family members and friends may attend the ceremony. This number is determined by the faculty. In addition, Clinical Instructors are invited. Junior students are expected to attend and assist with the ceremony. Seniors are required to purchase a pin through the bookstore at a cost of the market price for gold. Typically, this price runs in the \$80.00 range.

ACADEMIC ADVISING

Vance-Granville Community College takes pride in its commitment to academic advising. The focus of this commitment lies in the great educative value of faculty and professional advisors helping students to set meaningful, self-directive goals. Academic advising is a developmental process that assists students in the planning and the development of their educational and career goals.

Courses selected by students must be approved by their advisor prior to registration. The advisor must also approve all registration changes, such as dropping and adding courses.

Students are advised by counselors or advisors in the Counseling Services Division. All students are encouraged to meet with their advisor throughout each semester and discuss their academic progress. Although advisors are available to assist students in a variety of ways, the final responsibility for meeting all academic requirements for graduation rests with the students.

STUDENT

CLINICAL

INFORMATION

STUDENT CLINICAL INFORMATION

RATIONALE

The main purpose of the clinical education course(s) in any Radiography Program is to affect a transfer of knowledge from theory learned in the classroom to the actual acquisition of skills in clinical diagnostic radiography with the ultimate goal being a level of job entry competency at the time of graduation.

This transfer is accomplished by a continuum of clinical assignments in all aspects of diagnostic radiographic procedures along with the correlation as close as possible to classroom and laboratory experiences. Students attend affiliate radiology departments for clinical education. They will be scheduled and rotated through a variety of the affiliates by the Clinical Coordinator in consultation and agreement with the Clinical Instructors.

In order to measure the student's ability to perform at satisfactory levels of competency, a method of evaluation has been established to meet the particular needs of this program. As stated before, the ultimate goal is to graduate competent radiographers who can perform at levels expected by prospective employers. Course documents, including information regarding Clinical Attendance, Clinical and Competency Evaluations as well as Clinical Record-keeping, will be presented to each student at the beginning of each Clinical Education course.

Students must realize that a finished radiograph and the observation of the student during the performance of that particular radiographic procedure are by no means the only aspects of clinical education that must be evaluated. In addition, the following play an important role in the overall performance of a student in clinical education courses: concern for patient's welfare, preparedness, organization, punctuality, adaptation to routines, perseverance, initiative, cooperation, self-confidence, composure, enthusiasm, and overall attitude. These characteristics are evaluated through the use of a Professional Performance Evaluation. The evaluations are completed at mid-semester and the end of each semester.

The Radiography student is not allowed to diagnose the patient. However the Radiography Program faculty expects the student to be able to distinguish between "normal" anatomy, diseases, pathologies, fractures and any other abnormal finding(s).

CHAIN OF COMMAND

Students should be aware that there is a proper chain of command when addressing policies/procedures and/or personal issues in the classroom and/or clinic. Students should speak with the instructor (didactic or clinical) first. If the issue is not resolved, the student should then speak with the Clinical Coordinator (if it is a clinical issue) or the Program Director (if it is a didactic issue). If the student still believes his/her issue has not yet been resolved, he/she may then speak with the Program Director (clinical or didactic issues). If the Program Director does not resolve the issue to the student's satisfaction, he/she is entitled to speak with the Dean of Health Sciences and finally the Vice President. Please remember the proper steps to expedite the appeals process.

**Vance-Granville Community College
Radiography Program
Chain of Command**

**Clinical
Instructor**



Clinical Coordinator



**Program Director
Mrs. Angela M. Thomas**



**Dean of South Campus
Mrs. Cecilia Wheeler**



**Dean of Health Sciences
Dr. Ray Goldberg**



**Vice President
Dr. Angela Ballentine**

Phone Numbers:

	252-738-3529 or
	919-528-4737 ext. 3529 or
	pager #1-877-903-6247
Mrs. Angela M. Thomas	252-738-3439 or
	919-528-4737 ext. 3517
Mrs. Cecilia Wheeler	919-528-4737 ext. 3521
Dr. Ray Goldberg	252-738-3359
Dr. Angela R. Ballentine	252-738-3283

RADIOGRAPHY PROGRAM STUDENT CODE OF CONDUCT

The clinical affiliates reserve the right to refuse admission to any radiography student who is involved in any activity not considered professional or conducive to proper patient care. **If the student is refused admission to any clinical affiliate, he/she will immediately and permanently be dismissed from the Radiography Program. Breaching any of the following guidelines may result in the student being dismissed from the Program.** The following guidelines are published to aid the student in determining proper professional conduct.

I. Clinical Preparation:

- Report to clinic prepared for his/her room assignments and exams performed in that particular room.
- Report to the clinical assignments in an alert condition.
 - a. No sitting/standing/leaning on counters, etc. in clinic
 - b. No sleeping
 - c. Not be in the possession of drugs, or liquor, nor engage in their use before or during clinical assignments.
- Report to the clinical assignments in the proper complete uniform.
- Students should review positioning, anatomy, radiographs, equipment manipulation, etc., during slow periods.

II. Clinical Performance:

-Students should be aware that the following is a list of the activities that are not allowed during clinic regarding student's performance.

- “Picking and choosing” exams/procedures.
- Performing an incorrect projection/exam/procedure on a patient.
- Performing extra views not requested by the ordering physician and/or required according to the clinical sites' SOP in order to obtain a practice competency and/or competency.
- Repeating a radiograph because the student's marker is not visualized and identifiable.
- Performing repeat radiographs without a technologist present.
- Walking out in the middle of an exam/procedure.

- Performing Operating room exams, portable exams and/or Emergency Department exams without a technologist physically present.
- Receiving assistance from a technologist and/or student during the attempt of a competency on an exam/procedure.
- Refusing to accept assignments by the Clinical Instructor commensurate with their capabilities, or to take directions from an individual designated by the Clinical Instructor.
- Initiating a patient procedure after the assigned end time.

III. Clinical Professionalism:

-Students should be aware that the following is a list of the behavior that is not allowed during clinical.

- Speaking about other student's clinical performance, attendance and/or tardiness, speed during exams/procedures and/or quality of work to other students, technologists and/or faculty members.
- Students leaving their assigned area within the Radiology Department without specific permission by the Clinical Instructor, Clinical Coordinator and/or program faculty.
- Falsifying and/or altering clinical documents.
- Accepting competency forms that were not earned independently even though the technologist gave a passing grade.
- Engaging in theft of any articles from the clinical affiliate.
- Engaging in inappropriate conduct, as defined by the Clinical Sites agreement and regulations, and the student handbook, while on clinical assignment. (Depending on the infraction may result in dismissal from the program).
- Leaving the clinical assignment for meals, or clock-in early or late for meals.
- Loitering in the radiology department of the clinical affiliate at times not specified for clinical assignment.
- Chewing gum while on clinical assignment.

- Taking smoke breaks during clinical hours other than the designated lunch break. If the student is assigned to a clinical site that is smoke free, he/she is expected to abide by the smoke free policy.
- Using the clinical affiliate's telephone for personal use
- Discussing possible employment with management during clinical hours other than the designated lunchtime.
- Having or using beepers, pagers or cell phones in the clinical setting.
- Using clinical affiliate's computers for anything other than appropriate hospital use.

IV. Patient Care:

-Students should be aware that the following is a list of behavior that is not allowed during clinic.

- Not properly identifying patient using multiple identifiers such as, but not limited to: patient's full name, armband, birth date, social security numbers, and home address.
- Leaving patients unattended while undergoing diagnostic procedures.
- Mistreating a patient, being verbally abusive or inconsiderate of the patient's feelings and/or needs.
- Leaving an in-patient unattended in the transport area (unless approved by clinical affiliate).
- Not obtaining appropriate patient history (signs/symptoms).
- Not thoroughly explaining exam/procedure to the patient.
- Not providing assistance to patient such as, but not limited to; providing urinals/ bed pans, emesis basins, sheets/blankets/pillows, etc.
- Walking out on a patient who is vomiting, screaming in pain, having incontinence issues, defecating on himself/herself, etc.

- Making exposures on patients without properly shielding patient.
- Making exposures on patients without properly providing protective shields for others having to remain in the room such as family members, prison guards, sitters/patient aids, doctors, nurses, etc.

*Students should practice appropriate patient care and customer service. Including, but not limited to:

- a. Address patient with Miss, Ms., Mrs., Mr.
- b. Ensure the patient comprehends instructions.
- c. Assist patient to and from wheelchair/stretchers, etc.
- d. Hold back of chairs when patient is moving.
- e. Ensure stretcher is locked prior to patient moving.
- f. Ensure bed rails are up when not performing exam/procedure.
- g. Answer any and all questions to patient's satisfaction.
- h. Not use pet names when addressing patient (i.e., honey, sweetie)
- i. Engage only in polite/professional conduct.

Students ARE NOT ALLOWED to participate in any extra curricular activities during clinic. This is to include, but not limited to:

- a. Blood drives
- b. Job fairs
- c. Uniform sales
- d. Participate in solicitation offers during clinical hours such as, but not limited to, Tupperware sales, Avon sales etc.
- e. Departmental parties (unless during 30 minute lunch break).

Radiography students should adhere to appropriate guidelines as published by the college for initiation of grievances concerning any aspect of clinical coursework. (see college catalog for student Code of Conduct). This includes maintaining a professional attitude when in the presence of other students, staff technologists, program faculty, physicians, and patients.

The program faculty will counsel students guilty of any infraction of the Radiography Program Student Code of Conduct. Each infraction will be handled by the program faculty according to the seriousness of the situation and in accordance with the published current College Code of Conduct. Please be aware that any of these infractions could be grounds for immediate and permanent dismissal from the Radiography Program.

CLINICAL COURSES

In the fall semester, the first of five clinical courses will begin. During Fall and Spring semester of the first year, the student will engage in laboratory sessions in which he/she will demonstrate the ability to simulate correct radiographic procedures. This will be done under the direct supervision of a Radiography program faculty member. The student will not be allowed to perform any radiographic exam in the Clinical Affiliates for a competency grade until that procedure is tested on in the classroom, correctly simulated and a practicum performed in the laboratory setting. This does not mean that the student cannot assist the technologist in the performance of his/her duties. The majority of time spent in the first clinical course will consist of a transition from an observation, or passive role, to an active participatory one of assisting the radiographer in radiographic examination. The student's rate of progress will depend on the ability they possess to understand and perform the various assigned tasks.

After gaining experience in various procedures, the student will gradually move into a performance state in which he/she will actually be performing the procedures under the supervision of a radiographer.

CLINICAL COURSE GOALS

Throughout the 21 months in the Radiography Program at VGCC, the student will attend Clinical Affiliates in order to:

1. Acquire expertise and proficiency in a wide variety of diagnostic radiographic procedures through application of classroom theory and laboratory skills to the actual practice of technical skills in a clinical setting.
2. Develop skills required to adequately and efficiently review radiographs for diagnostic quality.
3. Develop and practice professional work habits and appropriate interpersonal relationships with patients and other members of the health care team.
4. Accurately select appropriate technical factors in order to produce a radiograph of diagnostic quality.
5. Become proficient in performing exams/procedures in a timely manner.
6. Develop optimal patient care skills.
7. Perform exams/procedures independently and in a competent manner.

SPECIFIC CLINICAL OBJECTIVES

General Radiography

Upon completion of rotation through this area, the student will be able to:

1. Review SOP and perform correct positions using correct cassette size.
2. Review the patient chart or requisition for pertinent clinical history.
3. Select correct patient for appropriate exam according to affiliate procedure.
4. Question female patients about possible pregnancy according to affiliate procedure.
5. Dress/drape patient for exam in proper manner.
6. Provide a secure place for patient's belongings.
7. Explain procedure to the patient and appropriately answer any questions.
8. Assist patient to and from the table or upright film holder utilizing proper body mechanics in accordance with the mode of travel.
9. Demonstrate facility readiness by having appropriate cassettes and other supplies readily available.
10. Position patient, part, and film for the requested examination using proper immobilization devices and/or positioning aids.
11. Manipulate equipment for centering and/or angulation of central ray and film.
12. Demonstrate proper use of radiation protection principles by utilization of gonadal shielding, collimation, and selection of appropriate exposure factors as well as providing lead aprons and gloves for non-radiology personnel who may assist in the examination.
13. Demonstrate proper use of radiation protection principles of time, distance, and shielding for reduction of occupational exposure.
14. Select correct exposure factors.
15. Identify and manipulate controls for the table, collimator, and control panel.
16. Clean table or upright film holder after each patient.

17. Restock rooms with clean linen.
18. Demonstrate appropriate isolation techniques (for self and essential supplies) when handling patients with potential for infectious disease.
19. Utilize film markers according to affiliate procedure.
20. Evaluate radiographs for diagnostic quality.
21. Release patient according to affiliate procedure.
22. Identify all sizes and types of film/screen combinations as utilized by the affiliate.
23. Utilize passboxes properly.
24. Utilize patient identification exposures as needed.
25. Load and unload cassettes.
26. Assist with processing of special procedures exams as needed.
27. Duplicate radiographic film as needed.
28. Assist in subtraction process as needed.
29. Perform basic quality assurance tests such as safelight tests, light leaks, sensitometry, and temperature monitoring.
30. Assist in processor cleaning and mixing of chemicals as needed.
31. Evaluate the radiograph for processing artifacts.
32. Store radiographs and patient records appropriately in accordance with affiliate procedure.
33. Utilize CR/DR equipment properly.
34. Evaluate appropriate exposure index numbers or “S” values.
35. Send images to PACS.

Fluoroscopy

Upon completion of rotation through this area, the student will be able to:

36. Review SOP and perform correct positions using correct cassette size.
37. Review the patient chart or requisition for pertinent clinical history.
38. Select correct patient for appropriate exam according to affiliate procedure.
39. Question female patients about possible pregnancy according to affiliate procedure.
40. Dress/drape patient for exam in proper manner.
41. Provide a secure place for patient's belongings.
42. Ask patient any pertinent history according to procedure being performed. Relay patient history to Radiologist.
43. Ensure the Radiologist signs off on any consent forms as required by clinical affiliate PRIOR to procedure.
44. Explain procedure to the patient and appropriately answer any questions.
45. Assist patient to and from the table or upright film holder utilizing proper body mechanics in accordance with the mode of travel.
46. Review with Radiologist any special preparation instructions according to that Radiologists' preference.
47. Demonstrate facility readiness by having appropriate cassettes and other supplies readily available.
48. Identify and manipulate Doppler Topic devices to include the fluoro tower, compression devices, spot film devices, cut or roll film cameras, television monitors, etc.
49. Ensure radiation protection for personnel by using lead curtain, bucky slot cover, and personal lead apron/gloves.
50. Demonstrate proper set-up for the exam. Utilize proper sterile technique.
51. Prepare proper contrast media and supplies according to exam and affiliate procedure.

52. Assist patient during Doppler Topic portion of exam as needed.
53. Obtain follow-up radiographs according to affiliate procedure and/or Radiologists' preference.
54. Give patient appropriate post-procedure instructions.
55. Release the patient in accordance with affiliate procedure.
56. Utilize CR/DR equipment properly.
57. Evaluate appropriate exposure index numbers or "S" values.
58. Send images to PACS.

Portables and Surgery

Upon completion of rotation through this area, the student will be able to:

59. Review SOP and perform correct positions using correct cassette size.
60. Select the correct patient by checking requisition and patient armband.
61. Check the patient's chart and/or requisition for pertinent clinical history.
62. Manipulate and identify controls on portable and C-arm equipment.
63. Identify type of portable equipment and properly prepare for exposure.
64. Manipulate and position equipment correctly utilizing controls and locks.
65. Provide radiation protection for self and others by providing aprons, collimation, and removing visitors from the room.
66. Appropriately cover cassettes with protective covering according to the clinical affiliates SOP.
67. Announce x-ray exposure according to affiliate procedure.
68. Utilize correct isolation and aseptic techniques upon entering and exiting the patient room and operating suite.
69. Obtain assistance for patient and/or medical equipment manipulation when appropriate.
70. Obtain proper dress for surgery as required by the affiliate.

71. Observe and protect the sterile field.
72. Drape the cassette and equipment with sterile warps as needed.
73. Assist in setting up the portable and/or C-arm equipment as needed.
74. Clean portable and C-arm after each use.
75. Utilize CR/DR equipment properly.
76. Evaluate appropriate exposure index numbers or “S” values.
77. Send images to PACS.

Urography and Tomography

Upon completion of rotation in this area, the student will be able to:

78. Review SOP and perform correct positions using correct cassette size.
79. Select correct patient for appropriate exam according to affiliate procedure.
80. Question female patients about possible pregnancy according to affiliate procedure.
81. Dress/drape patient for exam in proper manner.
82. Provide a secure place for patient’s belongings.
83. Explain procedure to the patient and appropriately answer any questions.
84. Assist patient to and from the table or upright film holder utilizing proper body mechanics in accordance with the mode of travel.
85. Demonstrate facility readiness by having appropriate cassettes and other supplies readily available.
86. Prepare contrast material and other material which may be used for the exam.
87. Ensure the Radiologist signs off on any consent forms PRIOR to performing procedure according to the clinical affiliates SOP.
88. Assist with injection of contrast material as appropriate.

89. Utilize appropriate markers (including time markers) according to affiliate procedure.
90. Identify the location of the emergency supplies if needed.
91. Obtain proper routine or tomographic scout films as needed.
92. Measure patient and properly determine tomographic cut levels.
93. Prepare equipment for tomographic movement by proper manipulation of controls.
94. Utilize ureteral compression devices as desired by the affiliate.
95. Obtain follow-up and additional views as requested by the radiologist.
96. Utilize CR/DR equipment properly.
97. Evaluate appropriate exposure index numbers or “S” value.
98. Send images to PACS.

PSYCHOMOTOR OBJECTIVES

NOTE: Stated objectives will comply according to each clinical facility’s practices.

Given the necessary materials and resources to produce radiographs, the student will complete the following activities:

87. Check the patient’s identification
88. Rapport with patient
89. Give proper instructions and explanation of exam.
90. Express clear precise audible instructions
91. Observe the patient’s response to the instruction
92. Supply alternative methods of communication when necessary.
93. Protect the patient’s modesty.
94. Cover the patient
95. Assist the patient with the hospital gown when necessary
96. Treat the patient with proper respect
97. Respond to the patient’s needs and requests.
98. Position the patient for proper projections required for examination
99. Demonstrate proper modifications due to patient condition or body habitus.
100. Provide support (e.g., sponges, pillows) which may alleviate patient discomfort and/or provide needed modifications for projections desired.
101. Demonstrate accurately the proper placement of immobilizing devices.

102. Select the proper size immobilizing device according to the projection and patient.
103. Use central ray properly
104. Align the central ray to enter part accurately according to projection taken.
105. Demonstrate correct usage of angles of central ray according to projection taken Centers part to film
106. Use correct focal film distance (SID) and object film distance (OID)
107. Collimate properly
108. Adjust collimation to accurate exposure area
 - A. Demonstrate use of cylinder cones when necessary
109. Use necessary film markers accurately
110. Indicate correctly the right or left side of extremity of the patient.
111. Demonstrate use of additional markers or indicators (e.g., 30 min., 1 hour, post void, 9 cm, etc.) when recommended for examinations.
112. Indicate the proper patient identification on the radiograph (name, date, number, etc.)
113. Set appropriate exposure factors
114. After measurement of the part, apply the suggested technique from chart to the control panel.
115. Set proper phototiming factors (when applicable)
116. Adjust technique accurately when changing grid ratio, distance, time for motion elimination, from moving to stationary grid, and differences in film or screen speed
117. Change technique accordingly for disease processes (e.g., emphysema, Paget's disease, fluid ascites, etc.) and cast radiography.
118. Provide needed radiation protection
119. Provide proper gonadal shielding when it will not obscure needed diagnostic information
120. Adjust gonadal shield at proper height on Pig-O-Stat.
121. Manipulate floor shields at proper height for chest radiographs (when applicable).
122. Demonstrate cognizance of others during exposure by providing lead aprons or by asking them to leave the area.
123. Wear lead apron and/or gloves when appropriate (e.g., fluoroscopy and portable radiography).
124. Ask women of childbearing age if they are pregnant before examination.
125. Demonstrate the proper use of a film badge during any radiography.
126. Manipulate patient and equipment efficiently.
127. Demonstrate knowledge of equipment (locks, switches and accessories)
128. Position patient in reasonable length of time for a given procedure.
129. Complete examination in reasonable length of time for a given procedure.
130. Properly utilize and/or set up additional supplies.
131. Complete necessary paperwork and discharge patient according to the procedure of department.
132. Identify at least 3 structures on the radiographs. (List those structures identified, making note of those missed with an asterisk.)

CLINICAL ROTATION ASSIGNMENTS

Students enrolled in the VGCC Radiography Program will be scheduled and rotated through a wide variety of the clinical affiliates. Students will be assigned to their clinical sites prior to the beginning of each semester. Once the assignment is made, the student will not be allowed to move to another clinical site. In addition to the student's primary site, he/she may be assigned in the following manner:

The Clinical Coordinator may assign the student to two (2) different sites during a semester. This is to give the student every opportunity to complete all required practice competencies, competencies and/or continued proficiencies.

The Clinical Coordinator determines the clinical assignment based on the clinical needs of the student. The proximity of the students' home in regards to the distance traveled to clinic will not be a determining factor. Students will be informed of the variety of examinations provided by each site. It is imperative that the student accomplish as many practice competencies, competencies and/or continued proficiencies as possible while at each clinical affiliate.

The Clinical Instructor is not allowed to approve any time changes (coming in early or later and/or leaving early or late) during clinical days. All begin and end times for clinic have been submitted by each clinical affiliate and approved by the Program Director.

The Clinical Instructor will provide room assignments for each student. The student should prepare for each room rotation by reviewing the exams/procedures performed in the assigned room as well as the clinical SOP. If all assignments are completed within the student's room rotation, the student should request any further assignments/instructions from the Clinical Instructor. The student **should never** sit/stand around during his/her clinical day. *See Student Code of Conduct p. 29.

Students should utilize clinical hours as effectively as possible. During slow periods, students may:

- 1) Practice manipulating the various x-ray equipment.
- 2) Practice positioning.
- 3) Clean cassettes.
- 4) Assist other exam rooms by running films/image plates.
- 5) Review and critique reject radiographs.
- 6) Review anatomy.

The student should not spend this time studying other class material other than positioning class.

GUIDELINES FOR EVENING ROTATIONS

The goal of the evening rotation is to allow students the opportunity to gain experience in trauma radiography. A maximum of 25% of the student's total clinical hours may be spent on evening rotations. Students will be allowed to rotate through the designated evening clinical sites. Starting in the second semester of the junior year, the opportunity to rotate through the evening rotation is provided to all students and on a voluntary basis.

Maria Parham Hospital, Community Memorial Hospital, Franklin Regional Hospital, and UNC Hospital currently offer a second shift rotation

All policies and procedures as outlined in the Student Handbook will be adhered to during the evening rotation.

CLINIC TIME

The average total time per week that a student is actually in contact with instructors is approximately 30-40 hours. This includes classroom, lab, and clinic. The fall semester involves 6 hours of clinical observation per week. The spring semester involves 15 hours, the summer semester involves 12 hours and the last two semesters, fall and spring, involve 21 hours of clinic per week. At no time will the student exceed 40 hours of combined clinical and classroom involvement. The student will not work through his/her lunch period and will not remain in clinic after the end of the clinic day unless he/she is completing a procedure, which was begun prior to the clinical end time.

The faculty believes that anytime a student is not in attendance at a clinical rotation, he/she is not able to receive the full benefits of the experience even if competencies are eventually met. Therefore, full-time attendance is mandatory to clinic. At the same time, the faculty recognizes that the students may contract illnesses that incapacitate them and cause them to be hazardous to patients and others.

The designated start and end times for clinic are as follows:

1 st Semester	T or TH (juniors)	8:00-12:50pm
2 nd Semester	TTH (juniors)	8:00-2:50pm
3 rd Semester	TTH (juniors)	8:00-3:30pm
4 th Semester	MW (seniors)	8:00-2:50pm
	F (seniors)	8:00-1:50pm
5 th Semester	MW (seniors)	8:00-2:50pm
	F (seniors)	8:00-1:50pm

EXTENUATING CIRCUMSTANCES

Extenuating circumstances are traumatic, uncontrollable events that prevent the student from attending clinic and class for an extended period of time. Examples of extenuating circumstances are events such as having surgery (other than cosmetic surgery); maternal leave (mother only); prolonged hospitalization; or death of a spouse, child, or parent/guardian.

If you experience an event such as any of those listed above, contact the Program Director immediately. The Program Director will review the documents and determine whether the occurrence(s) warrants an extenuating circumstance.

NOTIFICATION OF CLINICAL ABSENCE AND TARDIES

Any time the student will not be attending clinic, he/she must call the Clinical Instructor at the clinical site by 8:00 a.m. (3:00pm if the student is attending the 2nd shift rotation). If the student does not leave the message with the Clinical Instructor, he/she must document the name of the person taking the message. The clinical site telephone numbers are listed on the rotation schedule. A message cannot be sent via another student attending clinic at the same site.

The student **must also** call the Clinical Coordinator (252-738-3529) and the Program Director (252-738-3517) by 8:00 am, leaving a message of his/her absence. These numbers are also listed on the rotation schedule. If the student does not leave a message with any of the above mentioned, a counseling form will be written on the student and a meeting with the faculty will be scheduled. Any consequences will be decided by the faculty according to the program's handbook and/or college catalog at the discretion of the faculty.

*Students are not allowed to attend clinic during designated college breaks and/or holidays.

COUNSELING SESSION

The program faculty and adjunct clinical staff strive to prepare the radiography student to become an entry-level technologist by the time of graduation. Unfortunately, there may be occasions when a faculty member and/or Clinical Instructor must counsel the student for behaviors, work ethics, team work, attitude, absenteeism, grades, ALARA standards, competency levels, and professionalism to name a few. If the faculty and/or Clinical Instructor feel the student is not functioning at the level expected, a counseling session will be held with the student. This allows the student to be fully aware of any issues that are causing the faculty and/or clinical site to be concerned. The counseling session does not necessarily mean the student is in danger of being dismissed from the program. However, it should alert the student that if actions are not corrected, further issues could arise that would require further disciplinary actions. A Counseling Form should be filled out by the faculty member, staff technologist and/or the Clinical

Instructor. The issue should then be discussed with the student making sure that the issue is completely understood by the student. The student should write down his/her plan of action to correct the issue. The student will then sign the form and receive a copy. The Counseling Form will then be turned in to the Clinical Coordinator to be placed in the students' file. Once the student has 2 counseling forms in his/her clinical folder, a meeting with the Radiography faculty will be arranged with the student. The faculty will write up the concerns and create an assignment (if necessary) for the student to fulfill in order to ensure that the student is aware of the seriousness of the counseling forms and the reasons to which they were given. The student should note that there may be point deductions from the student's final clinical grade. This will be decided by the faculty and discussed with the student during the meeting.

FALSIFICATION OF CLINICAL DOCUMENTS

It is VGCC Radiography Program's goal to ensure that all clinical paperwork is true and accurate. The following are the VGCC guidelines to ensure that the code of ethics is being upheld at all times.

- 1a. The Clinical Instructor must initial clinical time sheets when the student arrives and leaves clinic for the day. **The student cannot go back the following clinic day and get signed in or out for previous clinical hours. It is the student's responsibility to find the Clinical Instructor when he/she arrives and departs clinic. The student will get signed in for the ACTUAL time the Clinical Instructor signs the sheet.** Only **authorized** Technologists are allowed to sign a student in and out of clinic. In the event the Clinical Instructor is not available, a registered technologist can sign the student in or out, but the Clinical Instructor must also initial.
- 1b. It is the student's responsibility to maintain possession of his/her clinical paperwork. If any paperwork is altered without an **authorized** initial beside it, or if paperwork is falsified, the alteration/falsification will be considered as falsification of documents, which is grounds for immediate dismissal from the program.
2. Practice Competencies, Competencies and Continued Proficiencies will be filled out in the following manner:
 - a. The student will fill in the top portion with the patient's ID#, date, age, semester, evaluator's name and student's name. This is to be completed and given to the Technologist **prior** to the patient entering the room.
 - b. The evaluating Technologist will fill in the radiographic positions study being performed, the start and end time and the graded portion of the practice competency or competency. This is **required** to be completed **during** the exam.
 - c. Once the exam is complete and the patient is discharged, the technologist will review the radiographs with the student asking any pertinent questions (anatomy, what this position best visualizes).

- d. The Technologist will sign and date the form. The student reviews the practice competency/competency, signs and dates the competency and keeps the form until the next class period with the Clinical Coordinator. At that time the student will turn in all paperwork so it may be graded, recorded and filed in the student's file.
 - e. Students **WILL NOT** write in an exam/procedure.
3. The Technologist must check off on proficiencies immediately after the exam has been completed. The student **will not** have Technologists sign off on proficiencies days, weeks or months after the exams are completed.
 4. The Technologist must be registered by the ARRT in order to sign off on any student paperwork.
 5. The technologist must have been working in the field for a minimum of six (6) months in order to sign off on any student paperwork.
 6. If the technologist is a new hire, he/she will not sign off on any practice competencies, competencies and/or continued proficiencies until he/she has completed the departments orientation period and has gone over all pertinent paperwork with the Clinical Instructor and/or Clinical Coordinator.

Falsifications and/or alterations of any of these documents will be grounds for immediate dismissal.

CPR CERTIFICATION

Current AHA CPR certification is required for entry into the Radiography program. Certification must be maintained during the entire 21-month program. It is the student's responsibility to keep up with their CPR expiration date. (See Audrey Stainback, Administrative Assistant to the Dean of Health Education Sciences to check for CPR status.) If CPR certification lapses before completion of the program, the **student** is responsible for re-certification. If a student fails to comply, he/she **will not** be able to participate in clinical rotations. While pending recertification, the student will be given an on-campus clinical assignment to be determined by the Radiography faculty.

TB SKIN TEST (PPD)

A TB test is required prior to entering VGCC's Radiography Program. This test is renewed on a yearly basis. It is the **student's responsibility** to update his/her TB test and submit a copy to the Clinical Coordinator and/or Administrative Assistant to the Dean of Health Sciences. If the TB test lapses, the student **will not** be allowed to attend clinic/class until the test and results are complete.

Several of our clinical affiliates require copies of the student's health records and/or CPR cards be released to their sites. Students assigned to these sites will sign a release form.

***If the student refuses to sign the release form, he/she will be dismissed from the Radiography Program.**

DIRECT AND INDIRECT SUPERVISION POLICY

1. Until a student achieves and documents competency in any given procedure, all clinical assignments shall be carried out under **direct supervision** of qualified radiographers. The parameters of **direct supervision** are outlined as follows:
 - A. a qualified radiographer reviews the request for examination in relation to the student's achievement.
 - B. a qualified radiographer evaluates the condition of the patient in relation to the student's knowledge.
 - C. a qualified radiographer is physically present during the entire conduct of the examination.
 - D. a qualified radiographer reviews and approves the radiographs.

***At no time is the student allowed to perform portables, Operating room procedures and/or Emergency department exams/procedures without DIRECT SUPERVISION.**

2. After demonstrating competency in a given procedure, a student may perform that procedure with **indirect supervision**. The parameters of **indirect supervision** are as follows: a qualified radiographer must be **immediately available** to assist students and must review and approve all radiographs. **Immediately available** is interpreted as the presence of a qualified radiographer in, or adjacent to, the room or location where a radiographic or fluoroscopic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use.

REPEAT RADIOGRAPH POLICY

If a student produces a radiograph of unacceptable quality, after evaluation and determination of necessary corrective action in consultation with a Clinical Instructor or qualified technologist, the student may perform the repeat examination. ***A registered radiographer must be present when the repeat examination is performed.** If the repeat is of poor quality, the student **will not** perform another repeat, but should assist the radiographer. The student will not receive a passing mark on the examination if the exam is a practice competency, competency, or continued proficiency.

Students may refuse to repeat radiographs if qualified radiographer is not present.

Students are advised to notify Clinical Coordinator or program faculty member if made to violate policy.

PATIENT IDENTIFICATION POLICY

It is required that an IP and/or ER patient have an ID armband on prior to the student performing the exam. If an armband is not present, the student must wait for a nurse to put one on, or the technologist may take over the exam. Students must take the patient's request with them to ensure proper patient identification. Please note, most of our clinical affiliates require outpatients to wear ID bands as well.

HOLDING PATIENTS

It is VGCC's policy that students are not allowed to hold patients during radiographic procedures (this excludes fluoro studies) if required. This includes the performance of a practice competency/competency or continued proficiency. A technologist, nurse, or family member may hold the patient once the student has properly positioned for exposure. Please note anyone holding a patient and/or cassette **MUST BE** properly shielded prior to making the exposure.

LABORATORY COMPETENCY EVALUATION

Once the student has been presented the information in the didactic class, he/she will need to perform a simulated competency with one of the faculty members prior to performing the practice competency in the clinical setting. The student will be required to make an appointment with a faculty member for each exam/procedure to be simulated. The laboratory competency must be successful in order to begin performance of the practice competency in the clinical setting. This simulation will be completed on ALL exams/procedures that are required (R).

PRACTICE COMPETENCY EVALUATION

Once a student has tested in the classroom and laboratory on a radiographic procedure, he/she may notify the Clinical Instructor or a Registered Technologist (that has been working in the field for a minimum of 6 months) when he/she is ready to perform a practice competency. If applicable, the exposure index and/or "S" values need to be documented on the practice competency. This is to ensure the appropriate technique and ALARA principles have been maintained. Each clinical affiliate will have their own specific EI/"S" values. **The entire exam/procedure must be monitored by a technologist.** (This includes picking up the patient as well as discharging the patient). The technologist is allowed to **assist minimally**. The student must be able to perform the exam/procedure within a reasonable amount of time. The student is required to have knowledge of the following:

- a. Correct identification of the patient.
- b. Correct exam/procedure to be performed.
- c. Correct views required according to the clinical sites SOP.
- d. Correct request of LMP (if applicable).
- e. Correct SID.
- f. Correct positioning.

- g. Correct tube angulation (if applicable).
- h. Correct shielding.
- i. Correct markers.
- j. Correct anatomy identification.
- k. Setting technique.

The student's markers must be identifiable on all radiographs. These markers MUST be placed on the correct anatomical side of the patient in order to be considered acceptable. The patient's name and identification must be **correctly** imprinted on the radiograph. No corrective labels will be accepted.

*Students should have the Technologist complete all practice competencies (even if the practice competency is failed) to turn in to the Clinical Coordinator. Failure to turn in failed practice competencies will result in a deduction of the total % for the paperwork graded portion of clinic.

COMPETENCY CHECKLIST GUIDELINES

The student is required to complete a minimum of 51 competency exams. The studies with an “**R**” next to them are required by the ARRT and the Radiography Program. The asterisk (*) studies are the elective studies required by the ARRT. The student is required to obtain 15 of the 30 electives on the competency checklist. The student is also required to complete 6 mandatory general patient care activities listed at the end of the competency checklist. **These studies must be completed in order to graduate.** The remaining exams on this list may be selected to get the required number of total competency exams for each semester. Competency exams may only be performed once the student has tested on the material (both written, practicum and lab simulations if required) in the Procedures class. The student is required to use this checklist to record practice competency exams as well as competency exams. Only the competency exams will be recorded in the grade book each semester.

The number after the exam is the amount of Continued Proficiencies required for that particular exam in order to graduate. If in the event the competencies and/or continued proficiencies are not completed at the time of graduation and the student has completed the minimal amount of clinical time required to graduate, the student will receive an Incomplete “**I**” in RAD 261. The student will have a designated amount of clinical time (determined by the Clinical Coordinator. Not to exceed 8 weeks.) to remove the Incomplete “**I**” from RAD 261. The student will need to schedule a meeting with the Clinical Coordinator and Program Director to determine a plan of action. If the student has not completed the minimal amount of clinical time required to graduate, the student will receive a failing grade “**F**” and will not meet the criteria for graduation.

***Pediatric patients must be 6 years old or younger for the exam to be counted as a pediatric exam comp.**

COMPETENCY EVALUATION

When a student has completed a Practice Competency Evaluation at an acceptable level of performance, he/she will request a Competency Evaluation from the Clinical Instructor or other designated Registered Radiographer (that has been working in the field for at least 6 months). The student will demonstrate his/her skill and competency on a radiographic examination previously covered and tested on in the radiography positioning class.

If applicable, the exposure index and/or "S" values need to be documented on the competency evaluation. This is to ensure the appropriate technique and ALARA principles have been maintained. Each clinical affiliate will have their own specific EI/"S" values.

The competency evaluations are part of the graded portion of clinic. Therefore, it is comparable to a paper test in the classroom. For this reason, the technologist is **not allowed** to assist the student when he/she is performing a competency evaluation (other than moving the patient onto the exam table). The student is not allowed to ask any questions during the competency evaluation. Students are not allowed to refer to Bontrager or any notes pertaining to angulations, CR location, etc. Once the patient arrives, the technologist should stand at the exam room door or behind the control panel and grade the student **while** the exam/procedure is being performed. *See the Honor Code Statement on page 23. The student is responsible for reviewing his/her radiograph(s) and determining whether or not the radiograph(s) is of diagnostic quality. The technologist IS NOT ALLOWED to instruct the student as to which corrections are required. If the student is unable to determine if the radiograph(s) is of diagnostic quality or is unable to correct all mistakes, the competency will be considered unsuccessful. The student must make an 85% or higher and a minimum of 2.5 for each projection. **The student's marker must be identifiable on all radiographs. The correct marker MUST be placed on the correct anatomical side of the patient in order to be considered acceptable.** Once the student has passed a competency evaluation with an 85% or higher, he/she will be responsible for competently performing the exam until graduation. **The entire examination/procedure must be monitored by a technologist.**

*Students should have the Technologist complete all competencies, including all signatures, (even if the competency is failed) to turn in to the Clinical Coordinator. Failure to turn in failed practice competencies will result in a deduction of the total % for the paperwork graded portion of clinic.

If the student is not able to perform an exam that he/she has already comped on, the competency will be pulled from his/her file and another competency for that exam will have to be successfully performed. If continued proficiencies are acquired, they will be voided.

REQUIRED COMPETENCIES FOR EACH SEMESTER

The student is required to achieve a minimum amount of competencies per semester. The requirement is as follows:

Fall Semester Junior Year;	2	
Spring Semester Junior Year;	12	(6 by mid semester, 6 by end of semester)
Summer Semester Junior Year;	10	(5 by mid semester. 5 by end of semester)
Fall Semester Senior Year;	15	(7 by mid semester, 8 by end of semester)
Spring Semester Senior Year;	<u>12</u>	(6 by mid semester, 6 by end of semester)
	51	Total

A zero (0) will be factored into the student's clinical grade for each competency form that is not turned in to the Clinical Coordinator by the due date.

If the student goes over the minimal requirement for the semester, the additional competencies will be factored into the following semester. It is feasible that a student could be finished with his/her competencies prior to the end of the student's senior year. The student will need only concentrate on any continued proficiencies that are not previously completed.

All Clinical Competency Evaluation Forms **must** be completed during the performance of an exam and must be reviewed and signed by the student. The deadline for turning in practice competencies and competencies will be as follows:

- A. Practice competencies and competencies dated prior to mid-semester conference will be accepted during the students' mid-semester conference with the Clinical Coordinator.
- B. Practice competencies and competencies will be accepted up to 1 (one) day after the last clinic day. If that day falls on a Friday, the forms will be due on the following Monday.

REMEDIAL LABORATORY PRACTICE

If at any time a student struggles to perform the competency evaluation adequately, remedial work in the laboratory with a Radiography Program faculty member may be required. After appropriate practice, the examination must be re-evaluated. Therefore, students are urged to be confident of their ability to perform an examination before they request to be evaluated so that they are able to complete the task at an acceptable level the first time.

CONTINUED PROFICIENCY EXAMS

On the competency checklist certain required exams display a number. This indicates that in addition to getting a competency on these exams, the student must continue to get "checked off" on them as well. The number listed is the number of Continued Proficiencies that each student is required to attain. These numbers do not have to be obtained each semester. Performing continued proficiency exams is a means

of ensuring that the student becomes proficient in a variety of exams at an entry level. The student must inform the technologist that he/she wants a continued proficiency prior to the start of the exam/procedure. A Registered Radiologic Technologist will supervise the student and sign the continued proficiency exam form indicating satisfactory or unsatisfactory performance. The student must perform all the required/ordered radiographs in order to receive the continued proficiency. Students must complete the exam/procedure independently including, but not limited to;

- a. Evaluation of the radiographs
- b. Talking with the Radiologist (if applicable)
- c. Showing the radiographs
- d. CR location
- e. SID
- f. Angulation of the tube
- g. Exposure factors/technique selection
- h. Collimation
- i. Setting up of fluoro procedures

The student's marker must be identifiable on all radiographs. The correct marker MUST be placed on the correct anatomical side of the patient in order to be considered acceptable.

*In the event the student does not complete all the required continued proficiencies by graduation, but has completed the minimal amount of required clinical hours, he/she will receive an Incomplete "I" in RAD 261. The student will have a designated amount of clinical time (determined by the Clinical Coordinator. Not to exceed 8 weeks.) to remove the Incomplete "I" from RAD 261. In the event the incomplete is not removed in the allotted time period, the incomplete will be converted to an "F" and the student will not be eligible for graduation. See college catalog for returning students. The student will need to schedule a meeting with the Clinical Coordinator and the Program Director to determine a plan of action.

*The Clinical Coordinator will give the student a continued proficiency exam checklist. The student will bring this checklist with him/her to clinic. It is the student's responsibility to give the Clinical Coordinator an updated copy of his/her checklist. This will protect the student in the event that the checklist is lost. **If the continued proficiency checklist is lost, it will be the student's responsibility to redo all the continued proficiencies unless the student has made a copy of the checklist.** The checklist will be reviewed by the Clinical Coordinator each mid-semester conference and end-of-semester conference.

CLINICAL COMPETENCY/CONTINUED PROFICIENCY GUIDELINES

The following are the criteria for obtaining Practice Competencies/Competencies and Continued Proficiencies for the clinical aspect of VGCC's Radiography Program. In order to ensure all clinical paperwork is completed accurately and correctly please follow these guidelines.

GENERAL INFORMATION

1. TESTING PRIOR TO PERFORMING PRACTICE COMPETENCIES, COMPETENCIES AND CONTINUED PROFICIENCIES

Students are not allowed to perform practice competencies/competencies in the clinical setting until he/she has been simulated in the lab with a faculty instructor, tested in the classroom and performed the lab practicum.

2. HOLDING PATIENTS

Students are **not allowed** to hold a patient even if that student is obtaining a practice competency or competency (this excludes fluoro studies if required). The student will position the patient and if necessary, have the technologist, nurse or a family member hold the patient in that position during the exposure. Any one remaining in the room with the patient **MUST BE** properly shielded. Every effort must be made to remove any unnecessary people from the exposure area.

3. COPYING IMAGES TO PACS

The student cannot use an exam as a practice competency, competency and/or continued proficiency if an image is copied and pasted to the folder.

Example: If the student performs a Tib/Fib and an Ankle and on the Tib/Fib the lateral malleolus is clipped, but it is on the ankle projections, the student cannot use the Tib/Fib if the technologist creates a copy of the ankle to go into the Tib/Fib folder in PACS.

4. FILLING OUT PRACTICE COMPETENCY/COMPETENCY FORMS

A) The practice competency/competency forms **must** be filled out by a Registered Technologist (that has been working in the field for a minimum of 6 months) **at the time of the study.**

B) The student fills out the following information:

- Student's name
- Date of exam/procedure
- Age of patient
- History

The technologists **must fill out the following:**

- Exam/procedure
- Start and End time

5. STUDENT MARKERS

The students' marker **must be identifiable on all the radiographs and placed on the correct anatomical side** in order to receive the practice competency/competency and continued proficiency.

6. TECHNOLOGIST ASSISTANCE

If it is observed by the Clinical Instructor and/or Program faculty that a student is receiving assistance during a competency (other than moving help), the competency will be counted as unsuccessful. This also includes direction on how to manipulate any part of the x-ray equipment (table, control panel, tube, fluoro monitors, PACS system, etc.).

7. REPEATS

The student IS NOT ALLOWED to repeat a radiograph because his/her marker is not visualized. If the tech can determine the letters on the marker, the practice competency and or competency can be accepted. Please see the Clinical Coordinator for any discrepancies.

8. SHIELDING

In order to receive credit for practice competencies, competencies and continued proficiencies, the student is required to shield the patient and anyone else that is in the x-ray room during exposures (i.e. prison guards, family members, nurses, patient sitters/aides, radiologists, etc.). **This includes the shielding of patients during the overhead portion of all fluoro studies.** The student does not have to shield while the Radiologist is performing the fluoro portion of the procedure.

9. COMPLETION OF ENTIRE EXAM/PROCEDURE

Students cannot go into the exam room, do part of the exam for a practice competency, competency and/or continued proficiency and then leave. The student must complete the entire exam.

10. OBTAINING MULTIPLE PRACTICE COMPETENCIES AND/OR COMPETENCIES

The student may perform multiple practice competencies and/or competencies on a patient. For example:

#1) if the patient has an elbow, knee and ankle ordered, the student may perform a practice competency and/or competency on all those studies.

#2) If the patient is having a two view abdomen, the KUB and Erect abdomen can count for two continued proficiencies if the clinical site requires the entire bladder (to the symphysis pubis) and the diaphragm on the erect abdomen.

ABDOMEN

1. 2 View Abdomen on a pediatric patient in the nursery can be used as any of the following 2 studies:

- Pediatric Abdomen (if under 6 years old)
- Portable Abdomen
- Abdomen (KUB)
- Decub Abdomen
- Pediatric Mobile Study (if under 6 years old)

*If the competency is already achieved, this can count as 2 continued proficiencies.

2. 3 Way Abdomen can be used for:

- 3 Way Abdomen **or**
- Abdomen (KUB) **and**
- Decub or Erect Abdomen

EXTREMITIES

Trauma is considered serious injury or shock to the body. Modifications may include variations in positioning, use of sponges, minimal movement of the body part or additional manipulation of the x-ray tube.

Knee with the following view: AP, Obliques, Lateral, Intercondyloid Fossa, Patella. May Take:

- Knee **and**
- Intercondyloid Fossa **and**
- Patella

*Note: If the student is attempting all of the above and his/her marker does not show on the intercondyloid Fossa, the student can still use the Knee and Patella as long as the student's marker is visible on those images and visa versa.

Pediatric Upper can be any upper extremity other than the Shoulder girdle.
For example:

- PC on Pediatric Hand Comp on Pediatric Forearm
- PC on Pediatric Finger Comp on Pediatric Wrist

Pediatric Lower can be any lower extremity other than the Pelvic girdle.
For example:

- PC on Pediatric Ankle Comp Pediatric Ankle
- PC Pediatric Foot Comp Pediatric Tib/Fib
- PC Pediatric Toe Comp Pediatric Knee

Trauma Upper can be an upper extremity other than Shoulder girdle.
For example:

- PC on Trauma Hand Comp on Trauma Forearm
- PC on Trauma Finger Comp on Trauma Wrist

Trauma Lower can be any lower extremity other than the Pelvic girdle.
For example:

- PC on Trauma Ankle Comp Trauma Tib/Fib
- PC on Trauma Foot Comp on Trauma Knee

Shoulder with AP internal, “Y”, and Axial view can be used for the following:

- 2 View Shoulder **or**
- Shoulder with “Y” **or**
- Shoulder with Axial view

*The student cannot break up the exam and take a Shoulder **and** a “Y” practice competency/competency or continued proficiency.

*The student can use the above exam for a continued on Shoulders.

*The student cannot substitute a Shoulder for a Scapula, even if the entire scapula is visualized on the AP and Lateral projections. The request must have specified it is for the Scapula bone and not the entire Shoulder girdle.

Hip exam that includes only an AP Pelvis and Lateral hip cannot be broken up in order to obtain a Pelvis practice competency/competency/continued proficiency **and** a Hip. The student must take one or the other.

SPINE WORK

Lumbar Spine and Cervical Spine **must include** the obliques in order to receive a practice competency and/or competency.

Swimmers with C-Spine must include AP, Lat, and obliques.

Sacrum and Coccyx may count as two (2) separate exams if the student performs an AP for each and a combined lateral. *According to the ARRT the Sacrum and Coccyx exam will only count as one (1) elective exam.

BILATERAL STUDIES

Because the student is required to be graded on patient identification, introduction, appropriate history taking and explanation of exam/procedure two times total (once for practice competency and once for competency on every exam/procedure), the student **is not allowed** to receive a practice competency and competency on a bilateral study.

Example:

- If bilateral hands are ordered on a patient, the student cannot use one hand for the practice competency and the other for the competency.

- If the student has already received a practice competency on the hand, he/she may use one hand as the competency and the other as a continued proficiency or the student may use both hands as continued proficiencies if the competency has already been achieved.

PORTABLES

A Knee order from the PACU (post surgical procedure in the recovery room) can be used for any of the following:

- Knee
- Trauma Knee
- Portable Ortho

2 View Abdomen on a pediatric patient in the nursery can be used as any of the following **2** studies:

- Portable Abdomen
- Pediatric mobile study

PROCEDURES

An **Air BE** can be used for:

- Regular BE **and**
- Decub Abdomen (Both decubs can be used as continued proficiencies if the competency has already been achieved).

An **IVP** with the tomogram as part of the department protocol can be used for:

- IVP **and**
- Nephrotomogram

CONTINUED PROFICIENCIES

1. **GETTING CHECKED OFF ON CONTINUED PROFICIENCIES**

The student **cannot** be checked off on continued proficiencies until the student has successfully performed a practice competency and competency on the procedure in question.

2. **ABDOMEN CONTINUED PROFICIENCIES**

When performing a Small Bowel follow through or an IVP, for example, the student may count the KUB's as continued proficiencies as long as the patient has gotten up off the exam table between exposures. If the patient has remained in the same position during the entire exam, the student **may not** count those as continued proficiencies. This is only if the student is not attempting a practice competency, competency or continued proficiency on the Small Bowel or IVP.

3. **MINIMUM NUMBER OF PROJECTIONS FOR A CONTINUED PROFICIENCY**

Continued proficiencies **must** have a minimum of 2 (two) views (for exams that have at least 2 views) for bone work.

Examples:

- A) A 1 view lateral C-spine cannot be used as a C-spine continued proficiency.
- B) A 1 view chest cannot be used for the Chest continued proficiency or stretcher chest continued proficiency.

For procedures (UGI's, BE's, IVP's) there is no minimum required number of projections required post contrast introduction. As long as the student has obtained the history, performed the scout and assisted the Radiologist during the procedure, the continued proficiency is acceptable.

4. **COMPLETION OF ENTIRE EXAM/PROCEDURE**

Students must complete the entire exam/procedure stated on the request in order to obtain the continued proficiency.

Example:

If the order states an L-spine series (this includes the AP, Obliques, and Lateral), all views required for that series must be successfully completed by the student with the student's markers visible, identifiable and, on the correct anatomical side on all radiographs. The student may not perform just 2 views.

5. **REGULAR BE/AIR BE**

BE/Air BE practice competencies/competencies and/or continued proficiencies do not have to be the same. For example; the student may practice comp on an Air BE and then perform a competency on a regular BE or visa versa. Once the competency is achieved, the student may use either a regular BE or Air BE for continued proficiencies.

FINAL COMPETENCY EXAM

The student will undergo a final competency exam during the fall semester and spring semester of his/her senior year. This is to ensure that the students are competent on previously performed competency exams and remain competent in performing these procedures.

STUDENT CLINICAL PERFORMANCE EVALUATIONS

The student will be evaluated by the Clinical Instructor throughout the semester. There is a specific junior evaluation for the first semester of the junior year. This is to compensate for the limited time the student is in clinic. The remaining semesters will have a 4-week evaluation filled out prior to mid-semester. This is to allow the student to make any necessary improvements prior to conferences. This evaluation is used as a tool for the student and is not counted as a grade. A mid-semester and end-of-the semester evaluation is filled out by the Clinical Instructor for a grade. This is a compilation of the technologists' evaluation of the student. These evaluations are reviewed by the student, first with the Clinical Instructor and then with the Clinical Coordinator.

ACCIDENTS/EXPOSURE TO COMMUNICABLE DISEASES

Any accident or incident that occurs while on a clinical assignment, which results in: patient, hospital personnel, student injury, and/or damage to equipment must be reported immediately to the Clinical Instructor and to the Program Director. The student must cooperate with and abide by the regulations of the clinical affiliate in dealing with any type of accident/incident. Incident reports should be completed and submitted within 24-48 hours to the Clinical Coordinator. To diminish the possibility of an accident occurring, students will be instructed in the safest methods of performing routine radiographic procedures and duties. The student should also familiarize themselves with the Communicable Disease Policy in this handbook.

CONFIDENTIAL INFORMATION

Student radiographers are able to complete the clinical objective requirements of the Radiography Program through the privileges granted them from the clinical affiliates associated with the Radiography Program. Students are required to complete the Health Information Portability and Accountability Act (HIPAA) training. Documentation of completion must be provided to the Radiography Program. While in the clinical areas, students will be privy to confidential information for each patient examined. Any discussion of the patient information beyond the purpose of fulfilling clinical assignments is prohibited. Discussion of patient information with co-workers and hospital employees must be accomplished in a confidential manner and place. This information should be restricted only to the healthcare personnel involved in that patient's care. Conversations in elevators, eating places, or other places of common assembly within the hospital must be avoided. Conversations outside the hospital are strictly forbidden. All radiographs and

reports are considered legal documents. Under no circumstances are students allowed to obtain the following:

- Radiographs or radiographic reports of family, friends, self or patients
- Medical chart information on family, friends, self or patients

This policy is most noticeable at Durham Regional and Community Memorial Healthcenter where the student will be required to sign a statement acknowledging their understanding of the necessity of confidentiality. Students must cut the patient's name from any reject and/or copies made prior to leaving the clinical site.

CLINICAL NOTEBOOK

The students will purchase the clinical notebook from the bookstore. This is part of the student's required material. If the student arrives to clinic without his/her clinical clipboard, he/she will be sent home for the day and counted absent.

FILM BADGE

Students will always wear the film monitoring badge provided by the program while on Clinical Assignment. **The film badge should be left in a designated area of the Radiology Department when not in use for clinical assignment.** Students may NOT use this film badge for employment purposes. Students should always bring their film badges to their Clinical Education class date between the first and tenth of each month in order to exchange them for new badges. Failure to exchange film badges in a timely fashion will result in a loss of the points assigned for paperwork in the clinical grading system. Current film badge reports will be shown and discussed with the student during the mid and end-of-semester conferences or anytime upon request. Film badge reports will be kept in the Clinical Coordinator's office. **In the event that your film badge is lost, the student will not be able to attend clinic until a new film badge arrives and five (5) points will be deducted from the student's clinical grade due to the loss of the badge. To overnight a new film badge currently costs approximately \$28.00 which will be the responsibility of the student. In addition to the 5 point deduction, any missed time due to the loss of the film badge will result in attendance penalties according to the clinical attendance policy. *See clinical attendance policy.**

***The film badge must also be the correct month. Students will not be allowed to attend clinical with film badges that are from previous months.**

If the student's film badge report exceeds the maximum exposure allowed (0.4 REM/month), the student will be counseled by the Clinical Coordinator.

PERSONAL PHONE CALLS

Students ARE NOT to receive personal phone calls during clinical hours. If there is a true emergency, family members should call the Administrative Assistant to the Dean of Health Sciences at 1-252-738-3210. The secretary will take a message and contact the Clinical Instructor at the appropriate clinic site and relay the message. Students should not have their employers calling the clinical sites to speak about work during clinical hours.

***Also, refer to Cell Phone Policy**

STUDENT IDENTIFICATION

Students will wear an identification name tag during all clinical assignments. The program will inform the student during orientation as to the type of tag they should purchase and the proper informational format. Durham Regional Hospital requires a picture identification badge while in the clinical setting. This ID badge becomes part of the student's dress code.

PICTURES

Students will have their pictures taken during the second Semester. These pictures will be posted at each Clinical Affiliate. The Clinical Coordinator will inform the students of the time and location these pictures will be taken.

FILM MARKERS

Students will use initialed right and left film markers, in order to properly identify the person performing the radiographic procedures. These markers will be paid for by orientation and ordered during the first semester of classes at an approximate cost to each student of approximately \$25.00/pair. **The student is highly encouraged to order 2 sets of markers.** The student must immediately notify the Clinical Coordinator if either marker is lost or destroyed. In the event that a marker must be replaced, the student must promptly order an identical marker at the current market price. The student will still be allowed to attend clinic for the clinical experience but will not be allowed to perform a practice competency, competency and/or continued proficiency without his/her proper marker.

MEALS AND BREAKS

Lunch and dinner schedules will be assigned at the discretion of the Clinical Instructor at each clinical affiliate. The student is allowed a 15 minute break during 1st semester of junior year. The remaining semesters allow for a half-hour lunch break during each clinic day. Students are required to sign in and out for lunch each clinical day. **Students are not allowed to leave the clinical affiliate for lunch. The student is not allowed to work through his/her lunch period for any reason. Students are not allowed coffee or smoke breaks.**

***If the clinical affiliate allows technologists a lunch break longer than 30 minutes, students are still required to only take the designated 30 minute allotment.**

UNIFORMS

Students will wear the uniforms that will be ordered at the time of orientation. If the student should need to order additional uniforms later in the program, the student will make those requests directly to Castle Uniforms (1-800-982-9860). The cost will be the responsibility of the student. Students will have a Clinical Progress/Clinical Attire form filled out by the Clinical Instructor at mid semester, end of the semester and anytime the student is not in proper dress code. An average of all the clinical progress/attire reports will be calculated into the student's clinical grade during each semester.

Students will also be required to wear their clinical uniforms to the lab portion of RAD 111 and RAD 112 Procedures lab session, therefore it is highly encouraged that the student orders at least 3 uniforms at the time of the Welcome session.

PERSONAL APPEARANCE

The personal appearance and demeanor of the Radiography student reflect both the college and program standards and are indicative of the student's interest and pride in his/her profession.

Uniforms will be clean, pressed, and display proper identification. Shoes must be clean and polished at all times. Surgery scrubs will be worn **ONLY** during the performance of the surgery assignment.

Proper hygiene, body odor and cigarette smoke may irritate sensitive patients. Please be mindful of any smells that may cause the patient distress. This is also part of the student's personal appearance.

Any student reporting to the clinical affiliate in improper uniform or attire will be sent home. In the event the student is car pooling, he/she will be required to sign out of clinic and wait in a designated area until clinic is over.

DRESS CODE

1. Students will wear uniform scrubs (color and style designated by the Radiography Program faculty).
2. Shirts under the designated uniform must be solid white with no decals showing. The student may also wear a solid white turtleneck.
3. White mid-calf, knee length socks, or white knee-high stockings **must** be worn with the uniform.

4. White leather uniform shoes or white leather athletic shoes must be worn. If the student chooses an athletic shoe it must:
 - *NOT be a high-top shoe
 - *be solid white with no bright colors
 - *NOT display a prominent brand-name label
 - *be **leather**, not canvas
 - *shoes must be free of dirt and in good condition

Uniform clogs are not acceptable. Any shoe that does not cover the entire foot should not be worn.

5. Lab coats are not required and the student may purchase one from a uniform shop. If worn, must be solid white, long-sleeved, and below the hips.
6. No perfume or after-shave may be worn. Make-up should be applied conservatively.
7. Jewelry should be limited to a watch, a wedding/engagement ring(s), and one small pair of post-earrings (worn in the first piercing closest to the jaw line). No earrings will be worn in the upper cartilage of the ear. No dangling or hoop earrings are allowed. No necklaces, additional rings, or bracelets may be worn for safety/hygienic reasons. For professional reasons no tongue rings, nose rings, or eyebrow rings may be worn.
8. Hair must be clean, dry and out of the face at all times. **Shoulder length hair must be tied back and off the shoulders.** Hair ornaments should be small and discrete.
9. Facial hair must be kept shaved in order to accommodate custom fit facial masks.
10. Fingernails must be kept short and clean. The student's nail should not be seen past the finger tip. Colored nail polish is not acceptable. No acrylic nails.
11. Tattoos must be covered at all times.
12. Film badges and name tags are required items to be worn on the uniform. Name tags must be worn on the upper left hand corner of the uniform top. Film badges must be worn along the collar of the uniform top.
13. In addition to the required film badge and identification badge, a few clinical affiliates require facility identification badges. These will be

distributed by the facility and will be worn in conjunction with the Radiography Program's film badge and identification tag.

If in doubt, the student should ask the program faculty prior to wearing questionable attire to the clinical site.

TRANSPORTATION

The clinical affiliates used by the Radiography Program are widely dispersed. All students will rotate through a variety of the facilities during their 21 month commitment. It is the student's responsibility to provide their own transportation to didactic courses and clinical assignments. To reduce the cost to each student, the faculty strongly suggests that they consider car pooling with other students assigned to the same clinical affiliate.

CLINICAL GRADING SCALE

The clinical grading scale for the clinical component of the Radiography Program is the same as for the didactic classes described earlier in this handbook.

POLICY FOR STUDENT EMPLOYMENT

Many students find it necessary to maintain a part-time job while enrolled in the program. Some students may be employed by the radiology departments of our affiliates as technical aids, clerical staff or as student radiographers. Students must realize that their first responsibility is to the satisfactory completion of their education.

***Students will be required to inform the Clinical Coordinator regarding employment at any of the Radiography Program's clinical affiliates.**

The following are guidelines for employment:

1. The employment is a relationship between the student and the employer (Radiography Department). It is the students' responsibility and **NOT** the employer or program faculty to coordinate work and school schedules. The program **WILL NOT** act as an intermediary between the student and the employer (Radiography Department).
2. The student **WILL NOT** discuss possible employment with management during clinic hours.
3. Students must inform the Clinical Coordinator immediately of a job obtained at any of the Radiography Program's clinical affiliates.
4. Employment is to take place **ONLY** at times outside of scheduled college classes, and clinical education hours. Students will **NOT** be excused early or granted excused absences from class or clinical in order to work.
5. Scheduled **PAID** working hours can not be substituted for required clinical education hours.
6. Clinical competency evaluations **MAY NOT** be completed for credit during paid

- working hours.
7. Student may not do clinical a rotation at the site in which they are employed.

SPECIALTY ROTATION

Specialty rotations allow the student to observe the different modalities currently available. These include: Computed Tomography, Nuclear Medicine, Radiation Therapy, Vascular, Mammography, MRI and Ultrasound. The student will be encouraged to rotate through a specialty area only after all practice competencies, competencies and continued proficiencies have been achieved. The student will remain in the specialty area for the entire week and will not be allowed to leave the specialty area in order to receive a required practice competency, competency and continued proficiency. The student is required to complete the specialty objectives as well as the specialty evaluation form. The technologist will fill out the evaluation and the student will turn this into the Clinical Coordinator at the end of the Specialty Rotation. If the student has completed all requirements for graduation, he/she may rotate through more than 1 specialty rotation.

Vance-Granville Community College
RADIOGRAPHY PROGRAM

The Radiography Program at Vance-Granville Community College seeks to provide students with the knowledge and skills necessary to pass the American Registry of the Radiologic Technologists' national examination and obtain gainful entry-level employment in the field of Radiography through didactic and clinical experiences.

Semester Curriculum

FIRST SEMESTER (FALL)			LEC	LAB	CLIN	TOTAL
RAD	110	Rad. Intro. & Pt. Care	2	3	0	3
RAD	111	Rad. Procedures I	3	3	0	4
RAD	151	Rad. Clin. Ed. I	0	0	6	2
BIO	163	Basic Anatomy & Phys. I	4	2	0	5
MAT	115	Math	<u>2</u>	<u>2</u>	<u>0</u>	<u>3</u>
		Total	11	10	6	17

SECOND SEMESTER (SPRING)						
RAD	112	Rad. Procedures II	3	3	0	4
RAD	121	Rad. Imaging I	2	3	0	3
RAD	161	Rad. Clin. Ed.. II	0	0	15	5
ENG	111	Expository Writing	<u>3</u>	<u>0</u>	<u>0</u>	<u>3</u>
		Total	8	6	15	15

THIRD SEMESTER (SUMMER)						
RAD	122	Rad. Imaging II	1	3	0	2
RAD	131	Rad. Physics I	1	3	0	2
RAD	171	Rad. Clin. Ed. III	0	0	12	4
ENG	114	Prof. Research & Report	3	0	0	3
CIS	111	Basic PC Literacy	<u>1</u>	<u>2</u>	<u>0</u>	<u>2</u>
		Total	6	8	12	13

FOURTH SEMESTER (FALL)						
RAD	211	Rad. Procedures III	2	3	0	3
RAD	241	Rad. Protection	2	0	0	2
RAD	251	Rad. Clin. Ed. IV	0	0	21	7
PSY	150	General Psychology	3	0	0	3
HUM	121/	Humanities	<u>3</u>	<u>0</u>	<u>0</u>	<u>3</u>
	122	Total	10	3	21	18

FIFTH SEMESTER (SPRING)

RAD 245	Radiographic Analysis	2	3	0	3
RAD 261	Rad. Clin. Exp. V	0	0	21	7
RAD 231	Rad. Physics II	1	3	0	2
RAD 271	Rad. Capstone	<u>0</u>	<u>3</u>	<u>0</u>	<u>1</u>
	Total	3	9	21	13

The student may select 3 hours from the following:

- HUM 121 The Nature of America
- HUM 122 Southern Culture

Please note: ENG 111, ENG 114, and PSY 150 will be scheduled in the curriculum to satisfy General Education Requirements.

TOTAL CREDIT HOURS: 75

AWARD: AAS

COURSE DESCRIPTIONS

BIO 163 Basic Anatomy and Physiology 3 3 0 4

Prerequisites: Local, ENG 090, RED 090

Corequisites: None

This course provides a basic study of the structure and function of the human body. Topics include a basic study of the body systems as well as an introduction to homeostasis, cells, tissues, nutrition, acid-base balance, and electrolytes. Upon completion, students should be able to demonstrate a basic understanding of the fundamental principles of anatomy and physiology and their interrelationships.

CIS 111 Basic PC Literacy 1 2 0 2

Prerequisites: None

Corequisites: None

This course provides a brief overview of computer concepts. Emphasis is placed on the use of personal computers and software applications for personal and workplace use. Upon completion, students should be able to demonstrate basic personal computer skills.

ENG 111 Expository Writing 3 0 0 3

Prerequisites: State, ENG 090, RED 090

Corequisites: None

This course is required first course in a series of two designed to develop the ability to produce clear expository prose. Emphasis is placed on the writing process including audience analysis, topic selection, thesis support and development, editing, and revision. Upon completion, students should be able to produce unified, coherent, well-developed essays using standard written English.

MAT 115 Mathematical Models 2 2 0 3

Prerequisites: State, MAT 070

Corequisites: None

This course develops the ability to utilize mathematical skills and technology to solve problems at a level found in non-mathematics-intensive programs. Topics include applications to percent, ratio and proportion, formulas, statistics, function notation, linear functions, probability, sampling techniques, scatter plots, and modeling. Upon completion, students should be able to solve practical problems, reason and communicate with mathematics, and work confidentiality, collaboratively, and independently.

ENG 114 Professional Research & Report Writing 3 0 0 3

Prerequisites: State, ENG 111

Corequisites: None

This course, the second in a series of two, is designed to teach professional communication skills. Emphasis is placed on research, listening, critical reading and thinking, analysis, interpretation, and design used in oral and written presentations. Upon completion, students should be able to work individually and collaboratively to produce well-designed business and professional written and oral presentations.

HUM 121	The Nature of America	3	0	0	3
Prerequisites: Local, ENG 090, RED 090					
Corequisites: None					
This course provides an interdisciplinary survey of the American cultural, social, and political experience. Emphasis is placed on the multicultural character of American society, distinctive qualities of various regions, and the American political system. Upon completion, students should be able to analyze significant cultural, social, and political aspects of American life.					
HUM 122	Southern Culture	3	0	0	3
Prerequisites: Local, ENG 090, RED 090					
Corequisites: None					
This course explores the major qualities that make the South a distinct region. Topics include music, politics, literature, art, religion, race relations, and the role of social class in historical and contemporary contexts. Upon completion, students should be able to identify the characteristics that distinguish Southern culture.					
PSY 150	General Psychology	3	0	0	3
Prerequisites: Local, ENG 090, RED 090					
Corequisites: None					
This course provides an overview of the scientific study of human behavior. Topics include history, methodology, biopsychology, sensation, perception, learning, motivation, cognition, abnormal behavior, personality theory, social psychology, and other relevant topics. Upon completion, students should be able to demonstrate a basic knowledge of the science of psychology.					
RAD 110	Radiography Intro. & Patient Care	2	3	0	3
Prerequisites: Local, Enrollment in Radiography program					
Corequisites: RAD 111 and RAD 151					
This course provides an overview of the radiography profession and student responsibilities. Emphasis is placed on basic principles of patient care, radiation protection, technical factors, and medical terminology. Upon completion, students should be able to demonstrate basic skills in these areas.					
RAD 111	RAD Procedures I	3	3	0	4
Prerequisites: Local, Enrollment in the Radiography program					
Corequisites: State, RAD 110 and RAD 151					
This course provides the knowledge and skills necessary to perform standard radiographic procedures. Emphasis is placed on radiography of the chest, abdomen, extremities, spine, and pelvis. Upon completion, students should be able to demonstrate competence in these areas.					

RAD 112 RAD Procedures II 3 3 0 4

Prerequisites: RAD 110, RAD 111, and RAD 151

Corequisites: Local, RAD 121 and RAD 161

This course provides the knowledge and skills necessary to perform standard radiographic procedures. Emphasis is placed on radiography of the skull, bony thorax, and gastrointestinal, biliary, and urinary systems. Upon completion, students should be able to demonstrate competence in these areas.

RAD 121 Radiographic Imaging I 2 3 0 3

Prerequisites: State, RAD 110, RAD 111, and RAD 151

Corequisites: Local, RAD 112 and RAD 161

This course covers factors of image quality and methods of exposure control. Topics include density, contrast, recorded detail, distortion, technique charts, manual and automatic exposure control, and tube rating charts. In addition, students are introduced to the components of the x-ray tube, x-ray production, beam limitation, filtration, attenuation, intensifying screens, and grids. Upon completion, students should be able to demonstrate an understanding of exposure control and the effects of exposure factors on image quality.

RAD122 Radiographic Imaging II 1 3 0 2

Prerequisites: State, RAD 112, RAD 121, and RAD 161

Corequisites: State, RAD 131 and RAD 171

This course covers image receptor systems and processing principles. Topics include film, film storage, processing, intensifying screens, grids, and beam limitation. Upon completion, students should be able to demonstrate the principles of selection and usage of imaging accessories to produce quality images.

RAD 131 Radiographs Physics I 1 3 0 2

Prerequisites: RAD 112, RAD 121, and RAD 161

Corequisites: RAD 122 and RAD 171

This course introduces the fundamental principles of physics that underlie diagnostic X-ray production and radiography. Topics include electromagnetic waves, electricity and magnetism, electrical energy, and power and circuits as they relate to radiography. In addition, x-ray interactions in matter are presented. Upon completion, students should be able to demonstrate an understanding of basic principles of physics as they relate to the operation of radiographic equipment.

RAD 151 RAD Clinical Ed I 0 0 6 2

Prerequisites: Local, Enrollment in the Radiography program

Corequisites: State, RAD 110 and RAD 111

This course introduces patient management and basic radiographic procedures in the clinical setting. Emphasis is placed on mastering positioning of the chest and extremities, manipulating equipment, and applying principles of ALARA. Upon completion, students should be able to demonstrate successful completion of clinical objectives.

ADVISEE CHECKLIST

1. You should Contact and keep in touch with your advisor.
2. You should Become familiar with your advisor's office hours or schedule.
3. You should Make and keep appointments or call if it is necessary to change or cancel an appointment.
4. You should Be willing to discuss any concerns regarding schoolwork, study habits, academic progress, etc.
5. You should Be open to discussions concerning careers and selection of appropriate courses.
6. You should Be willing to search out and use other sources of information.
7. You should Clarify some of your personal values and goals prior to sessions with your advisor.
8. You should Be prepared; have the necessary forms and, have an idea of the type of schedule you desire.
9. You should Become knowledgeable about all VGCC policies, procedures, and requirements.
10. You should Accept responsibility for the decisions to be made and the outcome thereof.

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If it is necessary to drop in to see your advisor without an appointment, try to do so at a time when he/she is free, avoid the busiest time of the day, and allow plenty of time in case you have to wait.

The first and last two weeks of each term are the busiest for your advisor, please schedule longer conferences (to discuss change of programs, graduation requirements, etc.) during the middle part of the term.

Working effectively with your advisor takes time and effort; the interaction is worthwhile. Enjoy it!

RELATIONSHIPS WITH INSTRUCTORS

Instructors are people. They are an integral part of your education. Here are some suggestions for forming a good working relationship with them.

1. Form your own opinion about each instructor. Students talk about teachers, and you may hear conflicting reports. Decide for yourself.
2. Be attentive. Daydreaming, sleeping or having side conversations in class will insult your instructor. Besides, you miss what's happening. Side conversations also disturb other students.
3. We all have mental pictures about instructors. Perhaps they are unapproachable, brilliant, boring, demanding, eccentric, etc. Assume nothing. Get to know your teacher first-hand. Take advantage of their office hours. Some teachers best express their love and enthusiasm for their subject in private conversations rather than lectures.
4. Many instructors have special office hours. Most are delighted to talk to students. That's why they are teachers. Talking to one student allows them to focus on the area that's critical to that student and their enthusiasm can be contagious. What sounded incomprehensible in class may become clear in a one-to-one exchange.
5. Arrive early for classes. You can visit with your instructor or classmates, review notes, or spend a few minutes relaxing. Being on time demonstrates your commitment and interest.
6. Participate in class discussions. Ask questions. Provide answers. Be ready to debate and discuss. Your instructor will know you are interested and prepared. Asking questions to sidetrack your teacher or just to get noticed, however, wastes everyone's time.
7. Accept criticism. Learn from your teacher's comments on your work. It is a teacher's job to correct. Don't take it personally.
8. Submit professional work of high quality in both content and form. Prepare papers as if you were submitting them to an employer. Imagine that a promotion and raise will be determined by your work.

WHERE TO FIND IT AT VGCC – MAIN CAMPUS

COUNSELING SERVICES:

Student Development and
Advancement Services
Building Eight

TUITION INFORMATION:

Student Services Division
Building Eight

TRANSCRIPT REQUEST:

Records/Admissions Office
Building Eight

WITHDRAWAL FORMS:

Records/Admissions Office
Building Eight

PART-TIME WORK:

Career Center
Building Four

EXTRACURRICULAR SPORTS INFO:

Student Government Association
Student Services Division
Building Eight

HAIRSTYLING:

Cosmetology Department
Building Three

TUTORIAL INFORMATION:

Student Support Services
Building One

HEALTH INSURANCE:

Business Office
Building One

VGCC CATALOG:

Student Services Division
Building Eight

EXTRACURRICULAR ACTIVITIES:

Student Government Association
Student Services Division
Building Eight

CAREER PLANNING INFORMATION:

Career Center
Building Four

JOB PLACEMENT OFFICE:

Career Center
Building Four

LIBRARY INFORMATION:

Learning Resource Center
Building Two

PARKING PERMIT:

During Registration
Business Office
Building One

DISABILITY SERVICES:

Student Development and
Advancement Services
Building Eight

PLACEMENT TESTING:

Records/Admissions Office
Building Eight

FINANCIAL AID, LOAN,

WORKSTUDY INFORMATION:

Financial Aid office
Building Four

STUDENT POLICIES/PROCEDURES:

Dean of Student Services
Building Eight

SATELLITE CAMPUSES

Cecilia Wheeler	Dean of South Campus
Jason Snelling	Director of South Campus
Bobbie Jo May	Dean Franklin County Campus
Anthony Pope	Director, Franklin County Campus
George Henderson	Dean of Warren Campus
Shelly Taylor	Director of Warren Campus
Philip White	Dean of Prison Education
Jean Blaine	Director of Prison Education

STUDENT SUPPORT SERVICES

Evelyn Hall	Coordinator, Academic Skills
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INSTRUCTIONAL DEPARTMENT

Dr. Angela Ballentine	Vice President of Instruction
Dr. Ray Goldberg	Dean, Health Sciences
	Interim Dean, General College/College Transfer
Bobby VanBrunt	Dean, Applied Technologies/Business Technologies
Angela Gardner	Director, Applied Technologies

PROGRAM DIRECTORS

JoAnna Jones	Accounting/Business Administration
Wesley Smith	Air Conditioning, Heating and Refrigeration
Renee Hill	Associate Degree Nursing Practical Nursing
Fred Brewer	Automotive Systems Technology
Robert Wood	Business Administration/Operations Management
Keith Tunstall	Carpentry
Tomeka Moss	Cosmetology
Angela Gardner	Criminal Justice Technology
Wendy Frandsen	Developmental Studies
Jennifer Johnson	Early Childhood Associate
Leon Dillard	Electrical/Electronics
Jim Tart	Electronics Engineering
Wendy Frandsen	English
Scott Garrisons	Fine Arts/Humanities
Tracy Wallace	Human Services
Robert Hudson	Industrial Maintenance Technology
Billie J. Evans	Information Systems Technology
Laura Pittard	Mathematics/Physics
Tammy Care	Medical Assisting
Christal Swilley	Office Systems Technology
Lydia Powell	Psychology
Angela Thomas	Radiography
Jane Jackson	Recreation & Leisure Studies
Steve McGrady	Science
Aaron Randall	Social Sciences
Jacquelin Heath	Teacher Associate
Rusty Pace	Welding Technology

GOT A PROBLEM – MAIN CAMPUS

YOUR PROBLEM	WHERE TO GO
Academic Probation/Suspension	Student Development and Advancement
Add A Class	Records/Admissions Office
Admission Information	Records/Admissions Office
Academic Advisement	Counseling Services or Advisor
Cancelled Class	Registrar's Office or Advisor
Class Has Moved	Department Chairman
Drop-Add Form	Records/Admissions Office
Fee Deferment	Dean of Student Services
GI Bill, Veteran's Benefits	V.A. Office/Financial Aid Office
Grade Report (Transcript)	Registrar's Office
I.D. Card	Dean of Student Services (May obtain during registration only)
Library Card	Learning Resources Center
Library Fines	Learning Resources Center
Pre-Major Advisement	Counseling Services Division
Register for Classes	Academic Advisor, Counselor
Scholarship Application	Assistant Dean of Student Services
Student Loan	Financial Aid Office
Tutoring	Student Support Services

*Instructors on satellite campuses may first check with campus staff.

VANCE-GRANVILLE COMMUNITY COLLEGE

Radiography Program Advisory Committee Structure

The Radiography Program Advisory Committee members are representative of all program interest. Radiology administrators, radiologists, staff technologists, graduates of the program, and a first or second-year student representative serve on the committee. Members are appointed for three year terms and may be re-appointed for additional terms.

Radiography Advisory Committee Members

(July 1, 2007 – June 30, 2010)

Charlie Cable, R.T.	Veterans Administration Medical Center
Kimberly McKisson, R.T.	Durham Regional Hospital
Amina Al-Amin, R.T.	Lincoln Community Health Center
Jennifer Kelly, R.T.	Granville Medical Center
Angela Hughes, R.T.	Maria Parham Hospital
Tina Harper, R.T.	Franklin Regional Hospital
Debbie Saunders, R.T.	Community Memorial Hospital
Spencer Harris, R.T.	Maximum Travel Tech. Agency
Beverly Byrd, R.T.	Student Graduate
Sarah Rochelle, R.T.	
Sarah Woodruff, R.T.	

CLINICAL EDUCATION CENTERS

The following hospital facilities are used for directed clinical experience:

1. Maria Parham Hospital
Ruin Creek Road
Henderson, NC
2. Granville Medical Center
College Extension
Oxford, NC
3. Veterans Administration Medical Center
508 Fulton St.
Durham, NC
4. Community Memorial Healthcenter
125 Buena Vista Circle
South Hill, VA
5. Durham Regional Hospital
3643 N. Roxboro Road
Durham, NC

6. UNC Hospital
101 Manning Dr.
Chapel Hill, NC
7. Lincoln Health Center (Affiliated with Durham Regional)
1301 Fayetteville St.
Durham, NC
8. Franklin Regional Medical Center
100 Hospital Drive
Louisburg, NC
9. Triangle Orthopaedics Associates, PA
120 William Penn Plaza
Durham, NC
10. Triangle Orthopaedics Associates, PA
College Extension
Oxford, NC
11. Triangle Orthopaedics Associates, PA
3633 Harden Road, Suite 102
Raleigh, NC
12. John Umstead Hospital
Butner, NC

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Transportation Schedule for Off-Site Parking
Grey Stone Baptist Church

Shuttle 1		Shuttle 2	
Morning Schedule			
Leave Grey Stone Lot	Arrive at Medical Center	Leave Grey Stone Lot	Arrive at Medical Center
6:35 AM	6:45 AM	7:15 AM	7:27 AM
7:00 AM	7:12 AM	7:40 AM	7:53 AM
7:25 AM	7:37 AM	8:05 AM	8:17 AM
7:50 AM	8:02 AM	8:30 AM	8:42 AM
8:15 AM	8:28 AM	8:55 AM	9:08 AM
8:40 AM	8:52 AM		
Afternoon Schedule			
Leave Grey Stone Lot	Arrive at Medical Center	Leave Grey Stone Lot	Arrive at Medical Center
	3:40 PM		3:50 PM
3:52 PM	4:05 PM	4:02 PM	4:15 PM
4:17 PM	4:35 PM	4:28 PM	4:40 PM
4:48 PM	5:00 PM	4:55 PM	5:10 PM
5:15 PM	5:30 PM	5:22 PM	
5:45 PM	6:00 PM		

Fall Semester 2009

August 18	Tuesday	Curriculum Classes Begin
August 20	Thursday	Last Day To Add A Class*
August 27	Thursday	Last Day For A Partial Refund Last Day To Drop With No Transcript Grade
September 7	Monday	Labor Day Holiday
October 12,13	Monday, Tuesday	Fall Break
November 12	Thursday	Last Day To Withdraw With "WP" Grade
November 26,27	Thursday, Friday	Thanksgiving Holidays
December 11	Friday	Exam Study Day
December 14-16	Monday-Wednesday	Final Exams

Spring Semester 2010

January 6	Wednesday	Curriculum Classes Begin
January 8	Friday	Last Day To Add A Class*
January 15	Friday	Last Day for a Partial Refund Last Day to Drop with no Transcript Grade
January 18	Monday	Martin Luther King, Jr. Holiday
March 19-April 1	Monday - Thursday	Spring Break
April 2, 5	Friday, Monday	Easter Holidays
April 9	Friday	Last Day to Withdraw With "WP" Grade
May 6	Thursday	Exam Study Day
May 7-11	Friday-Tuesday	Final Exams
May 14	Friday	Graduation
May 15	Saturday	Graduation (Rain Date)

Summer Semester 2010

May 24	Monday	Curriculum Classes Begin
May 25	Tuesday	Last Day To Add A Class*
May 28	Friday	Last Day For A Partial Refund Last Day To Drop With No Transcript Grade
May 31	Monday	Memorial Day Holiday
July 5 - July 9	Monday - Friday	Independence Day Holidays
July 14	Wednesday	Last Day To Withdraw With "WP" Grade
August 5	Thursday	Curriculum Classes End

**Instructor permission is required to add a class beyond this date.
See "Drop and Add" policy.*

DEFINITION OF TERMS

Clinical Education...	The portion of the educational program conducted in a health care facility that provides the opportunity for students to translate theoretical and practical knowledge into cognitive, psychomotor and affective skills necessary for patient care.
Competency...	Identified radiographic knowledge and skills a student must master to successfully complete program requirements.
Competent...	<p>The student's ability to successfully perform a series of designated radiographic positions/projections with indirect supervision and assume those duties and responsibilities according to course and clinical objectives.</p> <p>Having the capacity to function or develop in a particular way. Measuring up to all requirements without question or being adequately adapted to an end.</p>
Competency Evaluation...	The procedure by which a student's performance is evaluated. Competency evaluation consists of knowledge, skills and affective behavior required of an entry-level radiographer.
Diagnostic Quality	An acquired skill using methods to produce or yield a diagnosis. The ability to identify diseases/pathologies and/or injuries from a technically sound radiograph.
Didactic Education ...	The portion of the educational program in which knowledge is presented and evaluated in a classroom setting.
Direct Supervision ...	<p>Until a student achieves and documents competency in any given procedure, all clinical assignments shall be carried out under the direct supervision of qualified radiographer. The parameters of direct supervision are:</p> <ol style="list-style-type: none">1. A qualified radiographer reviews the request for examination in relation to the student's achievement;2. A qualified radiographer is physically present during the conduct of entire examination; and3. A qualified radiographer reviews and approves the radiographs.

Indirect Supervision ...	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.
Laboratory Practice ...	The portion of the educational program conducted in a simulated or dedicated laboratory that provides students the opportunity for practical application, practice and evaluation under the supervision of an instructor.
Registered Radiographer...	Radiographer who has successfully passed the National certification examination and is currently registered with The American Registry of Radiologic Technologists (ARRT).
Radiographic Procedure...	A series of radiographic exposures which produce diagnostic information.
Simulation ...	The technique of representing the real world; "a simulation should imitate the internal processes and not merely the results of the thing being simulated" Performance of an examination on a subject (not a patient) or phantom with exposure simulation and critique of the image area.

CODE OF ETHICS FOR THE PROFESSION OF RADIOLOGIC TECHNOLOGY

PRINCIPLE I

The Radiologic Technologist functions efficiently and effectively, demonstrating conduct and attitudes reflecting the profession.

- 1.1 Responds to patient needs.
- 1.2 Performs tasks competently.
- 1.3 Supports colleagues and associates in providing quality patient care.

PRINCIPLE II

The Radiologic Technologist acts to advance the principle objective of the profession to provide services to humanity with full respect for the dignity of mankind.

- 2.1 Participates in and actively supports the professional organizations for radiologic technology.
- 2.2 Acts as a representative for the profession and the tenets for which it stands.
- 2.3 Serves as an advocate of professional policy and procedure to colleagues and associates in the health care delivery system.

PRINCIPLE III

The Radiologic Technologist provides service to patients without discrimination.

- 3.1 Exhibits no prejudice for sex, race, creed, religion.
- 3.2 Provides service without regard to social or economic status.
- 3.3 Delivers care unrestricted by concerns for personal attributes, nature of the disease or illness.

PRINCIPLE IV

The Radiologic Technologist practices technology founded on scientific basis.

- 4.1 Applies theoretical knowledge and concepts in the performance of tasks appropriate to the practice.
- 4.2 Utilizes equipment and accessories consistent with the purpose for which it has been designed.
- 4.3 Employs procedures and techniques appropriately, efficiently and effectively.

PRINCIPLE V

The Radiologic Technologist exercises care, discretion and judgment in the practice of the profession.

- 5.1 Assumes responsibility for professional decisions.
- 5.2 Assesses situations and acts in the best interest of the patient.

PRINCIPLE VI

The Radiologic Technologist provides the physician with pertinent information related to diagnosis and treatment management of the patient.

- 6.1 Complies with the fact that diagnosis and interpretation are outside the scope of practice for the profession.
- 6.2 Acts as an agent to obtain medical information through observation and communication to aid the physician in diagnosis and treatment management.

PRINCIPLE VII

The Radiologic Technologist is responsible for protecting the patient, self and others from unnecessary radiation.

- 7.1 Performs service with competence and expertise.
- 7.2 Utilizes equipment and accessories to limit radiation to the affected area of the patient.
- 7.3 Employs techniques and procedures to minimize radiation exposure to self and other members of the health care team.

PRINCIPLE VIII

The Radiologic Technologist practices ethical conduct befitting the profession.

- 8.1 Protects the patient's right to quality radiologic technology care.
- 8.2 Provides the public with information related to the profession and its functions.
- 8.3 Supports the profession by maintaining and upgrading professional standards.

PRINCIPLE IX

The Radiologic Technologist respects confidences entrusted in the course of professional practice.

- 9.1 Protects the patient's right to privacy.
- 9.2 Keeps confidential, information relating to patients, colleagues and associates.
- 9.3 Reveals confidential information only as required by law or to protect the welfare of the individual or the community.

PRINCIPLE X

The Radiologic Technologist recognizes the continuing education is vital to maintaining and advancing the profession.

- 10.1 Participates as a student in learning activities appropriate to specific areas of responsibility as well as to the scope of practice.
- 10.2 Shares knowledge with colleagues.
- 10.3 Investigates new and innovative aspects of professional practice.

Standards for an Accredited Educational Program in Radiologic Sciences

EFFECTIVE JANUARY 1, 2002

Adopted by:
**The Joint Review Committee on Education
in Radiologic Technology: January 1996; Revised 2001**

Essentials initially adopted:
Radiography-1944; Revised 1955, 1969, 1978, 1983, 1990, 1994
Radiation Therapy-1968; Revised 1976, 1981, 1988, 1994

The Joint Review Committee on Education in Radiologic Technology is dedicated to excellence in education and to quality and safety of patient care through the accreditation of educational programs in radiation and imaging sciences.

The Joint Review Committee on Education in Radiologic Technology (JRCERT) is recognized by the United States Department of Education to accredit educational programs in radiography and radiation therapy. The JRCERT awards accreditation to programs demonstrating substantial compliance with these **STANDARDS**.

Statement on Assessment of Program Effectiveness ¹

The Joint Review Committee on Education in Radiologic Technology (**JRCERT**) believes that the accreditation process offers a means of providing public assurance that a program meets standards and of stimulating programmatic improvement. The **JRCERT Standards for an Accredited Educational Program in Radiologic Sciences (STANDARDS)** require a program to articulate its purposes; to demonstrate that it has adequate human, financial, and physical resources effectively organized for the accomplishment of its purposes; to document its effectiveness in accomplishing its purposes; and to provide assurance that it can continue to meet accreditation standards. A variety of assessment approaches in its evaluation processes strengthens a program's ability to document its effectiveness.

The **JRCERT** believes that assessment leads to programmatic improvement. The **JRCERT** does not prescribe a specific approach to assessment. That determination should be made by the program in terms of its own purposes and resources. Assessment is not an end in itself but a means of gathering information that can be used in evaluating the program's ability to accomplish its purposes. An effective assessment process provides information that assists program officials in making useful decisions about the program and in developing plans for its improvement.

The **JRCERT** expects programs to develop a system of planning and evaluation to demonstrate its effectiveness in relation to student achievement. The program is expected to describe and document student learning outcomes and the pursuit of academic excellence.

Introduction

The Standards for an Accredited Educational Program in Radiologic Sciences are directed at the assessment of program and student outcomes. Using these **STANDARDS**, the goals of the accreditation process are to: protect the student and the public, stimulate programmatic improvement, provide protective measures for federal funding or financial aid, and promote academic excellence.

Each **STANDARD** is titled and includes a narrative statement, supported by objectives, describing the outcome required for compliance with the **STANDARD**. Selected key terms are underlined and defined in the Glossary to clarify the meaning. The definitions contained in the Glossary are considered a component of the **STANDARDS** and, as such, must be satisfied to comply with the **STANDARDS**.

¹This Statement is based on a similar Statement developed by the Commission on Institutions of Higher Education, North Central Association of Colleges and Schools. The **JRCERT** acknowledges, with thanks, the permission of the North Central Association for its use.

Standards for an Accredited Educational Program in Radiologic Sciences

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Standard One: Mission/Goals, Outcomes, and Effectiveness

The program, in support of its mission and goals, develops and implements a system of planning and evaluation to determine its effectiveness and uses the results for program improvement.

Objectives:

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

- 1.1 Has a mission statement that defines its purpose and scope.
- 1.2 Has written goals that outline what the program is designed to achieve.
- 1.3 Makes its mission statement and goals readily available to students, faculty, administrators, and the general public.
- 1.4 Develops and implements an assessment plan that identifies benchmarks for the measurement of outcomes in relation to its mission statement and goals and includes:
 - program completion rate;
 - clinical performance and clinical competence;
 - problem solving skills and critical thinking;
 - communication skills;
 - professional development and growth;
 - graduate satisfaction; and
 - employer satisfaction.
- 1.5 Documents outcomes consistent with each of the following JRCERT policies:
 - over the past five years, credentialing examination pass rate average of not less than 75% at first attempt; and
 - over the past five years, job placement rate of not less than 75% within six months of graduation.
- 1.6 Regularly solicits feedback from students, faculty, radiologists/radiation oncologists, graduates, employers, and other communities of interest.
- 1.7 Analyzes and uses feedback from communities of interest and outcome data for continuous improvement of its policies, procedures, and educational offerings.
- 1.8 Periodically evaluates its mission statement, goals, and assessment plan and makes revisions as necessary to achieve continuous quality improvement.

Standard Two: Program Integrity

The program demonstrates integrity in representations to communities of interest and the public, in pursuit of educational excellence, and in treatment of and respect for students, faculty, and staff.

Objectives:

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

- 2.1 Adheres to high ethical standards in relation to students, faculty, and staff.
- 2.2 Has program faculty recruitment and employment practices that are nondiscriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, and national origin.
- 2.3 Publishes statements accurately reflecting the program's offerings.
- 2.4 Has due process procedures that are readily accessible, fair, and equitably applied.
- 2.5 Has a policy that assures timely and appropriate resolution of complaints regarding allegations of non-compliance with **JRCERT STANDARDS** and maintains a record of such complaints and their resolution.
- 2.6 Regularly evaluates program policies, procedures, and publications and revises as appropriate.
- 2.7 Documents the continuing accreditation of the sponsoring institution.
- 2.8 Documents the continuing recognition of each clinical education setting by applicable regulatory agencies.
- 2.9 Maintains JRCERT recognition of all clinical education settings.
- 2.10 Maintains JRCERT recognition of all applicable faculty appointments.
- 2.11 Complies with requirements to achieve and maintain JRCERT accreditation.

Standard Three: Organization and Administration

Organizational and administrative structures support quality and effectiveness of the educational process.

Objectives:

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

- 3.1 Has organizational and administrative structures that support the program's mission and student learning outcomes.
- 3.2 Establishes and maintains affiliation agreements with clinical education settings.
- 3.3 Assures the security and confidentiality of student records, instructional materials, and other appropriate program materials.
- 3.4 Assures an appropriate relationship between program length and the subject matter taught and the objectives for the degree or credential offered.
- 3.5 Measures the length of all didactic and clinical courses in clock hours or credit hours.

Standard Four: Curriculum and Academic Practices

The program's curriculum and academic practices promote the synthesis of theory, use of current technology, competent clinical practice, and professional values.

Objectives:

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

- 4.1 Maintains a master plan of education.
- 4.2 Follows a JRCERT recognized and accepted curriculum that prepares the student to practice in the professional discipline.
- 4.3 Provides a curriculum that promotes professional values, life-long learning, and competency in critical thinking and problem solving skills.
- 4.4 Provides a well-structured, competency based curriculum that supports the program's mission and goals.
- 4.5 Has a curriculum that reflects assessment of affective, cognitive, and psychomotor domains.
- 4.6 Provides learning opportunities in current and developing imaging and/or therapeutic technologies.
- 4.7 Provides equitable learning opportunities.

Standard Five: Resources and Student Services

The program's learning resources, learning environments, and student services are sufficient to support its mission and goals.

Objectives:

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

- 5.1 Provides classrooms, laboratories, clinical education settings, administrative and faculty offices, and other facilities to support its mission and goals.
- 5.2 Provides clinical observation sites, as appropriate.
- 5.3 Has clinical education settings that provide students with a variety and volume of procedures for competency achievement.
- 5.4 Reviews, evaluates, and maintains learning resources to assure the achievement of student learning outcomes and program goals.
- 5.5 Reviews, evaluates, and maintains student services to assure the achievement of student learning outcomes and program goals.

Standard Six: Human Resources

The program has sufficient qualified faculty and staff with delineated responsibilities to support program mission and goals.

Objectives:

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

6.1 Documents that all faculty and staff possess academic and professional qualifications appropriate for their assignments.

- Full-time Program Director:

Holds, at a minimum, a masters degree;

Is proficient in curriculum design, program administration, evaluation, instruction, and counseling;

Documents the equivalent of three years full-time experience in the professional discipline;

Documents two years experience as an instructor in a JRCERT accredited program;

Holds American Registry of Radiologic Technologists certification or equivalent and registration in the pertinent discipline.

- Didactic Program Faculty:

Is qualified to teach the subject;

Is knowledgeable of course development, instruction, evaluation, and academic counseling;

Holds appropriate professional credentials, if applicable.

- Full-Time Clinical Coordinator:

Holds, at a minimum, a baccalaureate degree;

Is proficient in curriculum development, supervision, instruction, evaluation, and counseling;

Documents the equivalent of two years full-time experience in the professional discipline;

Documents a minimum of one year of experience as an instructor in a JRCERT accredited program;

Holds American Registry of Radiologic Technologists certification or equivalent and registration in the pertinent discipline.

- Radiography Clinical Instructor(s) or Radiation Therapy Clinical Supervisor(s):

Is proficient in supervision, instruction, and evaluation;

Documents the equivalent of two years full-time experience in the professional discipline;

Holds American Registry of Radiologic Technologists certification or equivalent and registration in the pertinent discipline.

- Clinical Staff:

Hold American Registry of Radiologic Technologists certification or equivalent and registration in the pertinent discipline.

6.2 Documents administrative, faculty, and clinical staff responsibilities are delineated and support the fulfillment of the program's mission and goals.

- Program Director:

Organizes, administers, reviews, develops, and assures program effectiveness;

Conducts on-going program assessment;

Participates in budget planning;

Evaluates and assures clinical education effectiveness;

Maintains current knowledge of the professional discipline and educational methodologies through continuing professional development;

Assumes the leadership role in the continued development of the program.

- Didactic Faculty:

Prepare and maintain course outlines and objectives, instruct and evaluate students, and report progress;

Cooperate with the program director in periodic review and revision of course materials;

Maintain appropriate expertise and competencies through continuing professional development.

- Clinical Coordinator:

Correlates clinical education with didactic education;

Evaluates students;

Coordinates clinical education and evaluates its effectiveness;

Cooperates with the program director in periodic review and revision of clinical course materials;

Maintains current knowledge of the professional discipline and educational methodologies through continuing professional development;

Maintains current knowledge of program policies, procedures, and student progress.

Radiography Clinical Instructor(s) or Radiation Therapy Clinical Supervisor(s):

Is knowledgeable of program goals;

Understands the clinical objectives and clinical evaluation system;

Provides students with clinical instruction/supervision;

Evaluates students' clinical competence;

Maintains competency in the professional discipline and in instructional and evaluative techniques through continuing professional development;

Maintains current knowledge of program policies, procedures, and student progress.

- Clinical Staff:

Understand the clinical competency system;

Support the educational process;

Maintain current knowledge of program policies, procedures, and student progress.

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

6.4 Provides support services to meet all educational, program, and administrative requirements.

6.5 Provides faculty with opportunities for continued professional development.

6.6 Evaluates didactic and clinical faculty performance regularly to assure instructional responsibilities are performed.

Standard Seven: Students

The program's and sponsoring institution's policies and procedures serve and protect the rights, health and educational opportunities of all students.

Objectives:

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

- 7.1 Has student recruitment and admission practices that are consistent with published policies of the program and sponsoring institution.
- 7.2 Uses student recruitment and admission practices that are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, and national origin.
- 7.3 Makes available to prospective students accurate information about admission policies, transfer credit, tuition and fees, refund policies, academic calendars, academic policies, graduation requirements, and student services.
- 7.4 Makes available to enrolled students accurate information about admission policies, transfer credit, tuition and fees, refund policies, academic calendars, academic policies, grading policies, graduation requirements, and student services.
- 7.5 Provides timely and supportive academic, behavioral, and clinical advisement to students enrolled in the program.
- 7.6 Provides student academic and clinical activities that are educationally valid and support attainment of student learning outcomes.
- 7.7 Safeguards the health and safety of students associated with educational activities through implemented policies and procedures in regard to workplace hazards, harassment, communicable diseases, and substance abuse.
- 7.8 Limits required clinical and academic involvement for students to not more than 40 hours per week.

Standard Eight: Radiation Safety

Program policies and procedures are in compliance with federal and state radiation protection laws.

Objectives:

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

- 8.1 Safeguards the health and safety of students associated with educational activities through the implementation of published policies and procedures that are in compliance with Nuclear Regulatory Commission regulations and state laws as applicable.
- 8.2 Has a pregnancy policy that is published and made known to accepted and enrolled female students that:
 - is consistent with applicable federal regulations and state laws;
 - includes notice of voluntary disclosure; and
 - provides options for student continuance in the program.
- 8.3 Assures that students use equipment and accessories, employ techniques, and perform procedures in accordance with accepted equipment use and radiation safety practices to minimize radiation exposure to patients, selves, and others.
- 8.4 Assures that radiation therapy procedures are performed under the direct supervision of a qualified practitioner.
- 8.5 Assures that medical imaging procedures are performed under the direct supervision of a qualified practitioner until a radiography student achieves competency.
- 8.6 Assures that medical imaging procedures are performed under the indirect supervision of a qualified practitioner after a radiography student achieves competency.
- 8.7 Assures that radiography students repeating unsatisfactory radiographs are under the direct supervision of a qualified practitioner.
- 8.8 Maintains documentation that learning environments are in compliance with applicable state and federal radiation safety laws.

Standard Nine: Fiscal Responsibility

The program and the sponsoring institution have adequate financial resources, demonstrate financial stability, and comply with obligations for Title IV federal funding, if applicable.

Objectives:

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

- 9.1 Has sufficient on-going financial resources to support the program's mission and goals.
- 9.2 Provides the program director an opportunity to participate in the budget planning process.
- 9.3 For those institutions and programs for which the JRCERT or a mixed accreditor serves as gatekeeper for Title IV financial aid, maintains compliance with USDE policies and procedures.

Glossary of Key Terms

Affiliation Agreement - A formal written understanding between an institution sponsoring the program and an independent clinical education setting.

American Registry of Radiologic Technologists Certification or Equivalent - Certification by the American Registry of Radiologic Technologists or unrestricted state license to operate radiation producing equipment.

Assessment - The systematic collection, review, and use of information to improve student learning, educational quality, and program effectiveness.

Assessment Plan - Provides direction for actions and is a way to determine progress. At a minimum, an assessment plan should include goals, evaluation criteria and benchmarks, outcomes, and a plan of action.

Clinical Coordinator - Required if the program has 6 or more clinical education settings or more than 30 students enrolled in the clinical component. The clinical coordinator may not serve as program director. The clinical coordinator position may be considered equal to a full-time equivalent but may be shared by no more than four appointees.

Clinical Instructor(s) - In radiography one full-time equivalent clinical instructor for every 10 students involved in the competency achievement process.

Clinical Supervisor(s) - In radiation therapy, one clinical supervisor for each clinical education setting.

Clinical Education Setting - A facility recognized by the JRCERT as meeting appropriate qualifications for delivering clinical education and evaluation of clinical competency. A minimum of one clinical instructor/supervisor is designated at each site.

Clinical Observation Site - An observation site is used for student observation of the operation of equipment and/or procedures.

Clinical Staff - For radiography, the ratio of students to staff prior to student competency achievement in a given examination or procedure shall not exceed 1:1. For radiation therapy, the ratio of students to staff shall always be 1:1.

Communities of Interest - Institutions, organizations, groups and/or individuals interested in educational activities in radiologic sciences.

Competency Based - Student attainment of a specified level of proficiency.

Credentialing Examination Pass Rate - The number of graduates who pass the American Registry of Radiologic Technologists Credentialing examination or an unrestricted state licensing examination compared with the number of graduates who take the examination.

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

Due Process - The formal procedure for resolution of a grievance or complaint that identifies timeframes for completion of each step and provides for a final appeal to a source external to the program.

Gatekeeper - An agency with responsibility for oversight of the distribution, record keeping, and repayment of Title IV financial aid.

Goals - Ends or results the program wants to achieve.

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

Job Placement Rate - The number of students employed in the radiologic sciences compared to the number of students actively seeking employment in the radiologic sciences.

Learning Environment - Places, surroundings or circumstances where knowledge, understanding, or skills are studied or observed such as classrooms, laboratories and clinical education settings.

Learning Resources - Media and reference materials utilized to support and enhance the educational program and scholarly activity.

Master Plan of Education - Documentation of the entire course of study that includes at a minimum: didactic and clinical curricula, program policies and procedures, and strategies for assessing program effectiveness.

Mission Statement - A means to communicate an educational vision and purpose.

Mixed Accreditor - An accrediting agency whose responsibilities for accreditation include situations where the agency accredits the only educational program in an institution. Where there are multiple educational programs in an institution, the agency selected as the institutional accreditor.

Outcomes - Results, end products, or actual consequences resulting from the educational process. Outcomes include what the students demonstrated/accomplished or what the program achieved.

Program Completion Rate - The number of students who complete the program compared to the number of students initially enrolled in the program.

Program Length - Duration of the program which may be stated as total academic or calendar year(s), or total semesters, trimesters, or quarters.

Qualified Practitioner - A radiation therapist or radiographer possessing American Registry of Radiologic Technologists certification or equivalent and active registration in the pertinent discipline and practicing in the profession.

Recognized and Accepted Curriculum - 1) The latest American Society of Radiologic Technologists professional curriculum and/or 2) other professional curriculum adopted by the JRCERT Board of Directors following review and recommendation by the JRCERT Standards Committee.

Sponsoring Institution - The facility or organization that has primary responsibility for the educational program and grants the terminal award. A sponsoring institution must be accredited by a recognized agency or meet equivalent standards. Educational programs may be established in: community and junior colleges; senior colleges and universities, hospitals, medical schools, postsecondary vocational/technical schools and institutions; military/governmental facilities; proprietary schools; and consortia (two or more academic or clinical institutions that have formally agreed to sponsor the development and continuation of an educational program). Consortia must be structured to recognize and perform the responsibilities and functions of a sponsoring institution.

Title IV Financial Aid- Monies for education loaned or granted by the Federal government, e.g. Perkins loans, Stafford loans, PLUS loans, Pell grants, Supplemental Educational Opportunity grants and work-study programs.

Awarding, Maintaining, and Administering Accreditation

A. Program/Sponsoring Institution Responsibilities

1. Applying for Accreditation

The accreditation review process conducted by the Joint Review Committee on Education in Radiologic Technology (JRCERT) can be initiated only at the written request of the chief executive officer or an officially designated representative of the sponsoring institution.

This process is initiated by submitting an application and self-study report, prepared according to JRCERT guidelines, to:

Joint Review Committee on Education in Radiologic Technology
20 North Wacker Drive, Suite 900
Chicago, IL 60606-2901

2. Administrative Requirements for Maintaining Accreditation

- a. Submitting the self-study report or a required progress report within a reasonable period of time, as determined by the JRCERT.
- b. Agreeing to a reasonable site visit date before the end of the period for which accreditation was awarded.
- c. Informing the JRCERT, within a reasonable period of time, of changes in the institutional or program officials, program director, clinical coordinator, and clinical supervisor(s) or clinical instructor(s).
- d. Paying JRCERT fees within a reasonable period of time.
- e. Returning, by the established deadline, a completed Annual Report.

Programs are required to comply with these and other administrative requirements for maintaining accreditation. Additional information on policies and procedures is available from the JRCERT.

Program failure to meet administrative requirements for maintaining accreditation may lead to being placed on Administrative Probationary Accreditation and ultimately to Withdrawal of Accreditation.

B. JRCERT Responsibilities

1. Administering the Accreditation Review Process

The JRCERT reviews educational programs to assess compliance with the **Standards for an Accredited Educational Program in Radiologic Sciences**.

The accreditation process includes a site visit.

Before the JRCERT takes accreditation action, the program being reviewed must respond to the report of findings.

The JRCERT is responsible for recognition of clinical education settings.

2. Accreditation Actions

JRCERT accreditation actions for Probation may be reconsidered following the established procedure.

JRCERT accreditation actions for Accreditation Withheld or Accreditation Withdrawn may be appealed following the established procedure.

All other JRCERT accreditation actions are final.

Procedures for reconsideration and appeal are published in the JRCERT Accreditation Handbook and are available upon request.

A program or sponsoring institution may, at any time prior to the final accreditation action, withdraw its request for initial or continuing accreditation.

Educators may wish to contact the following organizations for additional information and materials:

accreditation: Joint Review Committee on Education in Radiologic Technology
 20 North Wacker Drive, Suite 900
 Chicago, IL 60606-2901
 (312) 704-5300
 www.jrcert.org

curriculum: American Society of Radiologic Technologists
 15000 Central Avenue, N.E.
 Albuquerque, NM 87123-3917
 (505) 298-4500
 www.asrt.org

certification: American Registry of Radiologic Technologists
 1255 Northland Drive
 St. Paul, MN 55120-1155
 (651) 687-0048
 www.arrt.org

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JRCERT Address, Phone Number, E-mail Address

If a student feels the program is in non-compliance, they may contact the JRCERT.

Joint Review Committee on Education in Radiologic Technology
20 N. Wacker Drive
Suite 900
Chicago, IL 60606-2901
(312) 704-5300
mail@jrcert.org

GROUNDS FOR DISMISSAL

The grounds for immediate dismissal from the Radiography Program at Vance-Granville Community College are listed below. I understand I can be dismissed from the program at any time during training for violation of any one of the grounds listed below.

1. Any grade in Radiography with a RAD or BIO prefix below a “C”.
2. Insubordination to faculty or clinical affiliate staff.
3. The conviction and/or known use of, distribution of, or possession of illegal drugs or controlled substances.
4. The possession and/or use of alcoholic beverages before or during Classroom or Clinical experiences.
5. Unethical conduct: a violation of ASRT/ARRT Code of Ethics.
6. Cheating in any courses.
7. If a clinical affiliate refuses to allow a student on hospital property for violations including but not limited to such as theft, misconduct, or poor performance the students will not be allowed to continue.
8. Falsification of clinical records.
9. Violation of the Code of Conduct in the Student’s Radiography Handbook **or** the College Catalog.

Student’s Printed Name

Student’s Signature

Date

STUDENT HANDBOOK AGREEMENT

I have read the Student Handbook for the Radiography Program at Vance-Granville Community College in its entirety. I understand its content and agree to abide by the policies and procedures and any future changes in these policies and procedures set forth during my 21 month training period. The program reserves the right to alter policies, procedures, and content.

I have also read the College Catalog from the "General Information" section to the "Code of Conduct" section. I understand its content and agree to abide by the policies and procedures and any future changes in these policies and procedures set forth during my 21 month training period.

Student's Printed Name

Student's Signature

Date

While a student at Vance-Granville Community College, I agree to uphold the honor code at all times. I will not give or receive assistance with any test, nor will I observe any exchange of information among others without reporting this to the instructor.

Student's Printed Name

Student's Signature

Date

As a female student entering the Radiography program at Vance-Granville Community College, I have read the Radiation Protection/Pregnancy Policy in its entirety. I understand its content and agree to abide by it during my 21 month training period.

Student's Printed Name

Student's Signature

Date

VANCE-GRANVILLE COMMUNITY COLLEGE
RADIOGRAPHY PROGRAM

RADIATION SAFETY/PROTECTION
GUIDELINES AND ACKNOWLEDGEMENT FORM

Radiography students are required to be aware of radiation safety standards and guidelines when working in the x-ray lab on campus or at any of the clinical affiliates. This form is evidence that all Radiography students enrolled in Vance-Granville's Radiography Program are aware of protective measures for themselves, patients, family members and any other medical staff that may be in the vicinity of the x-ray equipment during an exposure. The guidelines are as follows:

1. Before making an exposure, make sure appropriate doors are closed (if applicable).
2. Before making an exposure, make sure student(s)/technologists are behind a protective barrier.
3. All patients must be shielded prior to making exposure.
4. Any staff, faculty, adjunct faculty and/or family members must be shielded if they must remain in the room during an exposure.
5. Ensure that the control panel is set correctly.
6. Do not, under any circumstances, radiograph another human being using the energized lab.
7. Never use x-ray equipment without the supervision of a qualified technologist.
8. Immediately notify faculty, clinical instructor and/or manager if there are any problems with any x-ray equipment.
9. Always use ALARA (As low as reasonably achievable) standards when performing x-rays.
10. Always wear designated film badge during clinical hours.
11. Review film badge reports with the Clinical Coordinator during student conferences and any time the student would like to see his/her report.
12. Always have qualified technologist assist and approve any repeat radiographs PRIOR to making exposure.
13. Do not make more than one (1) repeat of any given projection. A qualified technologist MUST perform the x-ray if another repeat of the same projection is warranted.
14. Ensure that the student is a minimum of six feet from the portable unit prior to making an exposure.
15. Ensure that "x-ray" is called out prior to making an exposure with the portable unit.
16. Move adjacent patients and/or family members away from exposure area during portable x-rays whenever feasible.
17. Remove family members, prison guards, nurses, sitters/patient aids, doctors, etc. from area where exposures are made whenever possible. If not possible, provide protective shields prior to any exposures being made.

I have read the Radiation Safety guidelines. I understand its content and agree to abide by the guidelines set forth during my two-year period.

Printed Name: _____

Signed

Date

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