



Student Handbook

**Radiologic Sciences Program
Policies and Procedures Manual**

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- A - Joint Review Committee on Education in Radiologic Technology (JRCERT) Standards**
- B - American Registry of Radiologic Technologists (ARRT) Standard of Ethics**
- C - American Society of Radiologic Technologists (ASRT) Code of Ethics**
- D - Grade Scale**
- E - Radiation Protection Program ALARA Program and Reporting**
- F - Magnetic Resonance Imaging (MRI) Safety Training (Power Point presentation during orientation).**

Welcome

Welcome to the Radiologic Sciences Program at **California Baptist University**. Your education should be a rewarding experience leading to a satisfying and challenging career. Specific policies have been developed to foster your educational growth and workplace preparedness. These are meant to help you to make responsible decisions. If at any time you feel uncertain about program expectations, contact the Program Director or Clinical Coordinator for clarification.

Purpose

The purpose of this handbook is to provide the radiography student and the clinical instructor with information on the program and policies relating to the clinical education component of students enrolled in the Radiologic Sciences program at **California Baptist University**.

This handbook is designed to be used as a reference for students, faculty and staff. In general, this handbook presents the policies and procedures of the Radiologic Sciences program at CBU.

Observation of the Rules and Regulations

Students who are enrolled in the Radiologic Sciences program are responsible to observe University rules and regulations as stated in the current University Catalog. In addition, the rules and regulations of each clinical education center must be observed. Although located separately, the clinical education centers are considered an integral part of the college campus.

The Radiologic Sciences program faculty and university reserve the right to change, delete, supplement, or otherwise amend at any time the information, rules, and policies contained herein without prior notice. Changes shall go into effect whenever the proper authorities so determine and shall apply to present and prospective students.

It is the students' responsibility to secure a University Catalog. Students entering the Radiologic Sciences program must complete the required curriculum as stated in the University Catalog in effect at the time of acceptance.

Discrimination and Harassment

CBU does not unlawfully discriminate on the basis of sex in its educational programs and activities. This policy extends to employment with and admission to the University, as well as access to facilities, financial aid and courses. See CBU's Student Life Policy 26 and 27.

California Baptist University Radiologic Sciences Program

SECTION I: UNIVERSITY AND PROGRAM OVERVIEW

I. The Radiologic Sciences Program Description and Objectives

The Radiologic Sciences program at CBU is a baccalaureate degree program that provides equitable, accessible, relevant, and high-quality education. Through various delivery methods, the program prepares qualified students to apply radiation on humans in a health care setting in order to produce diagnostic images using radiographic equipment and imaging systems under the direction of a physician and certified radiologic technologists. By providing a comprehensive program of competency-based instruction in radiologic technology, the program promotes an atmosphere of life-long learning for the purpose of graduating competent radiographers able to function as radiologic science professionals in underserved and other health care communities.

II. Program Mission Statement

The California Baptist University radiologic sciences program will prepare students to carry out their mission as competent radiographers, who will serve their purpose as professionals within the healthcare community. These individuals will possess the appropriate knowledge and skills necessary to function as imaging professionals within a hospital or ambulatory setting.

III. Program Goals and Student Learning Outcomes

Goal 1: Students will demonstrate clinical competency.

Student Learning Outcomes:

- A. Students will obtain diagnostic radiographs.
- B. Students will follow regulatory standards of radiation safety devices and employ ALARA principle.

Goal 2: Students will demonstrate professionalism and compassion.

Student Learning Outcomes:

- A. Students will provide compassionate patient care in an increasingly diverse society.
- B. Students will ethically apply stewardship over the security and confidentiality associated with patient medical information.

Goal 3: Students will communicate effectively.

Student Learning Outcomes:

- A. Students will communicate effectively with other healthcare professionals in the clinical setting.
- B. Students will obtain accurate patient histories.

Goal 4: Students will exhibit critical thinking skills.

Student Learning Outcomes:

- A. Students will determine the appropriate sequences for multiple exams.
- B. Students will adjust exposure variables for unacceptable radiographs.

IV. Measurable Objectives

The measurable objectives for the radiography program are to achieve, within a 5-year period:

- 1. Student retention rate of at least 85%
- 2. Student attrition rate of not more than 15%
- 3. Graduation rate of at least 85%
- 4. Course completion rate of at least 85%
- 5. Average credentialing examination pass rate of at least 75%
- 6. Job placement rate of 85% within 12 months of graduation for graduates seeking employment.

V. Accreditations/Approval/Affiliation Sponsoring Institution Accreditation

Western Association of Schools and Colleges (WASC)

Accreditation:

Joint Review Committee on Education in Radiologic Technology (JRCERT)

20 North Wacker Drive, Suite 2850

Chicago, Illinois 60606-3182

Tel: (312) 704-5300 Fax: 312.704.5304 Web Site <http://www.jrcert.org>

The Radiologic Sciences program has been awarded probationary accreditation through the Joint Review Committee on Education in Radiologic Technology (JRCERT). The JRCERT affirms that the accreditation process offers both a means for public assurance of a program meeting accreditation standards and a stimulus to programmatic improvement.

The JRCERT standards for an accredited educational program in radiologic sciences require the program to demonstrate clarity and appropriateness of its purpose as a postsecondary educational program; to protect learner and public; to demonstrate adequate human, financial, and physical resources effectively organized to accomplish those purposes; to document its effectiveness in accomplishing its purposes; and to provide assurance that it can continue to meet accreditation standards. Refer to appendix A.

Approved:

American Registry of Radiologic Technologists (ARRT)

1255 Northland Drive

St Paul, Minnesota 55120-1144
Telephone: 651-687.0048/Web Site: <http://www.arrt.org>

State of California Health and Human Services Agency
Department of Public Health
(CDPH) Radiologic Health Branch (RHB)
MS 7610
P.O. Box 997414
Sacramento, California
95899-7414
Telephone: 916.327.5106

Affiliation

American Society of Radiologic Technologists (ASRT)
15000 Central Avenue SE
Albuquerque, New Mexico 87123-3917
Telephone: 505.298.4500 or 800.444.2778/Fax: 505.298.5063
Web Site: <http://www.asrt.org>

VI. Advisory Committee

The Radiologic Sciences program's Advisory Committee functions in accordance with institutional guidelines that support the missions of the institution and program. The committee is representative of clinical education facilities, academic interests, institutions, radiography students, and/or communities of interest.

The committee will meet at least once a year. The committee chairperson distributes the agenda and the minutes are recorded and filed. The Advisory Committee's responsibilities include program planning, evaluation, and external validation. The committee acts as an information resource. The committee periodically reviews the curriculum, program issues, and to ensure that new techniques and procedures are reflected, revisits the program goals and outcomes, assists in exit and postgraduate evaluations of student capabilities, serves in a public relations capacity with the medical and allied health communities, and assists in the placement of graduates.

VII. Certifications Requirements

Upon completion of all graduation requirements of the university and program, students are eligible candidates for a Bachelor of Science degree. Upon passing a final comprehensive examination with a minimum 85% students may apply for the national certification in radiography administered by the American Registry of Radiologic Technologists (ARRT). ARRT examinations are available at Pearson Testing Centers throughout the country. Graduates passing the ARRT examination are registered in radiography. The ARRT requires candidates to be of good moral character as well as graduates of an accredited program. In the ARRT Examinee Handbook, the ARRT states that a charge of a misdemeanor or felony indicates a lack of good moral character for Registry purposes. Those convicted of such a crime may be eligible for registration only if deemed appropriate by the ARRT. The ARRT may be contacted at (651) 687-0048 for individual consultation. Appendix C contains excerpts from the Examinee Handbook.

Graduates are required to apply to the State of California Radiologic Health Branch for state certification in order to work in California as a Certified Radiologic Technologist (CRT).

VIII. Program Faculty

Mark A. DeHaro, DHSc, CRA, R.T., (R)	Program Director
Morris Hunter, M.Ed, R.T., (R)	Clinical Coordinator

IX. Code of Ethics

The Code of Ethics for the Radiologic Technologist is established by the ASRT (2001). “The Code of Ethics shall serve as a guide by which Registered Technologists and Applicants may evaluate their professional conduct as it relates to patients, healthcare consumers, employers, colleagues and other members of the healthcare team. The Code of Ethics is intended to assist Registered Technologists and Applicants in maintaining a high level of ethical conduct and in providing for the protection, safety and comfort of patients” (see appendix D).

X. Professionalism and Rules of Conduct

Because various health care agencies are affiliated with the University, students may participate in the clinical environment. Students are expected to demonstrate professional behavior at all times. This requires that students:

- a) Be responsible for their own words and actions.
- b) Abide by clinical agency standards, procedures, policies, rules, regulations, and attendance policies.
- c) Exhibit a good attitude, maturity, responsibility, punctuality, initiative, and enthusiasm.
- d) Ask questions of staff/instructors; questions should be constructive, asked in a tactful manner, and be geared to learning outcomes.
- e) Refrain from gossip, spreading rumors, needless complaining, loud talking, boisterous laughing, gum chewing, and any other activities that could disturb patients and might be out of place in the clinical/university setting.
- f) No personal phone calls (cellular or landline) are permitted in unauthorized areas. Personal phone calls should be conducted during break time(s).
- g) Take criticism constructively. Complaints of grievances should be discussed with the appropriate instructor. Hostile attitudes will not resolve conflicts. Energy should be focused to promote improvements in clinical competency.
- h) Act in a manner indicative of someone eager to learn.
- i) Maintain professional relationships with staff and affiliate staff at all times.
- j) Not exhibit rudeness, lack of cooperation, flirting, nor overly friendly attention, as these behaviors are unacceptable.
- k) Have patient-centered conversations in the presence of a patient. Other than the exchange of purely technical information, all remarks should be made with the patient’s comfort and sensitivities in mind.
- l) Permission from the Clinical Instructor must be received to remove images for classroom discussion. Patients’ unique identifiers (name, date of birth, account #, etc.) must be removed from the images before it is taken from the facility. **NO EXCEPTIONS.** Violations may result in a written warning and possible dismissal from the program.

XI. Health Insurance Portability and Accountability (HIPAA)

The HIPAA Act of 1996 further ensures confidentiality of patient records. Students must maintain patient confidentiality. Consequences of violating such confidence may include federal charges. Daily log sheets and radiographs must not contain patient identifiers. A HIPAA orientation and examination will be completed before entering the clinical aspect of the program. A HIPAA program must be completed before attending a clinical practice.

SECTION II: Clinical Education Policies

I. Introduction

Students enrolled in the CBU Radiologic Sciences program will be responsible for observing University rules and regulations as stated in the current and subsequent university catalog and student handbooks, in addition to those applicable to their clinical affiliation assignments. Clinical facilities are considered an integral part of the university campus for student clinical assignments.

The rules and regulations stated in this handbook represent a contractual agreement between CBU and the radiologic sciences student for the duration of the program. Failure to comply with the rules and regulations in this handbook will affect student evaluations and grades and may result in dismissal from the radiologic sciences program if the student shows no improvement or makes no attempt to correct errors after counseling. If rules and regulations change or are updated, the student will be notified in advance.

II. Purpose

The major goal of the radiologic technology program at CBU is to assist students by developing skills that will allow him or her to perform the duties of a Radiologic Technologist successfully. The first step in this process is the acquisition of knowledge through classroom and laboratory learning experiences. It is then necessary to practice these skills until they are mastered.

During the student's participation in the clinical education component of the program the student will attend various mandatory orientation sessions. Following these orientation sessions students will spend time observing the staff technologist at work and learning patient handling skills, such as, communication, patient transportation, appropriate patient attire, etc. Participation in the clinical area then becomes increasingly more active, with the student assisting the staff technologist with radiographic procedures, then actually performing the procedure under direct supervision by the technologist. Finally, after proving competency the student will actually perform the procedures with only indirect supervision. All repeated images are performed under direct supervision.

III. Course syllabi

Each semester the student will have access to the Clinical Course Syllabus. The syllabus will contain the course description, objectives, requirements, assignments, etc. The Clinical Coordinator or designee will explain the syllabus at the beginning of each semester.

IV. Clinical assignment/Obligations

Students enrolled in the CBU Radiologic Sciences program will need to undergo a background check, drug screening, and obtain all of the required immunizations established by the university prior to attending their clinical rotation.

Students will be scheduled and rotated through the various clinical assignments by the Clinical Coordinator in consultation and agreement with the clinical sites. These assignments are in accordance with the Master Plan for Professional Curriculum. The Master Plan is subject to change due to the addition, consolidation or deletion of clinical education settings but rotations will be as equitable as possible.

Your clinical assignment for the entire semester will be posted and you will be given a copy. The schedule is prepared so that there will be an orderly flow in the department, adequate supervision and an adequate and equal clinical education experience for the students. It is the student's responsibility to read and abide by all clinical assignment schedules. Failure to do so will affect the student's personal time and demerits apply.

Students understand that in order to ensure an equitable and fair learning environment for all; the program faculty is responsible for clinical placement of students. Students may not enter into agreements between themselves and the clinical sites regarding current and or future clinical rotation schedules. Students also understand that the program does not give special consideration to clinical rotation assignments due to personal obligations (i.e. employment, childcare issues, transportation concerns, etc.).

Students agree that they will adhere to their assigned clinical assignment without reservations and agree to participate in the clinical learning experience in a positive and productive manner.

Students also understand that clinical rotation assignments may begin as early as 5:00am and end as late as 11:00 pm, this is a Monday through Friday rotation, unless special circumstances warrant a weekend rotation. Students also understand that they may travel from the university to a clinical site that is located in **Riverside, San Bernardino, Los Angeles, and Orange Counties**. It is the students responsible to provide their own transportation to their assigned clinical site. Students agree and understand that placement at a clinical site is determined by the program faculty at the University and is done in a manner that will provide students with the opportunity to translate theoretical and practical knowledge into cognitive, psychomotor and affective skills necessary for patient care.

Students who are employed while enrolled in the radiologic sciences program, do so with the understanding that the program cannot be responsible for the student's action and strongly recommends that the choice to work does not interfere with regular academic and clinical responsibilities.

Didactic Unit to Hour Breakdown, 1 unit = 15 hours

1 unit = 15 hours in class

2 units = 30 hours in class

3 units = 45 hours in class

4 units = 60 hours in class

Clinical Unit to Hour Breakdown, 1 unit = 90 hours

(2 units) Fall I 12hrs/wk = 132-144 (36-48 hours simulation practice)

(2 units) Spring I 16hrs/wk = 180hrs

(3 units) Summer 30-40/wk = 270hrs

(4 units) Fall II 32/wk = 360hrs

(4 units) Spring II 32/wk = 360hrs

SECTION III: STUDENT RESPONSIBILITIES

I. Fidelity

An obligation to uphold the dignity and honor of your chosen profession exists in your personal and professional life. Achievement of professional and personal integrity will enhance and promote the status of this allied health profession. This implies that you will:

- a) Practice radiologic technology in accordance with recognized and accepted criteria; identify yourself as a student technologist.
- b) Support and cooperate with local, state, and national societies that strive to advance knowledge, understanding, and new developments in medical imaging.
- c) Holistically embody physical and emotional health that affords maximum proficiency; consequently, personal, professional, social, and economic status will be enhanced.
- d) Respect the dignity and individuality of every human, regardless of race, creed, nationality, color, economic, disability, or other status.
- e) Interpret the art and science of radiography and its role and function to individuals and the public to promote understanding of radiologic technology.

II. Responsibilities of students

In the classroom, in seminars, in the laboratory, clinical practicum or other instructional setting, and in conference, students are expected to adhere to the highest standards of behavior and conduct. The responsibilities of students include, but are not limited to, the following:

- to exhibit behavior which does not interfere with the rights of other students and faculty to learn

- or carry out their research or creative activities;
- to attend classes, seminars, and laboratories or follow other courses of study as required by the instructor and/or Radiologic Sciences program, recognizing that absences or deviation may adversely affect the final grade and/or progress in a degree program;
- to fulfill assignments and requirements as described by the instructor and/or Radiologic Sciences program, recognizing that failure to do so may adversely affect the final grade and/or progress in a degree program;
- to provide required written, artistic, or other required materials to the instructor and/or Radiologic Sciences program in a timely fashion, allowing the faculty sufficient time to adequately review such materials;
- to abide by the CBU Radiologic Sciences program Student Conduct Code and other academic regulations in effect at CBU;
- to follow the Academic Grievance Procedure in pursuing redress of an academic grievance, as failure to do so may result in dismissal of the grievance;
- to recognize that the burden of proof rests upon the grievant; and
- to refrain from frivolous grievances

III. Ethics/Morals

- a) Students accepted into the Radiologic Sciences program are expected to demonstrate professional behavior and demeanor that is expected of a health care provider. Professional behavior encompasses a broad range of expectations, always including trustworthiness and keeping the welfare of the individual receiving care as a priority.
- b) Any instance of student intent to misrepresent facts will be cause for immediate program dismissal. Misrepresentation of facts, verbal or written, includes but is not necessarily limited to the following situations:
 1. Bribery in any form
 2. Deliberate withholding of information about a patient, patient care, and/or self
 3. Plagiarism in written reports/assignments
 4. Presenting another student's work as one's own
 5. Cheating in any form
 6. Forgery or falsification of any document in any form
 7. Harassment (sexual or otherwise)
 8. Coercion Regarding Grading or Evaluation of Coursework
 9. Threatening personal or professional repercussions or discipline against an instructor to coerce the instructor to change a grade or otherwise evaluate the student's work by criteria not directly reflective of coursework.
 10. Stalking
 11. Computer Misuse
 12. Obstruction or Disruption
 - Obstruction or disruption of teaching, research, administration, Disciplinary procedures or other University activities.
 13. Disorderly Behavior
 - Engaging in disorderly or lewd conduct.
 14. Disturbing the Peace
 - Participation in a disturbance of the peace or unlawful assembly.
 15. Failure to Comply

Failure to identify oneself to, or comply with directions of, a university official or other public official acting in the performance of her or his duties while on university property or at official university functions, or resisting or obstructing such university or other public officials in the performance of or the attempt to perform their duties.

- C) Students guilty of academic misconduct, either directly or indirectly through participation or assistance, must answer to the course instructor and program director.

IV. Confidentiality of Patient Records and Information

In the process of performing one's assigned duty in the health care facility, it is possible to overhear information regarding patients, physicians, and/or hospital staff that must be considered confidential. You are directed not to discuss outside the health care facility or even with other health care facility students or employees these bits of information. Even casual conversation with other students may be overheard and thereby violate the right of privacy of others. Be particularly careful about your conversation in elevators, eating places, and other places of assembly within or outside the health care facility.

- a) Your discussion of patient information must occur only for the purpose of fulfilling clinical assignments. Idle conversation regarding patient care is not exhibiting appropriate demeanor by health care professionals.
- b) The patient owns the information contained in the medical record and the health care facility owns the medical record document. Therefore, students cannot remove original, microfilmed, or photocopied medical records from the facility's premise. Any health data that identifies a patient, physician, or health care provider by name is considered to be confidential information.
- c) Confidential information is privileged information that may not be disclosed without proper, written authorization from the patient. Not only is medical information confidential; other identifying information, such as patient's age, address on discharge, and the service or medical unit on which the patient was hospitalized is also confidential. Unauthorized disclosure of health information is a breach of confidentiality punishable by state or federal law. Students who release health information without proper authorization are subject to dismissal from the program.

V. Impaired Functioning

- a) The University must maintain a safe, efficient, academic environment for students and provide effective, safe patient care while students participate in the clinical setting. The presence or use of substances, lawful or otherwise, that interfere with student judgment or motor coordination poses unacceptable risk for patients, colleagues, the institution, and the health care agency. Therefore, unlawful use, manufacture, possession, distribution, or dispensing of alcohol or illegal drugs, misuse of legally prescribed or "over-the-counter" drugs, or being under the influence of such substances while engaged in any clinical or classroom experience poses an unacceptable risk and is strictly prohibited. For purposes of this policy, "being under the influence" is defined as meaning that the student's judgment or motor coordination is impaired due to the presence or use of any of the substances mentioned above.
- b) If a student appears to be under the influence of alcohol or drugs or is functioning in any impaired manner, faculty or agency personnel responsible for that student have the responsibility to dismiss the student from clinical or classroom experience that day. All time missed must be made up in accord with the Program Attendance Policy. A program meeting will be held to discuss the student's status in the program.

1. *Alcohol:* Use of alcohol by a student while performing assigned responsibilities is prohibited. “Being under the influence” means that alcohol or drugs or a combination of drugs and alcohol, affects the student in a detectable manner that interferes with safe performance of duties. Symptoms of influence are not confined to those consistent with misbehavior or to obvious impairments of physical and mental ability (e.g., slurred speech or difficulty in maintaining balance). A determination of “influence” can be established by professional opinion, scientifically valid test, and, in some cases (such as alcohol), by a layperson’s opinion.
2. *Legal Drugs:* Being under the influence of a legal drug, prescribed or self-administered, while performing assigned responsibilities is prohibited if such use or influence may affect the safety of self, patients, co-workers, or the public. If it is determined that a student does not pose a safety threat to others and performance is not affected, the student will be allowed to carry out assigned responsibilities.
3. *Illegal Drugs:* The use, sale, purchase, transfer, or possession by any student of an illegal drug (defined as a drug that is not legally obtainable or that is legally obtainable but has not been legally obtained) is prohibited and constitutes grounds for dismissal from the program. This includes marijuana. The presence in any detectable amount of illegal drugs while performing assigned responsibilities is prohibited.

VI. Student Responsibilities

a) To the Physician:

1. Competently carry out all orders of medical staff physicians.
2. Do not discuss or criticize a physician with a patient, the patient’s family, and/or friends. The student should never express a personal preference for the services of any physician to the patient, patient’s family, or friends.
3. Do not interpret radiographs or fluoroscopic images nor express an opinion of diagnosis or treatment to the patient, patient’s family, or friends.
4. Accord health care team members with respect and consideration.

b) To the Patient:

1. Comprehend your responsibility to the profession and to the patient. Carelessness and neglect of any duty related to the treatment and care of patients is not tolerated.
2. Patients should be treated with compassion, dignity, and the right to privacy. The obligation of patient privacy extends from the onset of patient care to infinity. Under most circumstances you cannot divulge information concerning a patient’s condition, state of affairs, or any other personal information.

c) To the Faculty

1. Students are expected to make themselves aware of and abide by the university community’s standards of behavior as articulated in the University Catalog. Students accept the rights and responsibilities of membership in the CBU community when they are admitted to the university.

In the university, as elsewhere, ignorance is not an acceptable justification for violating community standards. Lack of intent or awareness of university standards normally will not be accepted as excuses for violations and will normally receive the same consequences as deliberate violations.

Because the functions of a university depend on honesty and integrity among its members, the university expects from its students a higher standard of conduct than the minimum required to avoid disciplinary action. Likewise, while many of the university's standards of conduct parallel the laws of society in general, university standards also may be set higher and more stringently than those found elsewhere in society.

d) To your Classmates:

1. Do not criticize or correct classmates in the presence of a patient during an examination. Procedural comments should not be made between one-another in the presence of visitors, vendors, or any other third party. Unsolicited comments are not permitted.

e) To the Supervising Radiologic Technologist:

1. Recognize and appreciate the technical expertise of radiographers.
2. Demonstrate tolerance and understanding of limitations or inadequacies of others.
3. Resist adverse criticism of staff. As your technical competency increases, you should rely less on others for their assistance.

VII. Student Code of Conduct

Students are expected to make themselves aware of and abide by the university community's standards of behavior as articulated in the University Catalog. Students accept the rights and responsibilities of membership in the CBU community when they are admitted to the university.

In the university, as elsewhere, ignorance is not an acceptable justification for violating community standards. Lack of intent or awareness of university standards normally will not be accepted as excuses for violations and will normally receive the same consequences as deliberate violations.

Because the functions of a university depend on honesty and integrity among its members, the university expects from its students a higher standard of conduct than the minimum required to avoid disciplinary action. Likewise, while many of the university's standards of conduct parallel the laws of society in general, university standards also may be set higher and more stringently than those found elsewhere in society.

VIII. Faculty Expectations

The faculty has high expectations of students enrolled in the Radiologic Sciences program. The following areas highlight these general expectations.

- a) *Conduct:* Students are to refrain from gossip, needless complaining, smoking (except in designated areas), loud talking, boisterous laughing, gum chewing, flirting, and activities that could disturb patients or that are out of place in a clinical/ university setting. Kind and courteous behavior and consideration for patients, public, staff, and fellow students will enhance the professional image and afford personal satisfaction during the educational experience. Personal conversations should not be conducted in the presence of patients. Conversations in or around patient rooms, waiting areas, or any area where patients/families are present should be limited to matters concerning the patient.
- b) *Conflict of Conscience:* If requested or required to perform duties to which personal objection occurs because of religious or personal convictions, the student should discuss the matter with the instructor. If relief is not immediately available, the student will be expected to complete the assign-

ment and then bring the matter to the attention of the instructor. Resolution will be aimed to the mutual advantage of the clinical agency and the student.

- c) *Criticism*: Complaints and/or grievances should be discussed directly with the person to whom the complaint or grievance relates. This may involve the clinical instructor, clinical coordinator, didactic instructor, and/or program director. Hostile attitudes will not resolve conflicts. It is recommended that energy be used to promote improvements.
- d) *Ethics*: All individuals participating in health care share the responsibility of observing a code of ethics that requires truthfulness, honesty, and personal integrity in all human activities. Furthermore, all clinical students share in the responsibility to observe a code of ethics that regulates the activities of doctors, nurses, and allied health personnel. In general, the following applies to all clinical settings and students:
 1. All information concerning patients or the healthcare facility's business must be kept in strict confidence and not discussed with nonconcerned parties. Confidential information should never be discussed with individuals outside the health care facility. Refer to confidentiality of
 2. A student's private as well as professional life should be conducted according to the highest moral standards. Students are not to burden patients or employees with their own personal problems.
- e) *Horseplay* is always out of place in the clinical environment. Such actions frequently result in neglect of duty and in unfortunate accidents or incidents. Students are expected to reflect the seriousness of their involvement by dignified and faithful performance of their duties.
- f) *Impaired Functioning*: Unauthorized possession or consumption of intoxicating drugs or beverages on the health care facility/university premises by students is prohibited. Students who report for clinical education in an intoxicated condition or use intoxicants during clinical experience are subject to disciplinary action that may include dismissal. Students should report incidents of apparent intoxication involving students or others to a clinical instructor, clinical coordinator, and/or program director. Drug possession and/or use are likewise prohibited. Refer to the section on impaired functioning for additional information (Student Responsibility, Section IV).
- g) *Language*: Boisterous or coarse language is always out of place in the clinical setting. Students are expected to use appropriate language in all conversations.
- h) *Personal Affairs*: Students should not discuss personal problems or business matters at a health care facility. It is inappropriate for students to unburden themselves to others at a clinical affiliate. Students should not approach physicians for attention to personal needs. Students requiring a physician's attention should make suitable arrangements; physicians should not be diverted by students' personal problems while attending to patients.
- i) *Strangers and Difficult Persons*: Proper handling of difficult persons is important in order not to disturb patients. In all cases, the clinical instructor or clinical supervisor should be notified immediately to secure help from qualified healthcare facility/university personnel. Students should not use force, except in self-defense, against other employees, students, patients, or visitors. Students should be aware of unauthorized persons loitering in or around the health care facility. Reporting the presence of suspicious persons to a supervisor, clinical instructor, clinical coordinator, security guard, or administrative personnel is required.
- j) *Telephone Courtesy*: Courtesy in using a telephone can make friends for the health care facility and make clinical experience more pleasant for the student and those interacting with the student. Appropriate telephone etiquette can enhance client/facility relationships. In using a telephone, students should keep in mind the following rules:
 - Answer promptly
 - Identify oneself by name/department
 - Give accurate and careful answers
 - Read back messages for clarity

- Transfer calls tactfully
Always say “please” and “thank you”
 - Use a helpful and pleasant tone of voice at all times
 - Hang up gently
- k) *Theft*: Since most clinical health care facilities are never closed, students should be alert to entry of unauthorized persons. Students should offer assistance to persons who do not appear as an employee or a student or who might be outside their work area. Employee and student cooperation is imperative to minimize theft. Students should ensure that supplies and equipment are stored in approved areas and that maximum security measures are observed. Bringing excessive amounts of money or valuables to the health care facility or university is not recommended. Health care facilities and CBU are not responsible for loss or theft of personal items. Clinical/ University property may not be removed from the premises except by written authorization from the department head or administrator in advance. Theft by students is cause for student dismissal from the program.
- l) *Tips and Gifts*: Acceptance of money by students from a patient or other persons with whom the health care facility does business is not permitted. Anyone wishing to make a donation or gift to the hospital should be referred to a supervisor or to administration. Solicitation of personal gifts or donations by students is prohibited.
- m) *Weapons*: Students are forbidden to bring firearms, knives or other weapons to the health care facility/university premises. Violation of this policy or engagement in violence of any type on the health care facility/university premises is subject to dismissal from the program.

IX. Injuries/Illness

Should an incident occur while a student is performing assigned clinical responsibilities, the student must adhere to the following policies:

- a) Supervising faculty and, if appropriate, clinical personnel must be notified immediately upon student injury or illness requiring medical attention. Students (as stated in contractual agreements) are considered to be guests in the clinical agency and are, therefore, responsible for securing and financing any medical treatment required as a result of accidental injury or illness. Students must realize that, although a medical facility may offer/suggest treatment within the facility, the student assumes responsibility for the charges for such service. Students are individually responsible for obtaining adequate health insurance or for bearing costs incurred for medical treatment while on campus or in assigned clinical facilities.
- b) For injuries or health problems occurring during a clinical assignment requiring treatment but not life threatening, options to consider are:
1. treatment from an independent physician and/or facility of the student’s choice at cost to the student; or
 2. treatment by the clinical agency’s emergency department at cost to the student.
- c) Supervising and program faculty and appropriate clinical personnel must be immediately contacted if any student is responsible for or involved in an unusual incident in the clinical area. Examples include but are not limited to:
1. unusual occurrences to self, patient, staff, or visitor
 2. injury to self, patient, staff, or visitor
 3. formal complaints lodged against a student
 4. major equipment or supply damage attributed to student misuse, exposed film
 5. misadministration of pharmaceuticals or procedures to correct patient
 6. contamination of patient or environment
 7. any activity that may, or does, result in adverse consequences to patients or personnel.
- d) The student, clinical instructor and/or clinical coordinator must submit a completed report to the

program director within 24 hours. Clinical facility's incident protocol procedures must also be strictly followed, and necessary reports completed and properly signed.

X. Penalties

Radiologic Sciences students must follow stated policies and procedures of the program, the University, and the clinical agencies. In the event of policy/procedure non-compliance, standing punitive protocol recognizes the following actions:

- a) Unprofessional and/or unethical conduct will be reviewed and assessed
- b) Student falsification of records, clinical or didactic (individually assessed)
- c) **When a student is going to report to the clinical facility later than the designated time, she/he must inform the Clinical Coordinator and/or the Program Director at the University no later than one hour prior to their scheduled time. The University will inform the clinical site of all student absences and tardies. Excessive absenteeism and/or tardiness may be cause for review of student status in the program.**
- d) **Two no-call no-show absences will be a cause for termination of enrollment in the program.**
- e) Excused and unexcused clinical absences must be made up at the end of the semester days of the absence. Each unexcused absence that is not compensated for in this time frame could result in 12% reduction in overall clinical grade.
- f) Students will receive a complaint form and a reduction of one whole letter grade in the overall clinical grade for leaving the clinical facility without approval from the appropriate personnel. A student may be subject to suspension, probation and/or dismissal for leaving a facility without approval.
- g) Any student found in a clinical session with an expired dosimetry badge or without his/her dosimetry badge will receive a complaint form and a reduction of one whole letter grade in the over-all clinical grade for a dress code/ethics violation. The student **WILL BE SENT HOME IMMEDIATELY** to retrieve the monitor. Students will not be allowed to return to clinical without a current dosimetry badge. Lost hours due to retrieving the badge must be made up appropriately and within the 7-day grace period. If the badge is not recovered, report the loss to the program. Students are responsible for replacement cost.

XI. Clinical Dress Code

This profession is one in which a person must maintain himself/herself in neat, professional, and conservative manner at all times during the clinical experience. Student must dress as follows:

- a) Dress
Uniforms for male and female students are ordered/purchased from The CBU Radiologic Sciences Store.

Male – CBU blue scrubs. White, black, or dark brown soft-soled shoes or white leather athletic-style shoes are permitted.

Female - CBU blue scrubs. White, black, or dark brown soft-soled shoes or white leather athletic-style shoes are permitted.

Each student should have at least two full uniforms to begin; additional uniforms may be purchased for the second year, when clinical rotations will include 4-5 full days per week.

Every student must be attired in full uniform in order to enter the clinical area; NO EXCEPTIONS. If improperly attired, a student may be sent home for the day or allowed to change and return. If the student is sent home for the day, it will be documented as an absence in the clinical assignment.

Depending on the clinical site, surgical scrub suits are required when assigned to the operating room and are normally furnished by the hospital. These uniforms are not to be taken from the hospital and are to be worn only when scheduled to work in the operating room.

b) Jewelry

1. Earrings: Two pair of stud-type earrings are permitted. No costume type earrings are acceptable. Foreign piercing (nose, eyebrow, or tongue) is not permitted.
2. Necklace: If a chain is worn, it must be worn under the uniform.
3. Bracelet: None is permitted.
4. Rings: Two sets of rings, one set on each hand, are permitted.
5. Watches: One wristwatch is permitted.

c) Grooming

1. Students must adhere to policies of the clinical affiliate.
2. Make-up should be worn only in moderation.
3. Perfume should be worn only in moderation.
4. Severe hair styles, ornamental clips, ribbons, or bows in the hair are not acceptable. If clips or hair bands are worn, they must be neutral in color, style, and design. Hair must be clean and neat and must not extend beyond the shoulders (hair that would extend beyond the shoulders must be tied up).
5. Fingernails are to be cleaned at all times. False fingernails are not permitted. Fingernails should not exceed $\frac{1}{8}$ " beyond the fingertips.
6. Facial hair should be neat and trim.
7. No facial piercings or large visible tattoos permitted.

d) ID Badges

The student's clinical agency ID badge and University ID badge must be worn at all times while on duty. Badges must be worn within 10" of the shoulder, with the picture clearly visible.

e) Dosimetry Badges

Radiation monitoring badges should be worn at collar level. Badges worn to monitor pregnancy will be worn at waist level under the lead apron (if worn). Film badges will be changed quarterly. Students are responsible for changing their film badges. **Lost badges must be reported immediately. Students are not allowed in clinic nor will a student receive clinical hour credit without a current dosimetry badge. A \$25 fee will be charged for lost dosimetry badges.**

XII. Student Supervision

- a) All students must be supervised during clinical assignments according to the following standards:
 1. The clinical instructor along with the clinical coordinator shall assume responsibility for supervision and evaluation of the radiography student at each clinical affiliate.
 2. A qualified registered radiographer shall review the request for the radiographic examination

to:

- ◆ determine student capabilities to successfully complete the examination; or
 - ◆ determine whether patient condition contraindicates student performance of the examination; or
 - ◆ ascertain student competency for procedure performance.
- b) If any of the above is questionable or negative, the radiographer should be present in the radiographic room.
- c) The qualified registered radiographer must check and approve the images in reference to image quality prior to patient dismissal. Direct supervision regarding image critique is mandatory throughout the program.
- d) Prior to competency validation, the radiography student is under direct supervision of a registered technologist. Once competency is obtained and the above circumstances warrant such action, the student will be under indirect supervision.

1. **Direct Supervision** is defined by the JRCERT as 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.

2. **Indirect Supervision** is defined by the JRCERT as student supervision by a qualified practitioner who is immediately available to assist the student, regardless of the level of student achievement. Immediately available is interpreted as 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.

- e) **Under NO circumstances should a student perform mobile radiography without supervision or shielding. A technologist MUST ACCOMPANY any student during mobile radiography, regardless of competency level. A lead apron must be worn at all times by the student.**

XIII. Repeating Final Examinations

Students will be allowed to repeat radiographic examinations one time only, and this must be performed with a registered radiologic technologist present in the radiographic room to assist. If the repeat examination is not satisfactory, the technologist must perform the additional images while the student observes.

Repeats will be recorded by the student in the appropriate portion of the Clinical Log Sheet. This document will be reviewed by program faculty and included in the written clinical objective grade.

XIV. Absences Due to Emergency, Special Circumstances, or Illness

In the case of an appropriate emergency (e.g., death in the family or illness), absence from class and/or clinical may be excused, and the student will be allowed a reasonable opportunity to complete all assignments and tests missed. In such cases it is the responsibility of the student to explain the situation to the faculty member as soon as possible. The faculty member may require of the student additional verification of the emergency situation or illness. Students confined at home or in a hospital for an extended period of time should notify the faculty member from whose class/clinical site they will be absent so arrangements can be made for completion of assignments, if feasible. The number of such absences may not exceed stated policy for the class and the student must make arrangements to complete

missed assignments and/or clinical education time. A leave of absence should be requested.

XV. University-Sponsored Activities

Absences occasioned by university-sponsored activities absences must be excused by all faculty members as long as the number of absences does not exceed the number prescribed in an established and previously announced departmental policy and the faculty member has been informed in advance of the intended absence. An excused absence means only that students must be allowed a reasonable opportunity to complete assignments and tests missed because of the excused absence. It is the responsibility of the student and the faculty or staff sponsor of the activity to inform the faculty member in charge regarding the cause of the upcoming absence. The University will inform all clinical affiliates of required absences due to university-sponsored events. A mandatory university sponsored event is considered an excused clinical day.

XVI. Professional Activities and Day

Student involvement in professional organizations/functions is encouraged. Clinical time accumulated due to professional educational activities must be preapproved by the program director. The use of professional educational time requires 24-hour notice to the clinical coordinator. The clinical coordinator will inform the clinical affiliate of the student's intended participation in a professional activity. Professional educational activities cannot be used to shorten program length or be scheduled during the last clinical week of the semester.

One professional day is available to each student during the program of study to use for advancement in the field (orientation, interviews, etc.). A request must be submitted in writing with appropriate documentation one week prior to the designated date to the program director and/or clinical coordinator. Each request will be reviewed and evaluated on an individual basis and professional merit. Activities reviewed as nonprofessional will be treated according to the unexcused absence policy.

XVII. Appeal of Faculty Member's Decision Regarding Excused/Unexcused Absences

If the student has evidence that a faculty member has not excused an absence that should have been excused within the guidelines stated above, the student may appeal the decision of the faculty member to the program director. If a resolution is not reached, the student may file a grievance.

XVIII. General Attendance Policy

Attendance is a contract between faculty and students. It is expected that students will attend class and clinical regularly and provide the faculty with a reason for any absence. ***Failure to attend classes or clinical regularly can affect grades and financial aid.*** Each department has the right to set the maximum number of absences (including absences due to university activities and illnesses) permitted during an academic term.

- a) The program recognizes all breaks and holidays as published in the academic calendar.
- b) Absences due to university-sponsored activities are excused if they do not exceed course credit number and faculty members are informed in advance.
- c) Attendance at professional activities may be allowed in lieu of normal class attendance. Prior approval by the program director must be obtained.
- d) All students must abide by the attendance policy as stated in the university catalog.
- e) No delinquent clinical time is carried from one semester to the next unless approved by the Program

Director.

- f) At least **80%** attendance is required to pass all professional courses. Because of the nature of the material covered and the length of semesters, the program guidelines place mandatory attendance in all professional courses. Student grades will be adjusted according to the class syllabus.
- g) Any excused absences must be accompanied by a printed document.

XIX. Didactic Attendance Policy

Protocol regarding student absence from RAD didactic courses is as follows:

- a) Attendance to all RAD didactic courses and labs is mandatory.
- b) The professor must be notified by phone or by e-mail one hour before class begins on the day of the absence.
- c) In the case of an emergency (example: death in the family or illness) absence from class may be excused if it does not exceed the number of credit hours.
- d) It is the responsibility of the student to get all notes from other class members in the case of absences.
- e) The individual instructor will state make-up test policy. Unless notified otherwise, tests will be administered during the next class meeting in the event of absence or inclement weather.
- f) Tardiness is not condoned.
- g) The professor has the right not to allow a tardy student admission into the classroom if the professor feels that the tardy student will disrupt the continuity of the class (lectures, demonstrations, etc.).

XX. Clinical Attendance Policy

Protocol regarding student absence from the clinical area is as follows:

- a) Notify the clinical instructor or supervising technologist one hour prior to schedule time NO EXCEPTIONS.
- b) No-call/no-show absences will be cause for termination of enrollment in the program. The following attendance requirements and guidelines apply to all professional courses:
 - 1. The equivalent of 3 unexcused absences will necessitate a review of the student's status in the program. Students will be placed on program probation for the remainder of the semester. Any additional unexcused absences will be considered a breach of probation and constitute grounds for dismissal from the program. A program faculty meeting will be held to determine the student's status in the program. Students may be dismissed from the program for not making up missed clinical time. If a student has attendance issues (absences, tardies, behavior), the clinical site may request that the student be removed from the clinical rotation permanently. A meeting will be held between the program and the site coordinator. It is at the discretion of the site for the student to remain or be removed. When a clinical site request that a student be removed permanently, the student will not be placed at another clinical site. The student may be subject to dismissal from the program. The student has a right to exercise the student appeal /grievance process regarding dismissals from clinical sites.
 - 2. If a student acquires one no-call no-show, the student will be suspended from the program and placed on probation for the remainder of the program. Any additional no-call no-shows, the student will be subject to dismissal from the program.
- c) Excused and/or unexcused clinical absences must be made up by the end of the semester and must be approved by the clinical coordinator and clinical instructor. Excessive tardiness may result in the student being placed on program probation. Frequent tardiness may result in the student being dismissed from the program as stated in the attendance policy.

- d) The student is responsible to obtain clinical course notes missed during absence.
- e) The clinical coordinator will state make-up test policy.
- f) Each semester, the designated number of clinical hours must be completed according to the course outline. No delinquent clinical time will be carried over from one semester to the next, unless approved by the program director/ division chair.

XXI. Clinical Tardiness Policy

- a) Excessive tardiness is not tolerated. Tardiness is when any student reports to the clinical facility or classroom later than the scheduled time.
- b) When a student is going to report to the clinical facility or didactic class later than the designated time, he/she must inform the appropriate instructor. The program director and/or clinical coordinator must be notified one hour prior to scheduled time. The University will inform the clinical site of the student's tardiness. The University may at its discretion advise the student to also contact the clinical site. One excused tardy/semester will not constitute a grade cut. Three days of tardiness equate to one absence, 6 days of tardiness equate to two absences, etc. (this applies to unexcused tardiness).
- c) Missed clinical time resulting from a tardy must be made up and scheduled (in writing) as approved by the clinical coordinator and clinical instructor.

XXII. Clinical Assignments

Student clinical assignments criteria are as follows:

- a) The number of student seats in accordance to professional standards and clinical affiliate resources.
- b) Conflict of interest.
- c) Students may not perform clinical hours at any clinical site in excess of 10 hours/day and in combination with didactic courses 40 hours per week.
- d) Students may not alter their own clinical assignment rotations and/or discuss their clinical assignment rotations with the clinical affiliates.

The Radiologic Sciences program cannot guarantee any student specific clinical affiliate site assignment (s). The program reserves the right to alter clinical education assignments as needs dictate.

XXIII. Clinical Education Assignments and Transfers

Due to the limited student enrollment according to professional standards and clinical resources, clinical site transfers are not allowed. If the university supports a clinical education transfer that is in the best interest of the student in order to ensure a fair and equitable learning experience the following protocol will be followed: Clinical site transfer protocol is as follows:

- a) A written request, including rationale and justification and request to convene a faculty-student meeting, will be submitted to the program director. The program director will notify the student of the meeting date/time.
- b) The student will attend the scheduled faculty-student meeting and be allowed an opportunity to discuss rationale and justification regarding the request, addressing pertinent faculty questions and/or statements.
- c) The faculty, in closed discussion, will recommend transfer approval or non-approval.
- d) The program director and/or clinical coordinator will notify the student in writing of the faculty's decision regarding the transfer request.
- e) The clinical site will be notified by the program director and/or clinical coordinator regarding the

student clinical education transfer.

The Radiologic Sciences Program does not recognize clinical education transfers based on a student being dismissed from participating in the clinical experience due to behavior that is not in harmony with learning and/or the code of behavior expected from those while under the supervision in the clinical environment. If a request for clinical transfer is made by the clinical instructor of a participating clinical affiliate, the student may be subject to dismissal from the program based on either academic or behavioral recommendations. This will be followed up by the program director and/or clinical coordinator.

XXIV. Clinical Education Meals/Breaks

Meal and break times are inclusive of the scheduled clinical education hours. Meal and break times may vary at different facilities.

XXV. University as Provider of Malpractice Insurance

The University provides professional and general liability insurance for all employees and students currently enrolled in the program. A certificate of insurance is provided to each clinical affiliate.

XXVI. Clinical Education Compensatory Time

Missed clinical time must be prearranged and approved by the clinical coordinator and clinical instructor, and documented utilizing the clinical make-up time form.

It is the student's responsibility to ensure that all time is recorded promptly and accurately on appropriate forms (kept by the clinical coordinator). Student participation in clinical education is permitted only during scheduled hours. **At no time can a student participate in program activities that exceed ten (10) hours per day and total didactic and clinical time exceeding 40 hours per week. Clinical education hours cannot be accumulated prior to normal scheduling unless approved by the program director and clinical site instructor and can under no circumstances be used to shorten program length. If a stipend is provided, no clinical competencies can be performed during paid hours.**

XXVII. CPR Certification

All radiography students must successfully complete a course in Basic Life Support (BLS), which must be updated annually while in the program, and throughout the professional career. In order to participate in clinical, the student must:

- a) Make a copy of the CPR card (both sides if necessary).
- b) Print name and social security number plainly on the copy.
- c) Submit the document to the program director.
- d) Provide documentation of current CPR certification to continue participation in the clinical phase of the radiologic technology program. Failure to present such documentation will result in dismissal from clinical setting, and absence time must be made up by semester's end.

The only CPR course accepted currently is the following:

1. American Heart Association course for Health Professionals

XXVIII.

Lead Identification Markers

Radiography students must use their own initialed right and left lead markers to properly identify radiographic anatomy. These markers will be made available by the program. NOTE: These markers must be present on all images that the student performs for competency grading requirements. Student identification markers can be used only with the approval of the specific clinical affiliate. Students must purchase additional markers.

SECTION IV: STUDENT RIGHTS AND PROTECTION

a. Standard Precautions Communicable Disease Guidelines and Procedures

In the event of performing an examination or participating in a procedure on a patient with a history of an infectious disease, the student should observe the appropriate measures of infection control related to the specific disease (see Isolation Procedures Manual for that clinical site). This may include but not be limited to gowns, gloves, and masks. The clinical instructor, as well as the Isolation Procedures Manual of the clinical site, should guide the student as to the specifics for any given case.

If a patient's communicable disease had not been diagnosed at the time of the student's contact, the Infection Control Officer of the hospital will be responsible to notify the Director of the Radiology Department, who will then notify the Program Director regarding the personnel/students who were exposed and the measures to be taken. Should any unusual occurrence (e.g., needle stick, exposure to body fluids, exposure to TB) during clinical education, the following procedure should be followed:

- a) Immediately report occurrence to the Clinical Instructor and to the Clinical Coordinator and/or Program Director.
- b) The incident form must be completed as soon as possible, but in any case, within 24 hours of the occurrence.
- c) The student is advised of affiliate protocol for management of the incident and encouraged to follow the physician's recommendations.
- d) The student, as any patient, is responsible for health care costs incurred and has the right to refuse treatment.

If a radiography student becomes infected with a communicable disease, the student will be required to provide a physician's documentation that the student is no longer contagious before he/she may return to scheduled assignments.

Disability Policy

If a student incurs a temporary disability, the Program Director will make every reasonable effort to accommodate the student. For disabilities of short duration, the Program Director and the student may attempt to reschedule the missed training. For disabilities of longer duration, the accommodation efforts may include but are not limited to the following:

- a) Rearranging the course schedule where possible, allowing the student to substitute courses that are less physically demanding. The missed courses are scheduled in a later semester if possible.
- b) Withdrawing from the program when rearranging the course schedule is not possible. This would allow the student to resume training in the next possible semester at the point at which the temporary

disability occurred. Because RAD courses are only offered once a year and during the same semester every year, this may mean that the student must take a leave of absence for a full year in order to complete the program.

b. Health Requirements

All students entering this health science field are required to submit to a physical examination, tuberculin test or chest x-ray (once a year in June) and two MMR and rubeola results (one as an adult) and titers prior to admission. Immunization must be current, and the HBV series must have been started. IF HBV is declined a written document must be submitted to the program. Influenza inoculations may be required at some clinical sites. Documentation certifying HBV completion is required. In addition, each student must complete an essential function analysis that involves walking, hearing, vision, and lifting.

c. Health Insurance Policy

Students must have health insurance. Hospitals agree to treat students for accidents/injuries sustained while in the clinic setting; however, it is the student's responsibility to pay for this treatment. Neither CBU nor the clinical affiliate assumes responsibility for absorbing the cost of treatment. Billing for treatment and/or services rendered shall be directly to the student or his/her insurance carrier.

d. Student Employment Policy

Under no circumstances shall student employment interfere with clinical and/or didactic educational components. Students requiring financial assistance should contact the financial aid office at CBU. Didactic or clinical schedules will not be altered to accommodate personal working schedules.

e. Student Records

The Radiologic Sciences Program maintains student records in the following locations:

- a) A permanent student file is maintained in the University Admissions Office and a student file is maintained in the radiography program office for 5 years.
- b) A student clinical folder is maintained in the program office.
- c) The current semester clinical records are filed in the Clinical Instructor's Office at the clinical affiliate.
- d) Student rights to program records are described in the University Catalog.
- e) Student clinical records are accessible upon request.

Records are kept in file cabinets within a locked room or in a locked file cabinet to ensure privacy.

Tuberculin test must remain current throughout the term of the program. Expired TB test will necessitate removal from the clinical rotation. It is the student's responsibility to keep current all mandated vaccinations. Failure to comply will result in the student being removed from the clinical site without notice. Student will receive a written reprimand and temporary suspension until vaccinations are made current. University policy will be enforced regarding 3 consecutive absences.

VI. Energized Radiographic Laboratory Policy

An overview of radiation safety is provided throughout the program.

Under no circumstances shall students be allowed to operate ionizing equipment without supervision, as defined by the JRCERT. All students must abide by the laboratory policies.

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

VII. Radiation Protection Policy

- a) To ensure that all student radiologic technologists are learning in a safe working environment, the amount of radiation received is monitored. One dosimeter and holder will be issued to each student. The badge holder must be loaded and positioned for accurate radiation measurement. Each student must exercise care to use the badge correctly and prevent loss or damage to it. An extra badge or replacement badge may be ordered by contacting the clinical coordinator.
- b) It is the responsibility of each student to wear the assigned badge at all times in the clinical area or energized lab. The badge must be worn on the collar of the uniform. If wearing a lead apron, the student must wear the badge outside of the apron at the collar level.
- c) Any student found in a clinical setting without the film badge will be sent home to retrieve the monitor and will be issued a complaint form. This time must be compensated. Students are not allowed to participate in the laboratory component without a film badge.
- d) **Students are not allowed to hold patients during x-ray exposures.** They must stand completely behind a lead shield unless they are observing or assisting during fluoroscopy. Students are expected to practice the **ALARA** principle through recognized radiation safety strategies, as instructed in the program.
- e) Quarterly, new exposure badges are issued and badges for the previous quarter are collected. The old badges are taken to program director's office, which retains the results. The Radiation Safety Officer contacts the program director should any student receive a monthly exposure of 50 mrem or more. Should this occur, a conference will be conducted involving the student, clinical coordinator, radiation safety officer and/or program director.
- f) Students are required to review, sign, and date their quarterly film badge reports. In addition, students may request a record of their film badge reading from the Radiation Safety Officer, Program Director, or Clinical Coordinator's office.
- g) Each student must complete all radiation safety training.
- h) The program has a radiation safety and protection program in place. It is recognized by the State of California Radiologic Health Branch.
- i) Radiation safety is taught and practiced throughout the two-year course of instruction.

VIII. Student Pregnancy Policy

Since ionizing radiation has been determined to be harmful to the developing embryo/fetus, the following

compliance is required to protect the health of the student and child.

The pregnant student may elect to notify the Program Director and/or Clinical Coordinator of the pregnancy. Once the pregnancy is declared, a conference will be held with the Program Director and/or Radiation Safety Officer to review radiation risks, dose limit guidelines, and the cardinal principles of radiation protection. The pregnant student will be administered a fetal badge. This badge will be worn at the waist with or without an apron. All students must meet the same clinical requirements for graduation; however, scheduling of clinical activities involving fluoroscopy, C-Arms, and portables may be rearranged as possible to accommodate minimal radiation exposure to the fetus. The pregnant student must maintain as much distance between the radiation source and her person as practical and remain well behind the control booth during radiographic exposures when possible. During fluoroscopy, portables, surgical procedures, and special procedures, the pregnant student must wear a 0.5 mm Pb equivalent apron. Under no circumstances will the pregnant student be allowed to hold patients during x-ray exposure.

The recommendations of the National Council on Radiation Protection Report #116 states that a dose to the fetus from occupational exposure of the pregnant mother shall not exceed .05 rem per month or 50 mrem for the entire gestational period.

The student may request a leave of absence when she, the physician, or the Program Director believes that it is no longer viable for her to function in a manner conducive to learning. The return of the student must be approved by her physician. Students seeking to resume coursework will meet with the Program Director and didactic faculty; decisions will be based on individual circumstances. The student will be rescheduled for missed class work and clinical hours will be rescheduled with the Clinical Coordinator.

The student will be informed of her options with regard to this policy prior to enrolling and again during program orientation.

Option I:

The student has the right to make voluntary disclosure that she is pregnant, and she has the right to modify training.

Option II:

Once the pregnancy is declared, the student may elect not to have any modification made to her training.

Option III:

The student may elect to withdraw from the radiography program and return within 1 year and not lose their status in the program.

Option IV:

The student may elect to continue in the radiography technology program, fulfilling all program requirements as contained within the curriculum, and adhere to all radiation protection guidelines and recommendations as follows:

- a) The student will be provided an additional film monitoring device to monitor exposure to the fetus.
- b) The student will be required to adhere to the provisions of ALARA.
- c) No more than 5 mSv (0.5 Rem or 500 mrem) of exposure is to be received by the student during the pregnancy.
- d) The equivalent dose to the embryo-fetus in a month cannot exceed 0.5 mSv (.05 Rem or 50 mrem).

Option V:

The student may withdraw the declaration of pregnancy at any time. Refraction of the pregnancy declaration requires the student to abide by the general guidelines for radiation workers. Therefore, after pregnancy declaration refraction, the student will be monitored according to general guidelines for radiation workers as described by the Nuclear Regulatory Commission and State Laws.

Option VI:

The student may choose not to declare the pregnancy to the program.

IX.

Radiologic Technology Program

DECLARATION OF PREGNANCY FORM

I submit this notification of pregnancy to the Program Director of the Radiologic Technology Program at California Baptist University.

I, _____,

Declare that I am pregnant

I Do Do Not,
chose to continue my enrollment in this program.

I wish to withdraw my declaration of pregnancy.

Conference Date: _____

Attended By: _____

Comments:

Signatures:

Student: _____ Date: _____

Program Director: _____ Date: _____

Radiation Safety Officer: _____ Date: _____

SECTION V: STUDENT CLINICAL COMPETENCY EVALUATION

I. Rationale

The main purpose of the clinical education course(s) in any radiography program is to affect a transfer of knowledge/learning from theory to the actual acquisition of skills in clinical diagnostic radiography, up to 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, with their correlation as close as possible to classroom and laboratory experiences.

In order to measure the student's ability to perform at satisfactory levels of competency, a method of evaluation has been established by the American Society of Radiologic Technologists and accepted by the Joint Review Committee on Education in Radiologic Technology. It has been slightly revised to meet the particular needs of this program. Its ultimate goal, however, does not differ from the philosophy of the two agencies listed above. That is, to graduate competent radiographers who perform at levels expected by prospective employers.

II. Clinical Courses

Junior Year	Senior Year
RAD 350 Fall Semester	RAD 455 Fall Semester
RAD 355 Spring Semester	RAD 460 Spring Semester
RAD 450 Summer Semester	

III. COMPETENCY EVALUATION *******(This process is subject to change based on the ASRT Curriculum Requirements)*******

When the student has performed a procedure at an acceptable level of performance the required number of times and have simulated on the procedure in the lab or clinical site and/or covered it in procedures class, they may request a competency evaluation. During this evaluation the student will demonstrate their skill and competency in that particular examination. If a student fails the competency evaluation, continuation in the clinical participation stage for additional experience on that exam is required.

The steps for performing competencies are

1. Student engages in theory and laboratory classes and begins clinical observation in the clinical education courses.
2. Student assists the technologist in exams and gains knowledge.
3. The student successfully simulates the exam in the laboratory and in some cases in clinical. (i.e. scoliosis).
4. Student performs and appropriately documents the required number of prerequisites under direct supervision. Documentation includes date, identification number, exposure factors, and technologist. Some exams require the patient's age and/or history.

5. The student requests a Competency Evaluation under direct supervision by a designated technologist prior to the start of the exam.
6. The student will complete all aspects of the exam from start to finish including all applicable computer work.
7. Students may not review notes once the competency has been announced. Students may refer to their technique chart.
8. The student will document the date, identification number, and exposure factors. The required data must be completed in its entirety.
9. The student will be responsible for logging in competencies to ensure that their clinical instructor approves their competency. Upon completion, the form is reviewed by the Clinical Coordinator and student. The faculty reserves the right to negate any competency.
10. Once successfully completed, the student engages in performance of that exam under indirect supervision, however, any repeated image must be done under direct supervision and be recorded. If the student is unsuccessful in completing the competency exam, they gain additional experience in the exam and then request to repeat the competency evaluation.
11. The student is evaluated on retaining competency in subsequent semesters through the performance of interval checks and final competencies.
12. Final competency exams will be performed during the last two clinical courses. If a student fails one or more of the requirements of the exam, s/he will return to that area of weakness to be re-evaluated. A successful completion of the final competency evaluation completes the requirements for clinical performance. Student passing of the Final Competency Evaluation is an indication of job entry-level competency.
13. Once a student has completed all of their regular and final competency exams, they may request to change the remainder of their orthopedic and fluoroscopy rotations in the final semester to electives of their choice. This will only occur if the chosen rotation area is acceptable to the clinical affiliate, the rotation does not interfere with other students scheduled rotations, and the faculty feels the student is adequately prepared for basic radiographic procedures.

IV. Competency Exams and Prerequisite Numbers

Mandatory Competency Exams

Thorax and Abdomen		
	Routine Chest (PA/Lat)	10
	Stretcher or Wheelchair	3
	Abdomen Supine	5
	Abdomen Erect	3
	Ribs	3
Upper Extremities & Shoulder Girdle (Minimum 2 projections)		
	Finger or thumb	3
	Hand	3
	Wrist	3
	Foreman	3
	Elbow	3
	Humerus	3

	Trauma- shoulder or humerus (scapular Y, transthoracic, or axial)	2
	Trauma- upper extremity (non-shoulder)	2
	Shoulder	3
	Clavicle	2
Lower Extremities & Pelvic Girdle		
	Foot	3
	Ankle	3
	Tib/Fib	3
	Knee	3
	Femur	3
	Pelvis	3
	Hip	3
	Cross Table Lat Hip	2
	Trauma Lower Extremity	2
Vertebral Column		
	Cervical Spine	5
	Thoracic Spine (AP/Lat)	3
	Lumbar Spine	3
	Cross Table Lat Spine	
Mobile C-Arm Studies		
	C-Arm Procedure (requiring manipulation to obtain more than one study)	3
	Surgical C-Arm Procedure (requiring manipulation around a sterile field)	3
Mobile Radiographic Studies		
	Chest	3
	Abdomen	3
	Upper and Lower Extremity	3
Pediatrics		
	Chest routine	3
Geriatric Patient		
	Chest routine	3
	Upper and lower Extremity	3
Subtotal		
Total mandatory exams required	36	
Total elective exams required	15	

Total number of simulated exams allowed	10	

ELECTIVE COMPETENCY EXAMS

In addition to the mandatory competency exams, students must perform competency on a minimum of 15 of the 19 elective exams listed below. Each requires two prerequisite exams.

- | | | |
|---------------------|----------------------------|--------------------------|
| 1. Decub CXR | 8. Toe | 15. Sacrum/Coccyx |
| 2. Decub Abdomen | 9. Patella | 16. Scoliosis |
| 3. Sternum | 10. Calcaneus | 17. SI joints |
| 4. Soft tissue neck | 11. Zygomatic Arch | 18. IVU |
| 5. Clavicle | 12. Nasal Bones | 19. Non-Orthopedic C-arm |
| 6. Scapula | 13. Mandible (not panorex) | |
| 7. AC joints | 14. Trauma Cervical Spine | |

V. Criteria for Competency Evaluation

A. Student will evaluate the requisition, complete the required paperwork and

1. Identify procedures to be performed.
2. Identify the patient's age and name.
3. Identify patient location and mode of transportation.
4. Acknowledge any pathological conditions.
5. Acquire appropriate clinical history.

B. Student will prepare the radiographic room and

1. Provide clean and orderly work area.
2. Verify that equipment is operational.
3. Obtain appropriate supplies for examination.

C. Professionalism and proper patient care skills will be demonstrated by

1. Selecting the correct patient.
2. Introducing himself/herself to patient and briefly explaining the procedure.
3. Requesting last menstrual period (LMP) date of female patients between the ages of 12-60.
4. Transporting patient to appropriate imaging area.
5. Verifying if patient is properly prepared for the examination.
6. Identifying, when appropriate, that there are no contraindications for performing procedure.
7. Providing safe storage for patient's belongings.
8. Providing appropriate assistance to the radiographic table based on patient's condition.
9. Maintaining patient dignity and modesty through proper gowning and covering for the patient.
10. Talking to the patient in a concerned, professional manner.
11. Applying universal precautions as established by the Centers for Disease Control.
12. Providing proper instructions for moving and breathing.
13. Checking patient's condition at regular intervals.
14. Providing for patient security if the patient is left alone in the radiographic room.

15. Wearing the proper attire and identification badge.

D. The student will demonstrate appropriate equipment operation by

1. Maneuvering the x-ray tube and bucky utilizing appropriate controls and locks.
2. Selecting the proper IR, IR holder, grid, etc.
3. Selecting appropriate SID.
4. Manipulating image receptor as appropriate for accurate imaging.
5. Measuring the patient.
6. Using immobilization devices as needed.
7. Referring to a technique chart.
8. Selecting exposure factors.
9. Using equipment so as not to exceed recommended safety guidelines.

E. The student will demonstrate positioning/centering skills by

1. Positioning the patient correctly.
2. Positioning the part correctly.

F. The student will demonstrate centering skills by

1. Aligning the center of part to be demonstrated to center of the Image receptor.
2. Aligning the tube and image receptor.
3. Setting the correct tube angle.

G. The student will select exposure factors

1. Adequate to penetrate the part.
2. Adequate to provide the correct density.
3. To deliver the least amount of radiation possible to the patient.

H. Evidence of Radiation Protection will be demonstrated by

1. Collimating to part.
2. Using gonadal shields, if appropriate.
3. Demonstrating use of lead apron, blockers and gloves, if appropriate.
4. Selecting proper exposure factors.
5. Adjusting exposure factors for motion, pathology or patient size when appropriate.
6. Verifying that no repeats were performed.

I. The student will solve problems

1. Using critical thinking skills.
2. By evaluating the patient condition.
3. Using clear thought processes.

J. The student will perform the projections

1. Required by the facility.
2. In a manner consistent with radiologic positioning manuals except in special circumstances.

K. The student will perform the exam in a reasonable amount of time

1. Considering the students skill level.
2. Considering the patient condition and comfort.

L. The student will demonstrate appropriate imaging processing technique by

1. Placing the IR in the image reader correctly.
2. Printing films from digital imaging systems when required.
3. Using digital radiography, teleradiology, PACS to transmit images to the correct locations.

M. The student will demonstrate appropriate patient identification technique by

1. Selecting the correct patient from the worklist.
2. Filing the film in the correct jacket, where applicable.
3. Using the correct identification with digital imaging.

N. The identification of the image is assessed by

1. The proper and correct display of their "R," "L," initialed markers. (non computer generated)
2. The proper display of accessory markers visible, if required.

Criteria for Image Evaluation:

O. The student will identify if the appropriate structures are visible by

1. Verifying that the part is shown in proper perspective.
2. Verifying that adequate detail exists, and motion is absent.

P. The student will demonstrate knowledge of anatomy by*

1. Identifying anatomical structures on the image.
2. Identifying related anatomical structures.

Q. The student will evaluate positioning by

1. Comparing part position to positioning criteria.

R. The student will evaluate proper alignment and centering by verifying that the

1. Image is centered.
2. Part is centered.
3. Tube is centered.
4. Patient is aligned correctly.

S. The technical factors are assessed by

1. Evaluating contrast and density.
2. Evaluating the student's ability to compensate for pathology.
3. Using the correct exposure factors to produce a diagnostic image.
4. Using the correct IR, grid, SID and OID.

T. The student will identify artifacts

1. By classification.
2. By type.

Faculty members will intermittently pull student images/films for review. Faculty members reserve the right to disallow any competency exam based on failure of any of the above categories.

VI. Minimum Pertinent Anatomy

*MINIMUM PERTINENT ANATOMY

CHEST

PA/AP Projection

1. Apices
2. Bases
3. Costophrenic angles
4. Trachea
5. Carina
6. Bronchus
7. Lung markings
8. Number of lobes in each lung
9. Heart

Lateral Projection

10. Hilum
 11. Mediastinum
 12. Diaphragm
 13. Air in stomach
 14. Aortic knob
 15. Scapula
 16. SC joints
 17. Clavicle
 18. No. of ribs visible
1. Heart
 2. Sternum
 3. Diaphragm
 4. Spine
 5. Costo Angles
 6. Apices

ABDOMEN – SUPINE, PRONE, ERECT, DECUB, PORTABLE

1. Diaphragm
2. Liver
3. Ribs
4. Kidneys
5. Spleen
6. Small intestine
7. Psoas muscles
8. Pelvis (iliac crest, symphysis pubis)
9. Spine
10. Bladder
11. Stomach
12. Large intestine

RIBS

1. Number of ribs visible
2. Anterior ribs
3. Posterior ribs
4. Axillary portion
5. Head of rib
6. Neck of rib
7. Body of rib
8. Costotransverse joint
9. Costovertebral joint

FOOT

1. Phalanges
2. Metatarsals
3. Tarsals
4. Navicular
5. Calcaneus
6. Talus
12. Metatarsophalangeal joints
13. Tarsometatarsal joints

7. Cuboid
8. Cuneiforms
9. Sesamoids
10. Sinus tarsi
11. Interphalangeal joints

ANKLE

1. Tibia
2. Fibula
3. Talus
4. Lateral malleolus
5. Medial malleolus
6. Mortise
7. Distal tibiofibular joint
8. Talofibular joint
9. Calcaneus

LOWER LEG (TIB/FIB)

1. Mortise
2. Talus
3. Talofibular joint
4. Distal tibiofibular joint
5. Lateral malleolus
6. Medial malleolus
7. Shaft of Tibia
8. Shaft of Fibula
9. Lateral condyle of tibia
10. Medial condyle of tibia
11. Intercondyloid eminence (tibial spine)
12. Tibial plateau
13. Tibial tuberosity
14. Head of fibula
15. Styloid process of fibula
16. Patella (apex, base)

KNEE

1. Femur
2. Tibia
3. Fibula
4. Patella (apex, base)
5. Lateral epicondyle of femur
6. Lateral condyle of femur
7. Medial epicondyle of femur
8. Medial condyle of femur
9. Intercondyloid fossa
10. Lateral condyle of tibia
11. Medial condyle of tibia
12. Intercondyloid eminence (tibial spine)
13. Tibial plateau
14. Head of fibula
15. Styloid process of fibula

16. Tibial tuberosity

FEMUR

1. Acetabulum
2. Head of femur
3. Neck of femur
4. Greater trochanter
5. Lesser trochanter
6. Shaft of femur
7. Intercondyloid fossa
8. Lateral epicondyle of femur
9. Lateral condyle of femur
10. Medial epicondyle of femur
11. Medial condyle of femur
12. Patella (apex, base)

PELVIS

- | | |
|--------------------|------------------------|
| 1. Innominate bone | 8. Obturator foramen |
| 2. Ischium | 9. Ala |
| 3. Ilium | 10. Ischial tuberosity |
| 4. Pubis | 11. Pubic symphysis |
| 5. Crest | 12. Acetabulum |
| 6. ASIS | 13. Head of femur |
| 7. SI joints | |

HIP (AP HIP or PELVIS & Frog lateral)

- | | |
|-----------------------|------------------------|
| 1. Head of femur | 9. Ala |
| 2. Neck of femur | 10. Ilium |
| 3. Greater trochanter | 11. Ischium |
| 4. Lesser trochanter | 12. Pubis |
| 5. Crest | 13. Obturator foramen |
| 6. ASIS | 14. Innominate bone |
| 7. SI joints | 15. Pubic symphysis |
| 8. Acetabulum | 16. Ischial tuberosity |

TRAUMA HIP (includes AP and XTL)

- | | |
|-----------------------|------------------------|
| 1. Head of femur | 9. Ala |
| 2. Neck of femur | 10. Ilium |
| 3. Greater trochanter | 11. Ischium |
| 4. Lesser trochanter | 12. Pubis |
| 5. Crest | 13. Obturator foramen |
| 6. ASIS | 14. Innominate bone |
| 7. SI joints | 15. Pubic symphysis |
| 8. Acetabulum | 16. Ischial tuberosity |

FINGER OR THUMB

- | | |
|--------------------------|---|
| 1. Phalanges | 9. Sesamoids (if applicable) |
| 2. Number of phalanges | 10. Interphalangeal joint |
| 3. Metacarpals | 11. Proximal Interphalangeal joint |
| 4. Number of metacarpals | 12. Distal Interphalangeal joint |
| 5. Proximal phalanx | 13. Metacarpophalangeal joints |
| 6. Middle phalanx | 14. Metacarpals and phalanges are numbered in |

- 7. Distal phalanx which direction?
- 8. Head of metacarpal

HAND

- | | |
|--------------------------|--|
| 1. Phalanges | 9. Distal phalanx |
| 2. Number of phalanges | 10. Head of metacarpal |
| 3. Metacarpals | 11. Sesamoids |
| 4. Number of metacarpals | 12. Interphalangeal joints |
| 5. Carpals | 13. Metacarpophalangeal joints |
| 6. Number of carpals | 14. Metacarpals and phalanges are numbered in which direction? |
| 7. Proximal phalanx | |
| 8. Middle phalanx | |

WRIST

Carpals and number of

- | | |
|---------------------------------------|--|
| 1. Scaphoid (navicular) | 8. Hamate (unciform) |
| 2. Lunate (semilunar) | 9. Ulna |
| 3. Triquetrum (cuneiform, triangular) | 10. Radius |
| 4. Pisiform | 11. Styloid processes |
| 5. Trapezium (greater multangular) | 12. Base of metacarpals |
| 6. Trapezoid (lesser multangular) | 13. Distinguishing characteristic of the hamate is what? |
| 7. Capitate (os magnum) | |

FOREARM

- | | |
|----------------------|---------------------------------------|
| 1. Radius | 11. Wrist joint |
| 2. Radial styloid | 12. Elbow joint |
| 3. Radial head | 13. Coronoid process |
| 4. Radial neck | 14. Olecranon process |
| 5. Radial tuberosity | 15. Trochlear notch (semilunar notch) |
| 6. Shaft of radius | 16. Humerus |
| 7. Ulna | 17. Trochlea |
| 8. Shaft of ulna | 18. Capitulum |
| 9. Ulnar styloid | 19. Medial epicondyle |
| 10. Head of ulna | 20. Lateral epicondyle |

ELBOW

- 1. Radius
- 2. Radial head
- 3. Radial neck
- 4. Radial tuberosity

- 5. Shaft of radius
- 6. Ulna
- 7. Shaft of ulna
- 8. Elbow joint
- 9. Coronoid process

- 10. Olecranon process
- 11. Trochlear notch (semilunar notch)
- 12. Humerus
- 13. Trochlea
- 14. Capitulum
- 15. Medial epicondyle
- 16. Lateral epicondyle

HUMERUS

1. Glenoid fossa
2. Head of humerus
3. Anatomical neck
4. Greater tubercle
5. Lesser tubercle
6. Surgical neck
7. Shaft of humerus
8. Trochlea
9. Capitulum
10. Medial epicondyle

SHOULDER

- | | |
|---------------------|-----------------------------|
| 1. Humerus | 7. Scapula |
| 2. Head of humerus | 8. Glenoid fossa |
| 3. Anatomical neck | 9. Acromion process |
| 4. Greater tubercle | 10. Coracoid process |
| 5. Lesser tubercle | 11. Acromioclavicular joint |
| 6. Surgical neck | 12. Clavicle |

TRAUMA UPPER EXTREMITY – NON SHOULDER

As previously described

TRAUMA SHOULDER (Y, TRANSTHORACIC or AXILLARY)

- | | |
|---------------------|-----------------------------|
| 1. Humerus | 7. Scapula |
| 2. Head of humerus | 8. Glenoid fossa |
| 3. Anatomical neck | 9. Acromion process |
| 4. Greater tubercle | 10. Coracoid process |
| 5. Lesser tubercle | 11. Acromioclavicular joint |
| 6. Surgical neck | 12. Clavicle |

CERVICAL SPINE (Competency must include a minimum of 4 projections)

- | | |
|--------------------------------|--|
| 1. Number of cervical vertebra | 9. Atlas - lateral masses |
| 2. Body | 10. Axis - dens, body, articular processes |
| 3. Transverse processes | 11. Zygapophyseal Joints |
| 4. Laminae | 12. Inferior/Superior Articular Processes |
| 5. Pedicles | 13. Intervertebral foramina |
| 6. Spinous Processes | 14. Ribs |
| 7. Vertebral Prominens | 15. Occipital bone |
| 8. Intervertebral disc space | 16. Occlusal surface |

THORACIC SPINE (AP & Lateral)

- | | |
|---------------------------------|---------------------------|
| 1. Number of thoracic vertebrae | 6. Spinous processes |
| 2. Body of vertebrae | 7. Intervertebral spaces |
| 3. Ribs | 8. Intervertebral disc |
| 4. Transverse process | 9. Intervertebral foramen |
| 5. Laminae | |

LUMBAR SPINE (AP, Lat, & Lateral spot)

- | | |
|-----------------------|------------|
| 1. Body of vertebrae | 8. Pedicle |
| 2. Transverse process | 9. Laminae |

- | | |
|---------------------------|-------------------------------|
| 3. Sacrum and SI joints | 10. Number of lumbar vertebra |
| 4. Spinous processes | 11. L-5 |
| 5. Zygoapophyseal joints | 12. S-1 |
| 6. Intervertebral disc | 13. Sacral promontory |
| 7. Intervertebral foramen | 14. Iliac crests |

BARIUM ENEMA

- | | |
|---------------------|-----------------|
| 1. Cecum | 7. Sigmoid |
| 2. Ascending colon | 8. Rectum |
| 3. Hepatic flexure | 9. Anus |
| 4. Transverse colon | 10. Appendix |
| 5. Splenic flexure | 11. Small bowel |

SECTION VI. GRADING SYSTEM

A	93-100	C	74-76
A-	90-92	C-	70-73
B+	87-89	D+	67-69
B	84-86	D	64-66
B-	80-83	D-	60-63
C+	77-79	F	0-59

I. Writing Assignments

- A. To be assessed by course instructor
- B. Will be done each semester and will become part of the student’s final portfolio
- C. Will be evaluated using the holistic method for critical thinking assignments. Final assignment will be assessed using the following criteria:
 - a. 60% - accuracy and completeness of content
 - b. 30% - presentation and neatness
 - c. 10% - grammar and spelling
- D. Writing Grading Scale
 - a. 4 Score Rubric
 - i. 4- Exemplary
 - ii. 3- Above Average/Good
 - iii. 2- Average/Acceptable
 - iv. 1 – Below Average/Unacceptable

- E. Assignment scores of less than 1 will need to be resubmitted. Final grade will be averaged between the two scores.

Academic dishonesty will not be tolerated and will result in an “F” on the paper.

II. Professionalism Grading

Any violation of the Policy & Procedures Manual, a disciplinary action for professional work-ethic, behavior, dress attire, etc. will necessitate a written warning. Any and all written warnings of any kind will result in a whole letter grade deduction from the over-all clinical grade. A student will be placed on academic probation and possible being terminated from the program based on the written warning. Any student removed from a clinical site will be subject to academic probation, and/or subject to program termination.

Remediation

The Radiologic Sciences program recognizes that prompt and effective remediation improves student outcomes, long-term performance, and overall success as future technologists. This policy applies to all courses within the program, unless otherwise noted in the course syllabus.

All students must achieve a 70% or higher on all **final exams and practical exams**.

Final Exams

Students must achieve 70% or better on all final exams.

If a student is unsuccessful in achieving a passing score, the following procedure will occur:

1. The student must contact the instructor to initiate an Individual Remediation Plan (IRP). Please see Individual Remediation Plan form.
 - a. The student must meet with the instructor to formalize the IRP. The Program Director may be included in this meeting.
 - b. The Individual Remediation Plan is at the discretion of the instructor but may include additional assignments, readings, quizzes, or instruction. This list is not exhaustive.
 - c. After the IRP Plan is completed and documented, the student will take a second version of the exam.
 - i. The student will retain the points from the initial exam for the course grade. The second exam will only be graded as pass/fail.
 - ii. If the student achieves a passing score, the Individual Remediation Plan will be updated and kept on file. No further action will be needed.
 - iii. If any student receives 2 or more Individual Remediation Plans, they will be placed on probationary status in the program. Please see Probation section for more information.
 - iv. If the student does not achieve a passing score, the program director and instructor will meet with the student for further discussion. Further actions may include an exam score reverted to zero, program probation, or a failing grade in the course. This list is not exhaustive.

Practical Exams

Students must achieve 70% or better on all practical exams.

If a student is unsuccessful in achieving a passing score, the following procedure will occur:

1. Student will perform a re-evaluation with a different procedure than the first.
 - a. This can be completed directly after the initial practical exam or at a later time. This is at the discretion of the instructor.
 - b. For inter-rater reliability, a second instructor may perform the re-evaluation, when available.
2. If the student successfully achieves a passing score, no further action is needed.
 - a. The initial practical exam score will be retained for the course grade. The second practical exam will only be graded as pass/fail.
3. If the student fails the second practical exam, they are required to initiate an Individual Remediation Plan (IRP) with the instructor. Please see Individual Remediation Plan form.
 - a. The student must meet with the instructor to formalize the IRP. The Program Director may be included in this meeting.
 - b. The Individual Remediation Plan is at the discretion of the instructor but may include additional assignments, readings, quizzes, or instruction. This list is not exhaustive.
 - c. After the IRP Plan is completed and documented, the student will perform a third practical exam.
 - i. If the student achieves a passing score, the Personal Remediation Plan will be updated and kept on file. No further action will be needed.
 - ii. If the student does not achieve a passing score, the program director and instructor will meet with the student for further discussion. Further actions may include an exam score reverted to zero, program probation, or a failing grade. This list is not exhaustive.
 - iii. If any student receives 2 or more Individual Remediation Plans, they will be placed on probationary status in the program. Please see Probation section for more information.

III. Clinical Records

Students will be required to maintain a clinical documentation in our electronic recoding keeping system-Trajecsys. These clinical records will be reviewed by the clinical coordinator on a monthly basis. The clinical records are reviewed for accuracy in reporting and for time keeping purposes. Failure to turn in the clinical documentation will result in a student not receiving credit for any time performed at the clinical site, and not receiving credit for any examinations performed. The student will receive zero (0) points being awarded in the clinical records portion of the grade and a grade of “F” will be rewarded for failure to submit evidence of completion of required examinations, time records, and competencies. Students are required to enter all daily log sheet records, clinical competency examinations, examination room check offs, departmental orientations, time reporting, self-evaluations, clinical site evaluations, clinical instructor evaluations, etc. into the online reporting system.

IV. Clinical Performance Evaluations

You must receive a numerical grade of 75% or higher, to have fulfilled the requirements of clinical practicum, and the requirements of the program.

The Clinical Student Evaluation will be completed by the facility's clinical instructor twice per term. The student will be evaluated in 10 categories. The student must maintain a score of 75% or higher on all evaluations administered. When a student receives a score of 74% or lower, a counseling session will be conducted to address the deficiencies. Any further clinical infractions, student performance evaluations below 75% will place the student on disciplinary procedures.

SECTION VII: DISCIPLINARY PROCEDURES

I. Stipulations for Dismissal/Suspension

Administrative action will be initiated at the discretion of the Program Director AND/OR Clinical Coordinator following documented reports of substandard, unethical, or inappropriate conduct by the student. The program advisory committee will be polled in the event of program termination of a student. Immediate suspension, probation and possible termination may result for any of the following reasons:

- a) Earning a grade below 'C' in any radiography course
- b) Insubordination
- c) Possession of or use of alcohol or any mood-altering chemicals, or reporting for class/clinical under the influence of such substances
- d) Failure to accomplish didactic and/or clinical assignments, competencies and objectives
- e) Unprofessional and/or unethical conduct
- f) Breach of medical ethics
- g) Gross carelessness in regard to safety of patients or colleagues
- h) Dishonesty/cheating/theft
- i) Repeated absence/tardiness
- j) Falsification of sick time
- k) Falsification of records
- l) Release of confidential information regarding patients and/or hospital or clinic personnel or activities.
- m) Plagiarism
- n) **Excessive absences, two no-call/no-shows**
- o) Failure to report immediately, errors, accidents, incidents occurring on clinical premises.
- p) Harassment (Sexual or otherwise)

The participating clinical agencies retain the right to reject any student whose behavior may be hazardous to the agency.

II. Re-admission Criteria

- a) Students will be considered for readmission on a space-available basis.
- b) Applicants for readmission to the first semester must reapply and will be ranked with new applicants.
- c) A readmissions application form must be completed in the Office of Admissions and submitted one semester prior to readmission. The radiography program director must approve the application.
- d) If a student is out of the program curriculum more than two semesters, the student must audit courses passed and retake courses failed.
- e) Readmission applicants and program transfers applying for subsequent semesters are considered on space-available basis determined by the instructor/ student ratio as recommended by the readmission screening committee.
- f) **Academic or behavioral dismissals will not be considered for program readmission.**
Students are considered for readmission in the following order:
 - a) Withdrawal for justifiable personal reasons (nonacademic)
 - b) Withdrawal for failure of completing prerequisite courses.
 - c) Financial aid issues.
 - d) **Academic or behavioral dismissals. (Will not be considered for readmission)**

III. Appeal Mechanisms

A system of due process is available to all students enrolled at CBU. For the appeal of final course grades, academic dishonesty, dismissal from academic programs, academic status, academic requirements, and alleged violations of students' rights, refer to the university catalog.

The radiography program has established a system of due process to appeal an unfavorable evaluation received from personnel at the clinical affiliate and/or the didactic instructor. After the student reviews the evaluation or grade and disagrees, the appeal protocol is as follows:

- a) The student must meet with the instructor and review the completed evaluation or grade.
- b) If the instructor deems the evaluation to be valid and the student is in disagreement, the student may request a meeting with the instructor within 5 working days of the occurrence. The instructor has the authority to review the evaluation/and or grade and reflect any warranted revisions if it is verified that the evaluation was completed arbitrarily, capriciously, or prejudicially.
- c) If the student is not satisfied with the instructor's decision, the student may request a meeting with the program director within 5 working days of the meeting with the instructor. The program director has the same authority as the instructor.
- d) If the student is not satisfied with the meeting with the program director, the student may request a meeting with the radiography faculty committee, who will make the final decision on the validity of the evaluation and/or grade.

IV. Radiologic Sciences Program Student Grievance Procedure

It is the responsibility of the Radiologic Sciences Program faculty to encourage and require students to be responsible and accountable for their own behavior. In the event that a student does not meet expectations of professional behavior or performance of duties, the student may be subject to disciplinary action. In the event that a student has been subject to disciplinary action by program faculty and the student disagrees with the decision, the student may activate the program grievance procedure. The Radiologic Sciences Program prefers to solve problems by internal procedures within the

department if at all possible before the College Student Grievance Procedure is activated.

a) Purpose

The purpose of this procedure is to provide the student with guidance as to the appropriate process of channeling student complaints against the Program or its faculty concerning the following:

1. Alleged discrimination on the basis of age, sex, race, handicap or other conditions, preferences or behavior, excluding sexual harassment complaints.
2. Sexual harassment complaints should be directed to the Office of the Dean. Because of the sensitive nature of this kind of complaint, a conference with the Dean will replace the first step of the grievance procedure. The Dean will counsel with the student to determine the appropriate action that is required.
3. Academic matters, including individual grades.

b) Procedures

1. First Step: The student must go to the instructor where the alleged problem originated. An attempt will be made to resolve the matter equitably and informally at this level. The conference must take place within 48 hours of the incident that generated the complaint. In cases where the instructor is not the Program Director, a meeting with the Program Director may be requested after the student's initial meeting with the instructor if resolution of the complaint is not reached (within 48 hours).
2. Second Step: If a satisfactory outcome has not been reached after the first step, the student may request a meeting with the Department Chair or Dean (within 48 hours). If meeting(s) between student, program director, and faculty do not reach a satisfactory resolution, the program director may implement the "Second Step" of the College Student Grievance Procedure, which is to provide the student with an explanation of the formal grievance procedure and a copy of the grievance procedure.

V. JRCERT Noncompliance Policy

The Radiography Program:

- a) Follows due process upon written receipt of signed allegations indicating noncompliance with the standards of the JRCERT accreditation policies.
- b) Acts when alleged practices or conditions indicate substantial noncompliance with the standards or failure to follow JRCERT accreditation policies.
- c) Reports substantial complaints to the United States Department of Education or appropriate state agency regarding the accredited program.

The Radiography program director will facilitate investigation and resolution in determining whether said complaint relates to program compliance with the standards or established accreditation policies by carrying out the following actions:

- a) If no, notify the complainant within 20 days following receipt of the complaint.
- b) If yes, acknowledge the allegations to the complainant within 20 working days of receipt and provide the policy and procedures pertaining to investigation and resolution to the complainant by addressing the process for reporting allegations at:
www.jrcert.org/pdfs/allegations_reporting_form.pdf

- c) Receive written, signed allegation(s) of noncompliance with standards or JRCERT accreditation policies.
- d) Maintain confidentiality of complainant's identity unless authorized to disclose identity by the complainant or if required legally to do so.
- e) Ensure that reasonable program and institutional efforts are made to resolve the complaint; if efforts are nonproductive, notify the JRCERT Executive Director of the substance of the allegations, requiring a written response to the finding submitted within a reasonable time period (30 working days).
- f) Provide to the program advisory committee and the sponsoring institution copies of the notification.
- g) May request further information/materials relative to complainant allegations, sponsoring institution, program, or other relevant sources.
- h) If allegations are determined to be unsubstantiated, unrelated to the standards or established accreditation policies, or without merit, notify the President of the University, the program director, and complainant of this determination within 10 working days.

If the investigation reveals program substantial compliance with the STANDARDS or may not be or may not have been following established accreditation policies one of two actions will result:

- The program will submit a report and documentation within 30 days of notification of the JRCERT determination, demonstrating that the substantiated allegations have been corrected. If the JRCERT and the complainant are notified of satisfaction, the university president, program director, and the complaint are notified of satisfaction and resolution of the matter.
- If the response is determined inadequate or lacking evidence of continuing substantial compliance with the standards or adherence to accreditation policies, the program may request a site visit as soon as feasible so that the investigation of the allegation of noncompliance with accreditation policies can occur.

VI. California Department of Health Service

Within 30 days after any of the following, an official of CBU shall, on forms furnished by the Department, inform of:

- (a) Change in facility location or telephone number.
- (b) Change in course offerings.
- (c) Change of program director or faculty.
- (d) Change of affiliation agreements.
- (e) Names and addresses of students who have been dismissed, suspended or who have voluntarily withdrawn from the clinical education.
- (f) Approval of any school or on-the-job training program, which has been granted pursuant to section 30420 or 30428, may be revoked, suspended, limited or conditioned for any of the following reasons:
 - (1) Violation of any provision of the Radiologic Technology Act, as defined in Health and Safety Code section 27, or any regulation promulgated pursuant thereto; or

(2) If, at any time, fewer than 75% of the Department-approved examinations referenced in sections 30440, 30444, 30451 and 30455.1 and administered in the previous five years to graduates of the school have received a passing score.

(3) A plan of action will be implemented if the school fails to meet section 30436(a)(2).

a) CBU pursuant to section 30420 shall:

(1) Issue to each student who graduates or who successfully completes a required course of study, a certificate or diploma, which includes:

(A) The student's name;

(B) The name or the category listed in section 30442 or course of study completed by the student;

(C) The date(s) of attendance;

(D) The number of the certificate issued by the Department to the school; and

(E) The signature of the school's chief executive officer, dean or department administrator.

(2) Within 30 days of discontinuance of the school:

(A) Notify the Department of how all records kept pursuant to subsection (b) will be preserved and surrender the school approval certificate to the Department; or

(B) Notify the Department, transmit all records required to be kept pursuant to subsection (b) to the Department and surrender the school approval certificate to the Department.

(3) Within 30 days of discontinuance of instruction in any limited permit category notify the Department.

(a) Each school approved pursuant to section 30420 and each on-the-job training program approved pursuant to 30428 shall retain for at least five years:

(1) Records of attendance;

(2) Proof of participation in clinical education;

(3) Proof of performance of laboratory procedures;

(4) Certificates or diplomas issued; and

(5) Program transcripts.

**California Baptist University
Radiologic Sciences Program Handbook**

STATEMENT OF UNDERSTANDING

By signing below, you are verifying the following:

- a) I understand that all information regarding a patient or former patient is confidential and is to be used only for educational purposes in nonpatient instructional settings.
- b) I understand that I am a guest in the affiliate education centers, and I will conduct myself accordingly. All known rules and regulations will be followed. When in doubt, I will contact my Clinical Instructor, Clinical Coordinator, or Program Director for clarification.
- c) I understand that the clinical education centers vary in location and that all students are expected to meet the same clinical requirements and that distance and weather do not change the program schedule unless the university closes.
- d) I understand that I will be assigned to a clinical affiliate. Placement at clinical affiliates is a privilege.
- e) I understand that I may not function independently as a staff technologist. The Clinical Instructor will determine appropriate supervision consistent with accrediting guidelines, and I will request a registered technologist to be present when I repeat any radiographs or when I perform surgical and portable procedures, regardless of my level of competency.
- f) I have reviewed this handbook, and I agree to abide by the statements above and the policies and procedures published herein. I understand that failure to meet program expectations may result in negative consequences via administrative actions.

Student Signature: _____ Date: _____

Print Name

Witness Signature: _____ Date: _____

Print Name Title: _____

**California Baptist University
Radiologic Sciences Program**

Name: _____

Address: _____

Telephone Number: _____ Cell Phone Number: _____

Email Addresses: _____

In Case of an Emergency, contact:

Name: _____

Address: _____

Telephone Number: _____ Cell Phone Number: _____

Should you move, change your phone number, or change your name, please inform the Office of Enrollment Services and the Radiologic Sciences Program Director.

APPENDIX A

JRCERT STANDARDS

Visit the website@

http://www.jrcert.org/acc_standards.html

APPENDIX B

**ARRT STANDARDS
OF ETHICS**

APPENDIX C

ASRT CODE OF ETHICS

APPENDIX D

<p>4.00 3.67</p>	<p>The highest academic grade possible; an honor grade which is not automatically given to a student who ranks highest in the course, but is reserved for accomplishment that is truly distinctive and demonstrably outstanding. It represents a superior mastery of course material and is a grade that demands a very high degree of understanding as well as originality or creativity as appropriate to the nature of the course. The grade indicated that the student works independently with unusual effectiveness and often takes the initiative in seeking new knowledge outside the formal confines of the course.</p>
<p>3.33 3.00 2.67</p>	<p>A grade that denotes achievement considerably above acceptable standards. Good mastery of course materials evident and student performance demonstrates a high degree of originality, creativity, or both. The grade indicates that the student works well independently and often demonstrates initiative. Analysis, synthesis, and critical expression, oral or written, are considerably above average.</p>
<p>2.33 2.00 1.67</p>	<p>Indicates a satisfactory degree of attainment and is the acceptable standard for graduation from college (see specific program requirements for additional policies). It is the grade that may be expected of a student of average ability who gives to the work a reasonable amount of time and effort. This grade implies familiarity with the content of the course and acceptable mastery of course material; it implies that the student displays some evidence of originality and/or creativity and works independently at an acceptable level and completes all requirements.</p>
<p>1.33 1.00 0.67</p>	<p>Denotes a limited understanding of the subject matter, meeting only the minimum requirement for passing the course. It signifies work which in quality and/or quantity falls below the average acceptable standard for passing the course. Performance is deficient in analysis, synthesis, and critical expression; there is little evidence of originality, creativity, or both.</p>
<p>0.00</p>	<p>Indicates inadequate or unsatisfactory attainment, serious deficiency in understanding of course material, and/or failure to complete requirements of the course.</p>

APPENDIX E

Radiation Protection Program ALARA Program & Reporting

The intent of ALARA program ("as low as reasonably achievable") is to maintain exposure to radiation at levels that are low as feasible. This radiation safety program is based on the premise that radiation exposure is not risk free and therefore, exposure should be kept to levels below the limits permitted by the State of California, The Nuclear Regulatory Commission and other regulation agencies. ALARA is critical to our radiation protection philosophy.

Dose Limits:

Whole body deep 5000 mrem/yr. 1250 mrem/qtr.

Level 1 investigation limit is:

Whole body deep 125 mrem to 374 mrem

Level 2 investigation limit is:

Whole body deep 375 mrem and higher

PROCEDURE

1. Every month radiation detection badges are returned for processing and reading.
2. All readings are recorded by a contracted company. Reports are forwarded to the Program Director and the Radiation Safety Officer and are checked to see whether or not an individual exceeded the quarter's ALARA levels.
3. If an individual exceeds the quarter's ALARA level, a notice will be generated by the company and forwarded to the program's RSO.

If the reading states that the exposure and the level has been exceeded:

4. The school will then send a notice to the individual informing him of the exceeded level.
(See attachments)
5. If level two has been exceeded, a response from the individual is required.
6. If the dose limit is exceeded, the investigation must also include notification of the Department of Health Services, Radiologic Health Branch, Certification Unit with follow up required by Title 22.
 - a. Exposures above 1250 mREM and below 5000 mREM in a single quarter exposure are reported to the California Department of Health Services and the Radiation Safety Committee of the clinical site within 30 days.
 - b. Exposures above the 5000 mREM but less than 25 REM will be reported to the California Department of Health Services within 24 hours.

c. Exposure rates 5x in excess of the annual exposure dose limit will be reported to the California Department of Public Health immediately.

7. Copies of all notices, investigation, etc, will be maintained in the ALARA binder and the individual's personnel file.

Radiation Monitoring

Personnel Whole Body Radiation Dosimeters for radiation monitoring are furnished for Diagnostic and Fluoroscopy students. The film badge is to be worn at all times during activities where radiation is present. The exposure reports will be kept on file in the office where students may check their exposure levels. Social Security numbers and birth dates are removed from the reports.

Radiation Dosages - Evidence of Excessive Dose

All students' dosimeter reports will be monitored by the Radiation Safety Officer and Program Director for excessive radiation doses, and if a student exceeds 125 mRem during the fluoroscopy course, the faculty will investigate the causes for the excessive dose level. The investigation can include interviews with the student, the clinical education facility supervisor, the clinical coordinator and/or other relevant individuals. Previous reading for the student will be evaluated.

The objective of the investigation will be to learn why the student received the excessive dose and to determine what type of corrective action may be needed. A report of the information obtained from the interviews and other sources with subsequent recommendations will provide the corrective action. The corrective action will be enforced, and the results of the investigation and corrective action will be placed in the student's file for future reference.

Name: Dates of monitoring:

Dosimeter Badge Type:

Radiation Quality (Photon, x-ray or gamma ray):

Total accumulated radiation measured in lifetime dose equivalent (MREM) is:

Deep (DOE) Eye (LDE) Shallow (SDE)

This is the accumulated dose received during time spent in the fluoroscopy certification program.

These readings were reported to the radiography program by Landauer, Inc.

Report of excessive radiation dosage discovery/corrective action: Completed by the Program Director, Clinical Coordinator and the Radiation Safety Officer