Roxbury Community College

1234 Columbus Ave, Roxbury, MA 02120

Radiologic Technology Program
Division of Professional Studies

Student
Handbook
&
Clinical Policy and Procedure Manual

Class 2020 - 2022

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Introduction: Welcome to the Roxbury Community College (RCC) Radiologic Technology Program. The curriculum of the program is designed to provide a student upon graduation with the necessary knowledge and skills to perform as an entry-level technologist.

This student handbook is structured to assist a student with achieving his/her educational goals, by providing the necessary information on program requirements and policies and procedures relative to the RCC Radiologic Technology Program.

Radiologic Technology Program

Mission: In collaboration with the mission statement of Roxbury Community College, the Radiologic Technology Program prepares students for evidence-based practice in a rapidly changing, diverse health care environment supported by quality clinical facilities and instruction and a strong core curriculum in general education.

Goals of Program

1. **Students will demonstrate competence in performing entry level medical radiography procedures.**

Student Learning Outcomes:

- Students will efficiently, safely, and accurately position patients for exams.
- • Students will demonstrate proper use of technical parameters appropriate to their level.

2. **Students will demonstrate problem solving and critical thinking skills.**

Student Learning Outcomes:

- Students will demonstrate problem-solving and critical thinking skills.
- Students will be able to evaluate radiographic images for acceptability.

3. **Students will demonstrate effective written and oral communication skills.**

Student Learning Outcomes:

- Students explain upcoming procedures and examinations professionally
- Students demonstrate competence in writing.

4. **Students will demonstrate professional development.**

Student Learning Outcomes:

- Students will demonstrate professionalism in the workplace.
- Students will demonstrate the knowledge of related disciplines available through continued education.
- Students will demonstrate a dedication to professional growth and development.

Philosophy:

The most important responsibility of any healthcare professional is patient welfare. The RCC Radiologic Technology student must set personal and professional goals focused on this responsibility. Success in achieving these goals will depend on many factors, some of which are: personal/professional appearance, the ability to instill trust and confidence in patients, acquiring technical skills to minimize radiation exposure and maximize image quality, the ability and desire to function as a team member, and a desire to serve others to the best of the student's ability.

Accreditation:

The College has regional accreditation from the New England Comisson of Higher Education (NECHE) and the Radiologic Technology Program has programmatic accreditation from the Joint Review Committee on Education in Radiologic Technology (JRCERT), 20 N. Wacker Drive, Suite 2850, Chicago, IL, 60606-2901. Telephone (312) 704-5300. www.jrcert.org *

Roxbury Community College Mission of the College:

The primary mission of Roxbury Community College is to facilitate the success of our students in achieving their educational goals. RCC is a comprehensive, multicultural, urban, student- centered, and open-access community college, providing learning opportunities for all who may benefit. The College serves the educational needs of Roxbury, surrounding communities and other diverse populations in the Commonwealth. We believe that all students, given the appropriate resources, have the ability to reach their full potential. The College is therefore committed to helping our students enhance the quality of their lives and our communities.

College Profile

Roxbury Community College is a coeducational public institution of higher education offering associate degree and certificate programs. The College's mission is to serve Boston and its adjacent communities, focusing on the inner city neighborhoods of Roxbury, Jamaica Plain, Mattapan, Hyde Park, Dorchester, Roslindale, the South End, Mission Hill, and Chinatown.
Most of Boston's African Americans, Hispanics, and Asians live in these neighborhoods as well as newcomers from the Caribbean, Central and South America, Africa, the Middle East, and Asia. RCC addresses the multicultural nature of its population by offering internationally recognized courses that highlight the cultures represented at the College within the associate degree programs.

The College encourages academic excellence and offers honors courses for academically advanced students. Through the cross-registration program, students also have the opportunity to take advanced courses, at no extra charge, at several area colleges and universities. As part of its mission, Roxbury Community College prepares students for transfer to four-year institutions and endeavors to ensure that its graduates are guaranteed admission to all Massachusetts public four- year institutions. Although most of the students are

in their mid-twenties, the student population at RCC ranges in age from 18 to 80. Many students work either full-time or part-time while attending the College.

More than half of RCC students receive financial assistance through state and/or federal financial aid programs, scholarships, and grants.

Institutional Proficiencies for the New RCC graduate

When students graduate from RCC, they will be able to demonstrate:

- A broad base of knowledge in the mathematical methods and technology, history, culture, Humanities, natural and social sciences;
- Logical and analytical thinking skills which enable students to pursue life-long learning;
- Effective communication in academic and professional settings;
- Mastery of basic computer skills for professional and personal use;
- An awareness of issues that arise within a multicultural context; Time management skills that address multi-phase projects
- Strategies for balancing career, educational, and personal goals; and
- Standards of integrity and personal responsibility in professional and social environments.

Technical Standards for Radiologic Technology

Purpose:

The list of technical standards was designed to inform entering students of the skills required when performing the duties in Radiologic Technology and to assess a student's ability to complete such duties. These technical standards reflect performance abilities and characteristics that are necessary to successfully complete the requirements of the Radiologic Technology program at RCC. These standards are not conditions of admission to the program. Persons interested in applying for admission to the program must review this form to develop a better understanding of the physical abilities and behavioral characteristics necessary to successfully complete the program. The College complies with the requirements and spirit of section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA) of 1990. Therefore, to the extent practical, the College will endeavor to make reasonable accommodation for an applicant with a disability who is otherwise qualified.

Interested applicants can obtain RCC program statistics / effectiveness data-exam pass rates, job placement rates, and annual program completion rates from www.jrcert.org.

Student Liability Insurance:

All RCC Radiologic Technology Students are required to carry liability insurance and may not participate in the Radiologic Technology Program without this coverage. This insurance is provided through the College and the premium must be paid prior to the beginning of classes.

Criminal Offender Record Information (CORI) and Sex Offender Registry Information Checks (SORI)

RCC students interested in participating in an academic program that involves working with children, the disabled, or the elderly, or includes a clinical or practicum affiliation with a private or public health care provider are required to undergo a Criminal Offender Record Information (CORI) check, a Criminal Records Central Repository (CHRI) check and/or a Sex Offender Registry Information (SORI) check.

A student's participation in an academic program or clinical or practicum affiliation may be denied depending on the contents of the student's CORI, CHRI, or SORI reports. CORI checks may be performed pursuant to Massachusetts General Law Chapter 6, Sections 172, and consistent with guidelines promulgated by Executive Office for Health and Human Services and/or the Commonwealth's Department of Public Health. SORI checks may be performed pursuant to Massachusetts General Law Chapter 6, Sections 178(J) & 178(K). CHRI checks may be performed pursuant to New Hampshire law.

The Radiologic Technology student must also present his/her specific case documentation to the American Registry of Radiologic Technologists (ARRT) Ethics Committee. The ARRT Ethics Committee will determine if an individual's past legal issue(s) will prevent eligibility to sit for the national certification exam. Individuals need to resolve any past legal issue(s) with the ARRT before entering any Radiologic Technology Program and/or resolve any legal issues that may occur while enrolled in the program.

Since eligibility for the ARRT certification examination requires that applicants be of good moral character any previous convictions of felonies or misdemeanors may prevent applicants from taking the ARRT examination. Anything less than complete and total disclosure of any and all convictions will be considered as having provided false or misleading information to the ARRT and is grounds for permanent denial of eligibility for ARRT certification.

The ARRT may be contacted for information by mail at 1255 Northland Drive, St. Paul, MN 55120-1155, by phone at (651) 687-0048 and via their website at www.arrt.org

Cardiopulmonary Resuscitation (CPR)

Prior to entering the clinical practicum course, HLT154, all Radiologic Technology students must hold current and valid CPR certification at the healthcare provider/professional rescuer level.

Students may obtain CPR certification through the American Red Cross, the American Heart Association or the American Safety & Health Institute. All initial and recertification courses must include hands-on skills demonstration on a mannequin.

Students should plan on obtaining their CPR certification during the summer immediately before entering the program so that their certification will remain valid for the two years they are enrolled in the program.

Local area hospitals, fire departments or other qualified agencies often provide CPR certification training to members of their local community.

Students must maintain valid CPR certification while enrolled in the RCC Radiologic Technology Program. Failure to maintain current CPR certification will result in the student being suspended from the clinical practicum course until the appropriate CPR certification is established.

Student Health/Immunization Requirements

Students entering Health Professions and Human Services programs at RCC are required to submit a completed health history and health evaluation signed by a licensed physician or nurse practitioner. Additional information regarding health and communicable disease is covered in policy and procedure four (4) of this manual.

Students should contact their health provider for any medical problems or health questions. Students are not to request care for themselves or other family members directly from interns, residents or any other physicians that the student is in contact with while at their clinical site.

In the event of an accident or emergency that occurs while a student is at his/her clinical practicum site emergency care will be initiated at the clinical site. Students should notify their insurance provider at the earliest opportunity regarding any emergency medical care they receive while at their clinical site. Students will be held responsible for associated medical fees related to any care they receive at their clinical site.

Health Clearance and Student Health Emergencies/Issues in Clinical Areas

Prior to beginning a health program, the student will need to obtain documentation of:

1. Physical exam: Physical exams are required every two years with a physician's statement that the student is able to participate fully in the program.

2. Immunizations:

All RCC students in a health program must provide documentation of the following immunizations:

- DTP/Td/DT/Tdap (booster required if last dose over 10 years ago) MMR (or positive titers of Measles, Mumps, Rubella)
- Measles- (2 doses required) Mumps- (2 doses required) Rubella – (2 doses required) Hepatitis B – (3 doses required)
- Varicella (positive titer or 2 immunization dates PPD (Mantoux) test within 6months Meningitis
- Chest X-ray required if PPD is positive
- Flu vaccine

Updated 12/18

Proof of immunization must be presented to the student health office prior to entry in the clinical area in September. Serologic proof of immunity will be acceptable. Students will not be able to attend clinical without this documentation.

Castle Branch

Castle Branch will be used by all students, as a means to document and keep record of all immunizations. Students will be provided with website. The student shall then, setup an account, and upload all physical and immunization documentation. This documentation will be used for all clinical site verification. It is the responsibility of the student to keep the immunization information valid and their contact information up to date. Castle Branch will also be the responsible software for student follow up. All contact information must be up to date and correct in order for accurate survey results.

1. Tuberculosis:

   Annual documentation of proof of tuberculosis status is required from each student. Each individual must receive (and have read) a Mantoux skin test for tuberculosis by the beginning of classes each Fall semester/or January semester. Documentation must be presented to the Student Health office prior to entry into the clinical area in September or January (for Jan. start). **Students will not be able to attend clinical without this documentation.**

   If the student is Mantoux (+) positive, a chest x-ray or a physician's statement that the individual is under prophylactic treatment for tuberculosis must be received by the Student Health office.

If the student has received a BCG vaccine sometime in the past, please be sure to notify your physician. For questions, talk to Program Director.

Clinical Practicum Assignments

The Program Director and Clinical Coordinator(s) will establish students' clinical practicum assignments. Clinical assignments are designed to provide students with a range of diverse learning opportunities and experiences. Students are typically assigned to two (2) different clinical practicum sites during the course of their program of study.

In order to meet the educational needs of all students the clinical assignments may be changed at any time as determined by the Program Director, Clinical Coordinators and Clinical Preceptors.

. Each student is responsible for providing his/her own transportation to and from these clinical sites. Students may not be scheduled in clinical during school closures. For the safety of students and patients, no more than ten (10) clinical hours shall be scheduled in any one day. Scheduled didactic and clinical hours combined will not exceed forty (40) hours per week.

A student's clinical assignment(s) may be some distance from a student's home and up to 30 miles from the Roxbury campus. Clinical sites are Massachusetts General Hospital, Boston Medical Center, East Boston Neighborhood Health Center, Beth Israel Deaconess Medical Center, and New England Baptist Hospital & Mobile X/USA. Each student is responsible for providing his/her own transportation to and from these clinical sites.

The clinical objectives for each clinical practicum course will determine the room rotation schedules within a clinical practicum site.

Students (male or female) will be offered the opportunity to participate in gender specific imaging procedures (i.e. HSG, Mammography or any other procedure opposite of the patient). The program will not override hospital policies and procedures to participate in these imaging procedures; however, the program will make every effort to place students in gender specific clinical areas. Clinical rotations in these gender specific imaging areas are not guaranteed to any student. The mammography statement is based on the position statement with Mammography Clinical Rotations (Standard One- Objective 1.2) adopted by the Joint Review Committee on Education in Radiologic Technology (JRCERT) in April 2016.

In the event a student is suspended from a clinical practicum site the situation that resulted in the suspension will be investigated by the Program Director. If at the conclusion of the investigation it is determined that the student's suspension from the site was for valid reasons, or in the event of a suspension for valid reasons where the clinical site refuses to allow the student to return to the site following a clinical suspension, the Program and the College are under no obligation to assign that student to a different clinical site.

The suspended student has the right to initiate an appeal through the College's due process as outlined in the RCC Student Handbook. The results of the appeal process will determine the student's future status in the program and clinical placement.

Radiologic Technology Program Curriculum

The program's curriculum encompasses liberal art studies, physical and applied sciences, and radiologic technology courses that are designed to provide students with meaningful learning experiences and the skills necessary to perform as an entry level radiographer.

The program's course sequence is designed so that a full-time student can complete the program in 21 months. Some students who chose to complete some or all of the general education courses, before entering the program, to lessen their course load while enrolled in the program, further extend the length of the program.

In order to progress through the program a grade of "C+" (80%) or higher is required in all of the Radiologic Technology courses in order to continue to the next semester. Students must earn a minimum grade of "C+" in all required courses in order to graduate.

The curriculum closely integrates didactic and clinical course work to ensure that graduates of the program are ready to sit for the national certification exam, which is offered by the American Registry of Radiologic Technologists (ARRT). Integration of didactic and clinical courses further prepares graduates to enter the workforce as entry-level technologist. Successful completion of the ARRT certification exam in Radiography qualifies students to work as Registered Technologists in Radiography and to apply for a Massachusetts Radiologic Technologist license in Radiography.

Graduates of the RCC Radiologic Technology Program earn an Associate in Science (AS) degree in Radiologic Technology.

Prerequisite courses must be completed before applying to the program. See program admissions information. The student must be selected to the program before registering for Radiology/Allied Health (HLT) courses. It is recommended that students complete other general education courses before applying (English II, elective)

Radiologic Technology Program Curriculum

Prerequisites	Credits
ENG 101 English composition I	3
MAT 100 Level or above	3
SCI 201 Anatomy & Physiology I	4

1st Semester Course: Summer Intersession II	Credits
HLT 151 Basics of Radiologic Technology	2

2nd Semester Courses: Fall	Credits	**3rd Semester Courses: Spring**	Credits
HLT 150 Introduction to Radiologic Technology	3	HLT 170 Principles of Radio logic Quality	3
HLT 152 Basic Radiographic Procedures	3	HLT 171 Radiologic Instrumentation	3
HLT 154 Clinical Practicum I	4	HLT 172 Intermediate Radiologic Procedures	3
HLT 158 Radiologic Technology Anatomy and Physiology	4	HLT 174 Clinical Practicum II	3
Total credits for 2nd Semester	14	Total credits for 3rd Semester	12

4th Semester-Summer Sessions I and II:	**Credits**
HLT 175 Clinical Practicum III	5

5th Semester: Fall	**Credits**	**6th Semester: Spring**	**Credits**
HLT 250 Fundamentals of Radiobiology	4	HLT 270 Topics in Radiologic Technology	3
HLT 252 Advanced Radiographic Procedures	3	HLT 274 Clinical Practicum V	4
HLT 254 Clinical Practicum IV	4	SSI 122 General Psychology (If needed)	3
ENG 102 English Composition II (If needed)	3	Elective HUM,PSY,SII, BIO, CHE, ENG (If needed)	3
Total Credits for 5th Semester	14	Total credits for 6th Semester	13

Total credits needed for graduation: 70 credits

POLICIES & PROCEDURES

ROXBURY COMMUNITY COLLEGE
Division of Health Professions Radiologic Technology Program

CLINICAL PRACTICUM POLICIES AND PROCEDURES TABLE of CONTENTS

PURPOSE: Policies and procedures provide a guide for the radiographic clinical practicum courses. Policies are the "rules" or statements to guide conduct in specific situations. Procedures describe the method of policy implementation. Standard policies and procedures are useful in improving the clinical practicum experience by establishing specific expectations and assessment methods.

DISTRIBUTION: The Radiologic Technology Clinical Practicum Policies and Procedures are part of the RCC Radiologic Technology Student Handbook. Students are required to purchase this handbook as part of their Clinical Practicum courses. Students must purchase this handbook prior to the start of their first clinical practicum. Copies of the RCC Radiologic Technology Student Handbook are distributed to each of the Clinical Practicum sites. As policies are updated and revised each student and each clinical site receives a copy of these revisions for placement in the RCC Radiologic Technology Student Handbook

REVIEW OF POLICIES AND PROCEDURES: The Program Director, Clinical Coordinator(s) and Clinical Preceptors review Policies and Procedures on a yearly basis and on an as needed basis. The policies and procedures identified in this handbook may be amended upon written notification of such changes to students and faculty. It is the responsibility of the Program Director to inform the students and faculty of changes in these policies and procedures in writing indicating the effective implementation date.

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POLICY NUMBER: 01

Created: April 2020
Reviewed: May 2020 Revised:

CLINICAL PRACTICUM ORIENTATION POLICY & PROCEDURE

POLICY

The RCC Radiologic Technology student will receive an orientation to their assigned clinical practicum site. This orientation may be provided by the Clinical Preceptor, designee or other appropriate clinical supervisory personnel.

Some clinical sites require students to complete the hospital orientation prior to the start of the student's first scheduled day in their clinical practicum course. Students must meet the orientation requirements of their clinical site.

PROCEDURE

1. Students are scheduled for orientation to their clinical practicum site and department by their Clinical Preceptor.

    - Some clinical sites require students to complete an orientation process prior to reporting for the first day of their clinical practicum course.
    - Students who are required to attend orientation on a date that is not a scheduled clinical day will be excused from clinical on an alternate day to be determined by the Clinical Preceptor.

2. Students must complete all orientation requirements of their clinical practicum site.

3. Failure to complete a facility's orientation requirements will result in the delay in the start of a student's clinical practicum course and may result in the student being unable to complete the clinical practicum course requirements.

Orientation to the student's clinical practicum site includes, but is not limited to a review of policies and procedures specific to that facility/department relating to: Infection Control, Reporting Health and Communicable Disease, Fire/Safety, Emergency/Code Situations, Incident Reports, Positioning Protocols, Lunch/Break Schedules, Departmental Phone Numbers for Call-in for Sick/Emergency Days, Identification. Badges, Parking Restriction/Requirements, Health Insurance Portability and Accountability Act (HIPAA) training, Radiation Monitoring and Safety, etc.

4. The Clinical Preceptor will ensure that the first year student documents completion of the orientation to the facility/department using the Trajecsys Report System™ during the Clinical Practicum I course.

5. When students rotate to a new clinical practicum site, the Clinical Preceptor is responsible for providing these new students with an orientation to their site within the first week of their rotation. Clinical Preceptors will document the orientation using the associated lab in the Trajecsys Report System™.

POLICY NUMBER: 02

Created: April 2020
Reviewed: May 2020

CLINICAL PRACTICUM HOURS/ROTATIONS/HOLIDAYS/SNOW DAYS/EMERGENCIES POLICY & PROCEDURE

POLICY

Traditional clinical practicum hours are primarily based on either a 7:30 A.M. to 3:30.P.M. or 8:00 A.M. to 4:00 P.M. schedule, depending on the clinical site, with a 30 minute lunch break.

Modifications or adjustments to the traditional clinical schedule will be documented through the use of the Student Conference form.

Students (male or female) will be offered the opportunity to participate in gender specific imaging procedures (i.e. HSG, Mammography or any other procedure opposite the gender of the student). The program will not override hospital policies and procedures to participate in these imaging procedures; however, the program will make every effort to place students in gender specific clinical areas. Clinical rotations in these gender specific imaging areas are not guaranteed to any student. The mammography statement is based on the position statement with Mammography Clinical Rotations (Standard One- Objective 1.2) adopted by the Joint Review Committee on Education in Radiologic Technology (JRCERT) in April 2016.

The combination of clinical practicum hours and didactic course hours shall not exceed 40 hours per week.
All students shall follow the published RCC holiday schedule. Students are not allowed to schedule vacation time that conflicts with the RCC Radiologic Technology Program schedule.

In the case of severe weather, the clinical practicum is a RCC course, and, as such, will follow the College's decision for school closing or delayed openings.

For closings; due to weather or other; Students should be registered with the RCC **RAVE** emergency activation alert system. https://www.getrave.com/login/rcc

PROCEDURE

1. Each semester students are assigned to a clinical practicum site by the Program in accordance with the RCC clinical affiliation agreements. Each student will be assigned to a minimum of two different clinical sites while enrolled in the program.
2. In order to meet the educational needs of all students' clinical assignments may be changed at any time as determined by the Program Director, Clinical Coordinators and Clinical Preceptors.
3. Students are expected to arrive at the clinical facility on time and sign-in using the Trajecsys Report System™ at their assigned sign in location & report to the Clinical Preceptor/or designee before their scheduled start time.

4. Students must sign-out using the Trajecsys Report System™ before leaving the clinical site at their scheduled dismissal time.
5. The Radiologic Technology Program schedule is based upon the RCC academic calendar. Additionally radiologic technology students are assigned to clinical as outlined below:
    - Students may not be scheduled in clinical during school closures.
    - For the safety of students and patients, no more than ten (10) clinical hours shall be scheduled in any one day. Scheduled didactic and clinical hours combined cannot exceed forty (40) hours per week

6. In the case of severe weather or emergency, the clinical practicum course is a RCC course, and thus will follow the College's decision for school closing or delayed openings.
    - It is the student's responsibility to monitor RCC closings and notify their clinical practicum site of any delayed openings or school closings due to severe weather conditions.
    - A delayed opening of two (2) hours is based on college classes routinely starting at 8:00AM, thus a two hour delay means that students will not report to their clinical site until 10:00AM regardless of their normal clinical starting time.
    - In the event a student shows up at their clinical site at their normally scheduled time when RCC has declared a two (2) hour delayed opening if there are radiographic procedures that can be performed by the student, with direct or indirect supervision, the student may be allowed to start clinical early at the discretion of the Clinical Preceptor. The student may use these two (2) hours towards any previously missed clinical time or the student may be allowed an early release time, on that day, or a future clinical day, at the discretion of the clinical Preceptor.
    - When RCC classes are already in session the Program Director will notify the Clinical Preceptors when RCC classes are cancelled early, due to snow or other emergencies, in order to establish student early release time from the clinical site(s). Students may not continue to remain at their clinical site once the College has announced that classes are cancelled.
    - In the absence of the Program Director or Clinical Coordinator, the Clinical Preceptors should use their own best judgment in releasing the students from their clinical sites during severe weather conditions (i.e., hurricanes, blizzards, etc.) or during other emergency situations (i.e., flooding, fire, etc.).

7. When students are scheduled for clinical experience during non-traditional clinical times or days when the college is not in session, the Program will provide the clinical practicum sites with the name and information of a program faculty member to be used as an emergency contact in the event of an emergency situation involving a RCC Radiologic Technology student.

POLICY NUMBER: 03

Created: April 2020
Reviewed: May 2020 Revised:

CLINICAL ATTENDANCE/ABSENCE

POLICY & PROCEDURE POLICY:

RCC Radiologic Technology students are required to attend clinical practicum throughout their program of study. Absence from the clinical practicum is strongly discouraged due to the time required to master the performance of a variety of radiographic procedures and the number of clinical competency evaluations that are required for each clinical practicum.

It has been determined that the established clinical time for each semester is the time required for each student to meet the clinical course objectives. Therefore, students are required to make up any missed clinical days.
Make-up time must be completed within thirty (30) days of the absence or before the semester ends, which ever one occurs first. Students are allowed two personal days per semester.

Students who are unable to complete the clinical practicum objectives and clinical make-up days within the 30 or before the semester ends will receive a grade of Incomplete (I) for their clinical practicum course and will be unable to continue in the program since each clinical practicum course is a pre-requisite to the next clinical practicum course.

The student will identify the procedures or area of practice that will be most beneficial to their learning prior to scheduling clinical make-up day(s)/time. The student will use the Conference Report for Clinical Absence form to document the area of focus for his/her clinical make-up time and review this form with the Clinical Preceptor. The form is located in Trajecsys.

Students are not allowed to schedule vacation time that conflicts with the Radiologic Technology Program schedule.

Students are expected to develop a professional work ethic during their clinical practicum experience. Clinical attendance is one component of a professional work ethic. Students should keep in mind that their clinical attendance will reflect on future recommendations for employment after graduation.

Recognizing that all individuals may become unexpectedly ill, or encounter an unforeseen emergency situation, the procedures listed below outline the steps to be followed in the event of the student's absence from the clinical practicum site.

PROCEDURE

1. In the case of illness/emergency the student must call their clinical site at least 15 minutes before the start of the regularly scheduled clinical hours and speak with the Clinical Preceptor (CI), or designee, regarding their absence.

- Failure to notify the CI or designee of an absence, or to notify the CI or designee of the absence in the appropriate time frame, may result in an unexcused absence *(See Policy #06, Un-excused absence)* at the discretion of the CI, and Program Director.
- At the discretion of the Clinical Preceptor, the Clinical Coordinator and the Program Director an unexcused absence will result in a ten (10) point demerit for that semester.
- In the event of a severe illness or accident in which the student was physically unable to notify the Clinical Preceptor, or designee, of their absence, the absence will not be considered an unexcused absence. Upon returning to the clinical site, the student must provide a physician note indicating the date of the absence and the reason for the absence.

2. If the CI would prefer the student to notify them of a student's absence in a different manner, (i.e. e-mail or voice mail or within a different time frame) the Clinical Preceptor should instruct the student of the proper procedure to follow as part of the student's orientation to that clinical site.

3. It is not in the best interest of the student, nor of the patients, and other healthcare professionals for a student to report to their clinical site when they are ill.
   - In the event a student reports to the clinical site with an illness that can easily be spread to other students, patients, or staff, and/or when the student is unable to function at a level appropriate to a healthcare setting and appears to be a hazard to themselves or others, the clinical Preceptor, and/or the Preceptor's designee, has the authority to release the student from the clinical site for that day.

4. Each clinical Preceptor will record a student's absence through the use of the Trajecsys Report System™ Clinical report.

5. The make-up time for absences will be performed at a time agreed upon by the student and the Clinical Preceptor. Make-up time must be completed within 30 days of the absence or before the semester ends, which ever one occurs first for the semester. The Clinical Coordinator must be notified in writing three (3) day prior to the arrangements for make-up time utilizing the Conference Report for Clinical Absence form located in Trajecsys.
   - Students are allowed two (2) personal days per semester. These personal days do not need to be preapproved and can be used anytime.
   - Students must keep in mind that there is limited time in which to make up missed clinical time. Make-up time can completed on weekends but cannot be scheduled on holidays and/or when the college is closed. To accommodate scheduling for the make-up time, if necessary, time can be split

into smaller increments of two (2) hour blocks. A minimum of two (2) hours can be scheduled by extending their regular class or clinical day; however, a student cannot exceed a total of ten (10) hours a day with didactic courses and/or clinic courses.

   - Students who schedule a make-up day with a Clinical Preceptor and don't attend the make-up day, it will be counted as an additional absence.
   - If the student fails to make up the scheduled missing clinical time as arranged, prior to the end of the semester, the grade of incomplete will prevent the student from continuing on to the next clinical practicum course since each semester's clinical practicum course is a pre-requisite to the next semester's clinical practicum course. Thus, the student will be unable to remain in the program.

6. Once a student misses three (3) days during a semester the student will meet with their Clinical Preceptor and Program faculty (Program Director and/or Clinical Coordinator) to discuss their situation and a Student Conference Report form will be completed documenting the meeting and the expectations for the student's improvement in attendance.

- If a student fails to meet the established expectations for improvement in attendance, the student will be placed on clinical probation.

7. A students with extended absences (3 or more sequential days per semester) related to an extended illness or injury will be required to provide proof of medical clearance by a healthcare provider to be able to return to their clinical site.

8. When a student must leave their clinical practicum site prior to their scheduled release time due to illness or emergency, the student's missed clinical hours will be documented and cumulative missed hours will be totaled and must be made up prior to the end of the semester.

9. Extended time missed from a clinical practicum due to a death in the family, jury duty, military duty, or extended illness may impact on the student's ability to meet clinical practicum course objectives. Extended time is defined as three (3) or more missed days.

10. A student who requires extended time (more than 3 days) off from their clinical practicum for any reason must meet with the Program Director and Clinical Coordinator(s) to discuss their situation then to develop a feasible plan for meeting the objectives of the clinical practicum course.
    - If a feasible plan to meet the clinical practicum course objectives cannot be developed, a student will be counseled by faculty to withdraw from the clinical practicum course, if it is still within the College's acceptable time frame to withdraw from a course.
    - Withdrawal from a clinical practicum course will prevent a student from continuing in the program since the clinical practicum course in one semester is a pre-requisite to the clinical practicum course offered in the next semester.

Roxbury Community College
Radiologic Technology Program

POLICY NUMBER: 04

Created: April 2020
Reviewed: May 2020
Revised:

PUNCTUALITY/TARDINESS POLICY & PROCEDURE

POLICY

A student is expected to arrive at their clinical site on time. If a student arrives at the clinical practicum site after the assigned scheduled start time the student must document their late arrival on the Daily Sign-In in the Trajecsys Report System™.

A student is expected to return on time to their assigned area at the clinical site following a break or lunch schedule. Failure to return on time to the assigned clinical area following a break and/or lunch schedule is also considered an occurrence of a student failing to be punctual.

Students are expected to develop a professional work ethic during their clinical practicum experience and punctuality is one component of a professional work ethic. Students should keep in mind that their punctuality will reflect on future recommendations for employment after graduation.

Students make up lost time due to lack of punctuality when either a single occurrence or cumulative occurrences total to 30 minutes of missed clinical time. Make-up time must be completed the same day of the missed time.

Continued issues with tardiness will reflect in the student's Clinical Practicum grade in the Professional Behavior Section as outlined in the procedures below.

Start times for traditional clinical practicum hours vary slightly between clinical practicum sites (i.e.: 7:30am- 3:30pm or 8:00am-4:00pm).

PROCEDURE

1. Ongoing problems with tardiness will affect the student's grade point total for punctuality/tardiness on the Grade Report Form **(Form CP1-A, CP2-A, CP3-A, CP4-A, CP5-A)** in the Professional Behavior section based on the following standards:

Standard	Number of days/occurrences tardy in the semester	Point Deductions for Lack of Punctuality/Tardiness Issues
Meets Standards	0 to 2 days/occurrences tardy in a semester	0 points
Below Standards	3 days/occurrences tardy in a semester Student conference is scheduled	1 point

	4 days/occurrences tardy in a semester	4 points

2. When a student has four (4) occurrences, one (1) demerit will be deducted along with the four (4) point deduction from the Professional Behavior section on the Clinical Practicum grade sheet. Additional demerits will be deducted for any occurrences that continue with punctuality/tardiness. Any punctuality/tardiness over fifteen minutes, the student will receive one (1) demerit. In the event of extreme weather conditions, or unusual situations which may result in a student's late arrival to the clinical practicum site, the point deduction for tardiness may be waived at the discretion of the Clinical Preceptor, Clinical Coordinator or Program Director.

3. When there have been three (3) occurrences of tardiness during a practicum, the student will meet with the Clinical Preceptor (CI) and/or Clinical Coordinator (CC) for a student conference.
    - The CI and/or CC will advise the student as to the reason for the conference and will provide the student with the expectations of how the student's tardiness will be addressed and resolved.
    - This meeting will be documented through the use of the Student Conference Report form **in** the Trajecsys Report System™.

4. Continued issues with tardiness will not be tolerated.
    - Students will be placed on clinical probation when there are ongoing issues with tardiness.
    - A student will continue to be assigned demerit points on their clinical practicum grade sheet for lack of punctuality.
    - **A grade below a "C+" (78-80.99%)** for a clinical practicum course is considered a failing grade.
    - If a student receives a failing grade for a clinical practicum course the student will not be allowed to continue in the program, since each clinical practicum course is a pre-requisite to the clinical practicum course offered in the next semester.

Roxbury Community College Radiologic Technology Program

POLICY NUMBER: 05

Created: April 2020
Reviewed: May 2020 Revised:

DEATH IN FAMILY/BEREAVEMENT POLICY & PROCEDURE

POLICY

In the event of a death in the immediate family of an enrolled RCC Radiologic Technology student, the student is granted an excused absence of three (3) consecutive days for bereavement in a semester. These three (3) bereavement days will not be considered as absence days.

The student may be required to make up clinical time for these three bereavement days only when a student fails to meet the clinical practicum course objectives because of this missed clinical time for bereavement.

A student may request additional time off for bereavement but loss of additional clinical time could potentially affect the student's ability to complete the required clinical practicum course objectives.

Immediate family is defined as the student's spouse/partner, parent/guardian, grandparent, child, grandchild, sibling, or with the approval from the Program Director, another member of the student's extended family.

The bereavement policy does not extend to non-family members.

PROCEDURE

1. The student must notify the Program Director or Clinical Coordinator and their Clinical Preceptor in the event of a death in their immediate family.

2. The student must complete the Death in Family on the Student Conference Report form with their Clinical Preceptor if the days off for bereavement fall on a clinical practicum day or with the program director if the bereavement days fall on class days.
3. Once the Radiologic Technology student or the CI has notified the Program Director of the death of a student's immediate family member, the Program Director will notify the other Radiologic Technology faculty members of the student's absence from class.
    - Students are responsible for any missed class notes, assignments or exams.
    - Students will need to meet with their Radiologic Technology course Preceptor(s) to schedule any make-up time for missed work.

4. Students are responsible for notifying other Non-Radiologic Technology RCC faculty members of any non-HLT courses they are taking of their absence from class due to the death of a family member.
    - Students are responsible for any missed class notes, assignments or exams.
    - Students will need to meet with their course Preceptor(s) to schedule any make-up time for missed work.

5. Bereavement days off for Clinical Practicum course days will be documented in the student's clinical record as a clinical absence due to death in family (DIF).

Roxbury Community College Radiologic Technology Program

POLICY NUMBER: 06

Created: April 2020
Reviewed: May 2020 Revised:

UNEXCUSED ABSENCE POLICY & PROCEDURE

POLICY

The RCC Radiologic Technology student is required to notify their clinical Preceptor when unable to attend clinical due to an illness or unforeseen emergency situation.

If a student fails to appropriately notify their Clinical Preceptor or designee of their absence as outlined in Policy and Procedure 03, Clinical Attendance, and as outlined in the student's orientation to the clinical site this will result in the documentation of an unexcused absence.

The steps to follow for an unexcused absence are outlined in the following procedure

PROCEDURE

1. In the event of an absence due to illness or unforeseen emergency, a student is expected to personally notify the Clinical Preceptor or their designee, of their absence as outlined in Policy and Procedure 03, Clinical Attendance and as outlined in the student's orientation to the clinical site.

2. If a student fails to notify the Clinical Preceptor or designee of their absence as outlined in Policy and Procedure 03, Clinical Attendance, and as outlined in the orientation to the clinical site, the absence will be considered an unexcused absence and 10 demerit points will be deducted from the student's grade for that clinical practicum.

3. Unexcused absences must be made up prior to the start of the next semester, at a time agreed upon by the student, the Clinical Preceptor and Clinical Coordinator.

4. A student who fails to make up an unexcused absence before the start of the next semester will receive a grade of incomplete for that clinical practicum and will not be allowed to progress to the next clinical practicum course.

5. In the event of a severe illness or accident in which the student is physically unable to notify the Clinical Preceptor, or designee, of their absence, the absence will not be considered an unexcused absence.
6. In the event of severe illness or accident a student must, upon returning to the clinic practicum site, bring a healthcare provider's note indicating the date(s) of and reason for the student's absence to RCC.

Roxbury Community College Radiologic Technology Program

POLICY NUMBER: 07

Created: April 2020
Reviewed: May 2020 Revised:

TRANSPORTATION POLICY & PROCEDURE

POLICY

Students in the RCC Radiologic Technology program must provide their own transportation to their assigned clinical practicum sites. Students must follow the parking regulations of their assigned clinical practicum site.

PROCEDURE

1. Students are responsible for arranging and paying for their transportation and any required parking fees at their clinical practicum sites.

2. Students in need of a parking space at their clinical practicum site will receive information on parking during their orientation to their clinical site and only if the clinical site has parking spaces available for students.

3. Some clinical sites may require students to park at an off-site location and/or may require students to pay parking fees.

4. Students who fail to follow the parking regulations of their clinical site will be issued a clinical warning.

5. A student who continues to violate the parking regulations of the clinical site after receiving a warning will be placed on clinical probation.

6. Violation of clinical probation expectations may result in dismissal from the program.

Roxbury Community College Radiologic Technology Program

POLICY NUMBER: 08

Created: April 2020
Reviewed: May 2020 Revised:

SUPERVISION OF STUDENTS POLICY & PROCEDURE

POLICY

RCC Radiologic Technology students will be supervised by a qualified staff technologist (radiographer) at all times, through direct or indirect supervision, as outlined in the procedures below. A qualified technologist is defined as a technologist who is certified by the ARRT in radiography and/or, for those technologists working in clinical practicum sites located in Massachusetts, holds a current license in radiography with the Commonwealth of Massachusetts Radiation Control Program.

PROCEDURE

1. Each student will be assigned to work under the direct or indirect supervision of a qualified staff technologist.

2. A student must have direct supervision while observing, practicing, or performing an exam in which the student has not yet achieved competency.

3. Mobile, OR & C-arm Procedures must always be performed under direct supervision.

4. Direct Supervision is defined as a qualified technologist in the room overseeing all activities associated with a radiographic procedure including:
   a. The qualified technologist reviews the procedure in relation to the student's level of experience and achievement.
   b. The qualified technologist evaluates the condition of the patient in relation to the student's knowledge.
   c. The qualified technologist is present during the performance of the procedure.
   d. The qualified technologist reviews and approves the procedure along with the radiographic images that are produced.

5. After a student has achieved competency in a particular exam, he/she may perform that exam with Indirect Supervision unless a radiographic image must be repeated then a student must be directly supervised.

6. Indirect Supervision is defined as a qualified technologist immediately available to assist a student, regardless of the level of the student's achievement or competency. Immediately available is interpreted as the presence of a qualified technologist adjacent to the room or location where a radiographic procedure is being performed.

7. In order to maximize radiation protection and safety for the patient, all unsatisfactory images must be repeated under the direct supervision of a qualified technologist who is licensed in radiography by the Commonwealth of Massachusetts Radiation Control Program and/or certified by the ARRT in radiography, regardless of the student's level of competency. For additional information on repeating unsatisfactory images refer to Policy #14, Repeating of Unsatisfactory Radiographic Images.

8. Under all circumstances students must have images evaluated and approved before releasing any patient and sending the images to PACS.

9. Students who are in violation of the policy and procedures for supervision of students will meet with their Clinical Preceptor and Program Officials (Program Director, Clinical Coordinator). A Student Conference Report form will be completed to document the reason for the conference and the expectations that the student is to meet.

10. Violations in this policy will reflect in the student's clinical practicum course grade as point reductions in the category of professionalism.

11. Repeat violations or infractions of policies related to radiation safety policy or patient safety will result in the student being placed on clinical probation.

POLICY NUMBER: 09

Created: April 2020
Reviewed: May 2020 Revised:

PROFESSIONAL BEHAVIOR & CONDUCT POLICY & PROCEDURE

POLICY

The students in the Radiologic Technology Program are expected to conduct themselves in a professional manner throughout their clinical training. Professional behavior and conduct includes the use of common sense and common courtesy while interacting with patients, patient's family members and other healthcare professionals.

The procedures below list some, but not all, of the expected professional behavior and conduct for student radiographers to follow, as it would be impossible to list every scenario that could occur in a clinical setting that would potentially involve a student's professional behavior and conduct.

PROCEDURE

1. The student will refer to patients in a formal and courteous manner in compliance with departmental confidentiality policies and with the Health Insurance Portability and Accountability Act (HIPAA).
    a. When appropriate the student will refer to patients by their last name with the appropriate preface (i.e.: Mr., Ms., Mrs., Miss., etc.)
    b. Students must follow the protocols of their department in ensuring patient identification for radiology procedures.
    c. Use of expressions to address patients, such as "Sweetie", "Honey", etc., is inappropriate in the clinical setting.

2. The student is expected to treat all patients with dignity and respect while delivering care without prejudice to all patients.

3. Students must be certain to display an appropriate professional image and demeanor to all patients.
    a. Students must be aware of the tone of their voice, facial expressions and the body language projected while in the presence of patients, patient's family members and other healthcare professionals.
    b. Students should not use unprofessional or inappropriate language, slang or idioms while in the clinical setting.
    c. Students must be careful to speak clearly and with sufficient volume so that patients and their family members will understand instructions

4. Students are expected to provide a caring and empathetic approach to all patients.

5. Students must work cooperatively with all clinical staff, presenting a courteous, professional manner, and using appropriate titles.

a. The student will refer to physicians by the last name with the appropriate preface (i.e., Dr.), unless directed to do otherwise by the physician.
b. When introducing a physician to a patient the student must always use the appropriate preface/title.

6. Students must demonstrate respect for, defer to the judgment of and follow the instructions of all clinical staff.
    a. If students are confused by a staff member's instructions the student should wait until they are out of the patient's hearing distance to ask for clarification.
    b. Challenging a technologist or staff member's instructions in front of the patient will make the patient feel unsure of the technologist or staff's abilities. This may make the patient feel insecure about the care that they are receiving.
    c. Students should ask their clinical Preceptor for clarification of information at a later time if they feel there is conflicting information.

7. Students are expected to take initiative in applying the new skills they are learning in their didactic courses while in the clinical sites.
    a. It is expected that while procedures are being performed, the student is an active participant in these procedures. Students must be observing, assisting or performing procedures with the direct or indirect supervision of qualified technologists while procedures are being performed.
    b. When radiology departments are slow, students should obtain permission from their Clinical Preceptor or the Clinical Preceptor's designee to use a radiology procedure room to practice patient positioning on fellow students or to use the time to review and study ind material.
    c. Students can also make use of slow time in their departments to continue to further their education by reading professional journal articles or reviewing professional textbooks but should first obtain permission from their Clinical Preceptor or in the Clinical Preceptor's absence designee to read professional journals or textbooks.
    d. As members of the radiology team, students are expected to assist in, and perform other tasks required in the department such as, cleaning, organizing and stocking X-ray rooms; filing; scanning documents; etc.

8. Students are expected to continue to apply and practice their radiography skills after successful completion of their competency evaluations, in order to become more proficient at these procedures.

9. Students will refrain from using any personal electronic devices while at their clinical site. Use of these devices could potentially prevent a student from hearing important instructions, a patient's cries for help, or other departmental or site broadcasted auditory signals or announcements. In addition, some electronic device may interfere with the operation of medical equipment.

10. Students not in compliance with the Professional Behavior & Conduct Policy and Procedure will meet with their Clinical Preceptor, Clinical Coordinator and/or Program Director to discuss the issues or concerns regarding their professional behavior/conduct. This meeting will be documented using the Student Conference Report Form. If the behavior violates the RCC Code of Conduct, the issue will be referred to the Student Code of Conduct Administrator.

11. Students who violate the Professional Behavior and Conduct policy will receive clinical demerits in this category on their Clinical Practicum Grade Report form **(Forms: CP1-A, CP2-A, CP3-A, CP4-A & CP5-A).**

12. Continued violations of three infractions of the Professional Behavior and Conduct Policy will result in the student being placed on clinical probation.

Roxbury Community College Radiologic Technology Program

POLICY NUMBER: 10

Created: April 2020
Reviewed: May 2020 Revised:

PROFESSIONAL APPEARANCE/DRESS CODE POLICY & PROCEDURE

POLICY

RCC Radiologic Technology students are required to dress in a professional manner at all times while at their clinical practicum site. Good personal hygiene must be maintained at all times.

The student's appearance must not be distracting to others (i.e., co-workers, patients, visitors, etc.). A distracting appearance is defined as those styles or fashions that are not of a conservative nature appropriate to a healthcare environment, such as: facial piercing, including but not limited to, piercing of the tongue, nose, cheek, eyebrow, lip, chin or multiple ear piercings and/or visible tattoos.

Massachusetts State law requires individuals in healthcare to wear identification badges that indicate their name and their credentials. In addition, State law protects the rights of the patients by stating: patients may refuse to be treated by individuals in training without hindering their access to healthcare. Students will get RCC College ID's that can be hung with hospital issued ID and their scrub tops are embroidered.

The professional dress code, as outlined below, must be followed by all RCC Radiologic Technology students while at the clinical practicum sites.

PROCEDURE

1. Students are required to purchase and wear the approved program uniform.

2. The approved program uniform consists of the following:
    - Matching solid royal blue colored scrub outfits. Issued by McGills. Embroidered. ○ For additional warmth students may wear either a short or long sleeve plain white or plain shirt underneath their scrub tops.
        - ○ Shirts worn under the scrub tops must be tucked into the pants.

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    - If a student chooses to wear a lab coat or scrub warm up jacket over their scrub outfit it must be a solid white color and the RCC program emblem must be sewn Approved styles available with embroidery from McGills

3. Uniform clothing must fit appropriately. Uniform clothing that is either too tight fitting or excessively large is unacceptable.

4. Uniform clothing must be kept neat, clean and wrinkle free.
5. Students must wear acceptable footwear at all times. Acceptable footwear includes the following:

- Clean solid white or solid black shoes or sneakers with clean matching colored shoe laces Clean solid white or black clogs with heel straps (if allowed by the clinical site).
- Clean socks or nylons/hose must be worn at all times.

6. Strapless clogs, sandals or opened toed shoes are not allowed as these pose a safety risk.

7. Hair must be kept neat and clean. Hair must be of a natural color that a person would be born with. No extreme colors such as blue, green, purple, pink, orange, etc. will be allowed. Hair longer than shoulder length must be tied up/back for safety.

8. Beards, sideburns and mustaches must be neatly trimmed.

9. Moderate use of jewelry in the clinical site is acceptable (i.e., watch, wedding ring, single pair of small earrings).
    - No long necklaces or large hoop/dangling earrings are allowed in place at the clinical practicum site, as these can be a safety risk.
    - Multiple pierced earrings are not allowed in place at the clinical practicum site. One stud per ear is only accepted.
    - Ear gauges are not allowed and must be removed while the student is in clinical.

10. Nails must be kept short and clean, and no long or false/acrylic or gel coat nails will be allowed due to potential infection control problems. Chipped polish is not acceptable and nails must be no longer than¼ inch over the fingertip.

11. No gum chewing is allowed while working with patients in the clinical setting as this does not present a professional appearance.

12. Students must wear a radiation monitoring device during their clinical practicum.

13. Operating room scrubs, that are the property of a clinical affiliate, are to be worn during an operating room clinical rotation only and may not be removed from the clinical site.

14. Discrete use of deodorant acceptable. Cologne is not acceptable.

    Students must refrain from scented colognes, perfumes, aftershaves, body sprays and body lotions since these strong scents can be offensive to ill patients and may result in patients feeling nauseated or trigger allergic reactions of patients and/or staff. Unscented or lightly scented deodorant is recommended.

15. Students are not permitted to have facial piercing jewelry in place during their clinical practicum, including, but not limited to: jewelry for piercings of the nose, eyebrow, tongue, lip, chin, cheek, or multiple ear piercings, since these types of facial piercings may be upsetting to patients and their family.

16. Visible tattoos must be covered while the student is at their clinical site.

17. Students who are in violation of the dress code will meet with their Clinical Preceptor/and or Program Officials (Program Director, Clinical Coordinator) and a Student Conference Report form will be completed to document the reason for the conference and the expectations that the student is to meet. Violations in dress code will reflect in the clinical practicum course grade as point reductions in the category of professionalism.

18. Continued violations of three infractions of the dress code will result in the issue being referred to the Student Code of Conduct Administrator which could place the student on clinical probation.

19. Personal Hygiene: Students must maintain and practice good hygiene. Offensive body odor (due to potential uncleanliness, excessive sweat) poor personal hygiene, or excessive perfumes/colognes are not professionally acceptable.

POLICY NUMBER: 11

Created: April 2020
Reviewed: May 2020 Revised:

LEAD MARKERS POLICY & PROCEDURE

POLICY

Students will be required to purchase lead markers for clinical practicum. The first set of lead markers will be provided by RCC. Lead markers will contain specific identifiers (i.e. ~~individual's initials or a~~ specific number assigned to that individual) for the purpose of identifying the person who performed a particular radiographic procedure. A sheet that identifies the different clinical sites requirements for lead markers will be given to each student.

Students must have their own right (R) and left (L) lead markers with them while at their clinical practicum site and must follow departmental policy regarding the use of markers. It is strongly recommended to purchase an additional set of markers with the initial order.

PROCEDURE

1. RCC will purchase R/L lead markers prior to starting clinical that identify the student. It is strongly recommended to order two sets of markers with the initial order.

2. In the event that a lead marker is lost, the student should immediately order another set of lead markers.

3. A student should not use another person's lead markers when those markers contain specific identifiers for that person.

4. A student should not allow other personnel to use their personally identified lead markers, unless that student is actively participating in the procedure.

5. A student who arrives at their clinical practicum site without their lead markers will be issued a verbal warning for the first offense.
6. A student who arrives at their clinical site a second time without their markers will receive a demerit in the professional behavior section of their Clinical Practicum grade.
    - A Student Conference Form will be completed by the Clinical Preceptor indicating the reason that the student received the demerit.

7. A student who arrives at their clinical practicum site without their lead markers for a third time will be sent home, resulting in a 5 point demerit for professional behavior.

- A Student Conference Form will be completed by the Clinical Preceptor indicating the reason that the student was sent home from the clinical site.

8. Missed clinical time due to lead markers infractions, must be made up at a time to be determined by the Clinical Preceptor and the student at the end of the semester; however, before the start of the next semester.

9. When students rotate to a new clinical site they may be required to order new lead markers. This can be confirmed with RCC faculty and/or Clinical Preceptor prior to their new clinical rotation.

Roxbury Community College Radiologic Technology Program

POLICY NUMBER: 12

Created: April 2020
Reviewed: May 2020 Revised:

CLINICAL MERITS POLICY & PROCEDURE

POLICY

Students may be awarded clinical merits when they exceed the expectations of a clinical performance, but clinical merits may not be used to increase the grade of a clinical competency evaluation, as those evaluations have an established grading scale.

Clinical merits will be added to the total point value for the Clinical Practicum grade. Clinical merits will be awarded at the discretion of the Clinical Preceptor, Clinical Coordinator and/or Program Director.

PROCEDURE

1. When a clinical merit is to be awarded the Clinical Preceptor/Clinical Coordinator/Program Director will complete the Student Conference Report Form indicating the specific reason(s) the student is earning the merit point(s).

2. One Clinical Merit point will be awarded for the following situations:
    a. Case studies presented by a student at the clinical site for the benefit of the students and staff. The format and subject matter for a case study presentation must be approved by the Program Director, Clinical Coordinator(s) and/or Clinical Preceptor(s) in advance.
    b. Written thank you notes or written commendations from patients, staff, supervisors, or physicians.
    c. Verbal commendations from supervisors, physicians,technologists, or patients, made to the Clinical Preceptor about a specific student.

3. Additional merit points may be given when deemed appropriate by the Clinical Preceptor(s), Clinical Coordinator(s) and Program Director.

POLICY NUMBER: 13

Created: April 2020
Reviewed: May 2020 Revised:

CLINICAL DEMERITS POLICY & PROCEDURE

POLICY

Students may be assigned clinical demerits when they fail to meet the expectations and objectives of the clinical practicum, or fail to follow the policies and procedures of the radiologic technology program or the policies and procedures and established protocols of the clinical site.

Clinical demerits are categorized as major or minor infractions as outlined in the policy below.

Clinical demerits may not be used to decrease the grade of a clinical competency evaluation, as those evaluations have an established grading scale.

Clinical demerits will be deducted from the student's final clinical practicum grade for that semester.

PROCEDURE

1. When a clinical demerit is to be assigned by the Clinical Preceptor, Clinical Coordinator or Program Director the Student Conference Report form or the Clinical Performance Assessment form is completed indicating the reason for the demerit(s). If the student fails to comply with policies and procedures and/or improve their behavior then demerit points will result.
    - Demerit point(s) for an infraction cannot be deducted from a student's practicum grade if the issue for the demerits has not been documented through the use of a Student Conference Report form and/or a Clinical Performance Assessment form**.**

2. Major infractions are any acts or behaviors that compromise patient, staff, or student safety. Also include any major violation of hospital, departmental or program policies and procedures and established protocols and will result in 5 demerit points from a student's final clinical practicum grade for that semester.
3. The following are examples of major infractions and should not be considered an all-inclusive list:
    - Health Information Portability & Accountability Act (HIPAA) violations. Failure to follow established radiation safety policies.
    - Failure to confirm patient identification and/or patient orders as required by the clinical site prior to performing a radiographic procedure.
    - Failing to provide a safe environment for the patient, their family members or other healthcare professionals.
    - Repeating radiographic images without direct supervision.
    - Releasing a patient without having images approved by a supervising technologist.

- Performing radiographic images without direct supervision prior to full completion of the competency evaluation for that procedure with an established passing grade of 85% or higher.
- Personal communication devices

4. Minor infractions are any acts or behaviors that involve violations of program or hospital policies, procedures and protocols other that those major infractions listed above, including but not limited to: issues with dress code, lead markers, dosimetry badges, professional behavior, hospital computers, etc. and will result in the following point deductions:
    - First (1st) conference for any policy and procedure violation: 1 demerit point
    - Second (2nd)conference for any policy and procedure violation: 2 demerit points
    - Third (3rd) conference for any policy and procedure violation: 3 demerit points
    - If additional infractions occur resulting in the need for additional conferences additional demerit points will be deducted from a student's final clinical grade for that semester and a student may be placed on clinical probation.

5. If a student is suspended from their clinical site this will result in an additional 10 demerit point reduction for that student's clinical practicum grade if, after investigation of the suspension, the Program Director, in collaboration with the Student Code of Conduct Administrator, will determine if the suspension was for valid reasons.

6. Students have the right to implement the Program's Clinical Practicum Grievance Process (Policy & Procedure 31) and the College's Grievance Procedure to request reconsideration of awarded demerit points if they feel these demerits have been awarded unfairly.

Roxbury Community College Radiologic Technology Program

POLICY NUMBER: 14

Created: April 2020
Reviewed: May 2020 Revised:

REPEATING OF UNSATISFACTORY RADIOGRAPHIC IMAGES POLICY & PROCEDURE

POLICY

Under no circumstances may a student repeat radiographic images without direct supervision. Students who repeat a radiographic image or images without direct supervision are in violation of the program's policy and are violating the Commonwealth of Massachusetts' regulations governing the licensing of Radiologic Technologists (see 105CMR 125.013, Student Clinical Education, www.mass.gov/dph/rcp/radia.htm) which states:
"Furthermore, if for any reason a student must repeat any radiographic exposure, a licensed Radiologic Technologist must directly supervise all activities associated with the repeat exposure. For the requirements of 105CMR 125.013, 'directly supervise' means the licensed Radiologic Technologist is present with the student, in the room, overseeing all activities associated with the repeat exposure."

Students who fail to follow this policy will be placed on clinical probation.

In the event a radiographic image produced by a student is unsatisfactory and must be repeated, the following steps will be followed as outlined in the procedure section below.

PROCEDURE

1. The student and the supervising technologist will review the unsatisfactory radiographic image in order to identify the unacceptable factors and needed corrections.

2. The student will then accurately identify to the supervising technologist how those corrections should be implemented.
   - If the student's correction plan is satisfactory continue to step 3.
   - If the student's correction plan is incorrect the qualified technologist will review step 1 with the student in order to help the student to determine the correct steps needed to correct the error.
   - If student's correction plan is still unsatisfactory after review of step 1 the supervising technologist will identify the proper correction plan and continue to step 3.

3. The student implements the needed corrections, under the direct supervision of a qualified technologist. The qualified supervising technologist will place their lead marker on the image **with** the student's lead marker for the repeated image. The student will then makes the exposure with the approval of the qualified supervising technologist.

4. The supervising technologist initials and the number of repeated images are recorded in the repeat column of the Student's Daily Log for that procedure.

5. Repeat competency evaluations should be completed within the same clinical practicum when possible.

6. If the failed competency is a required competency evaluation for that clinical practicum, the student will receive a grade of incomplete for that clinical practicum until the competency evaluation is repeated.

7. The student must return to the clinical site prior to the start of the next semester to complete the failed competency evaluation.

8. Failure to meet all of the competency requirements for a particular clinical practicum course will prevent the student from advancing in the program, since each clinical practicum course is a pre-requisite to the next one.

9. In the event the repeat competency evaluation cannot be completed on an actual patient due to low patient volume a simulated competency evaluation may be completed with the prior approval of the Clinical Coordinator and/or Program Director.

10. In the event it is not possible to repeat a failed competency evaluation that was not required for that clinical practicum within the same clinical practicum the student should repeat that failed competency evaluation within the first three (3) to four (4) weeks of the next clinical practicum.

11. Students who fail a competency evaluation for a second time on the same procedure will be allowed one final attempt to successfully pass that competency evaluation.
    - The student must first complete a second remediation laboratory practice with the Clinical Coordinator and/or Clinical Preceptor and review the appropriate text or other available materials (slides, radiographs, handouts, video tapes, etc.).
    - The student is then re-assigned to the particular area in the radiology department where that procedure is performed in order to gain additional experience and practice pertinent to the competency.
12. Students who receive a second remediation lab for a second failed competency evaluation on the same procedure may repeat the competency evaluation for a third and final time with the Clinical Coordinator or Program Director. If the student's third attempt at competency evaluation is successful the two initial failed competency evaluation grades and the third repeated competency evaluation grade will be included in the calculation of the student's final grade for that clinical practicum.

13. It is unlikely that students, who fail a competency evaluation on the same procedure for the third time, will be able to meet the requirements for passing that clinical practicum. The Clinical Coordinator, Program Director and Dean of Health Professions shall assess the overall academic and clinical status of the student and a decision shall be made as to the advisability of the student continuing in the program.

14. Students who fail a total of three competency evaluations for a clinical practicum course will meet with their Clinical Preceptor, Clinical Coordinator and Program Director and will be placed on clinical probation. Each student's issues that have resulted in the failed competency evaluations will be reviewed and used to determine the terms of the student's clinical probation.

POLICY NUMBER: 15

Created: April 2020
Reviewed: May 2020 Revised:

CLINICAL PROBATION POLICY & PROCEDURE

POLICY

Clinical Probation is designed to address ongoing concerns or problems with a student's performance and/or professional behavior while at the clinical practicum site.

Students are placed on clinical probation when serious or on-going violations of program, departmental or hospital policies and procedures occur.

PROCEDURE

1. When there are issues or concerns that have been addressed and documented using the Student Conference Report that remain unresolved (typically the issue/concern has been addressed three (3) times through the use of the Student Conference report) or when there are issues of a serious nature, a meeting will be held with the student, the Clinical Preceptor, the Clinical Coordinator(s) and the Program Director, and in collaboration with the institution, to place the student on clinical probation.

2. The student will be notified of their probationary status through the use of the Student Conference Form.

3. The conference form will document program expectations for improvement and the time frame in which these expectations must be met.

4. A student placed on probation for serious or repetitive violations of program, departmental or hospital policies and procedures will have his/her probationary status reviewed at the end of the stated time frame and a determination will be made at that time as to whether the student's probationary terms have been met and probation will be ended.

5. If the student does not meet the required probationary expectations for improvement within the designated time frame, program faculty will meet with the Program Director to review the probationary status of the student. At this meeting it will be determined whether:
   - The probationary status will be extended (if so this will occur with a definitive end date that is before the end of the semester). If identified improvements are not made by this definitive end date, the student will be dismissed from the program at that time. If this occurs a grade of "F" will be assigned for that clinical practicum course.

or

- The student is dismissed from the program. If this occurs a grade of “F” will be assigned for the clinical practicum course.

Roxbury Community College Radiologic Technology Program

POLICY NUMBER: 16

Created: April 2020
Reviewed: May 2020 Revised:

CLINICAL SUSPENSION POLICY & PROCEDURE

POLICY

If any concerns should arise relating to the conduct, behavior or manner of a RCC Radiologic Technology student or in a situation where the student appears to be a danger to him/herself, to other staff or to the patients (i.e.: student appears intoxicated or exhibits violent behavior), the Clinical Preceptor reserves the right to immediately suspend a student from the clinical practicum site, pending further investigation of the situation by the Program Director as outlined in the procedures below:

PROCEDURE

1. The reason for the student's suspension must be documented on the Clinical Suspension Documentation form. This form should be signed by the Clinical Preceptor and student. Lack of a signature by the student does not negate the implementation of the clinical suspension.

2. In the event a student is suspended from a clinical site because the student appears to be a danger to themselves, to other staff, or to the patients (i.e.: student appears intoxicated or exhibits violent behavior), or when the student is acting in an inappropriate manner, the Clinical Preceptor will discuss the situation with the Program Director, in collaboration with the Clinical Coordinator(s), other pertinent clinical staff members and supervisory personnel, and the Student Code of Conduct Administrator.

    a. Depending on the particular circumstances of the suspension appropriate facility security officers and/or law enforcement personnel may need to be contacted to help assist with the situation.

3. The Dean of Health Professions, the Radiologic Technology Program Director, the Clinical Coordinator(s), the Clinical Preceptor and in collaboration with the Student Conduct Administrator will review the situation, which resulted in the clinical suspension, and a decision will be made regarding any future action that may be taken, including a student's dismissal from the program. In the absence of the Dean of Health Professions, the Assistant Dean will be contacted.

4. If at the conclusion of the investigation of the situation that resulted in the student's suspension from the clinical site, it is determined if it is in the best interest of the student's education to remove the student from the site (e.g. there is not a good "fit" between the student and the agency's culture or personnel). The

College will make a good faith effort to place the student at another clinical site without disrupting their education.

5. If at the conclusion of the investigation it is determined that the student's suspension from the site was for valid reasons, or in the event of a suspension for valid reasons where the clinical site refuses to allow the student to return to the site following a clinical suspension, the Program and the College are under no obligation to assign that student to a different clinical site. The student will receive a grade of "F" for the clinical practicum and will be dismissed from the program.

6. The Clinical Practicum courses are co-requisite courses with the other radiologic technology courses offered during each semester, therefore, a student who is not enrolled in the clinical practicum course will be dismissed from or required to withdraw from the Radiologic Technology Program.

7. Dismissal from a clinical practicum course before a student has completed the required clinical course objectives will result in a student receiving an "F" grade. Infractions which occur even after all objectives have been satisfied can result in a grade of "F", as stated in #5 above.

Roxbury Community College Radiologic Technology Program

POLICY NUMBER: 17

Created: April 2020
Reviewed: May 2020 Revised:

STUDENT DAILY EXAM LOG POLICY & PROCEDURE

POLICY

On a daily basis, students are responsible for accurately entering the procedures they observe, perform, or assist a technologist with, using the Daily Log sheet in the Trajecsys Report System™ In addition, students must document any clinical laboratory sessions or practice simulations on their Daily Log.

The purpose of a daily log sheet is to document that students are performing an adequate number and variety of exams, in order to establish and maintain competency, and those students are being provided with the appropriate level of supervision (i.e., direct or indirect supervision).

PROCEDURE

1. The student's Daily Log sheet is maintained in the Trajecsys Report System™.

2. Upon program completion a student's clinical records are transferred to the Program Director at Roxbury Community College.

3. The student's daily logs are regularly reviewed by the Clinical Preceptor, Clinical Coordinator(s) and/or the Program Director to ensure that students are performing an adequate number and types of procedures.

4. If a student fails to accurately complete a daily log, demerits will reflect in their clinical grade in the section marked Student Documentation and a Student Conference Report form will be completed indicating the reason for the point(s) deduction.

5. The daily log sheet should be properly completed by the student including, but not limited to the following information:

    - Procedure being performed
    - Level of Performance: For each procedure a student checks off the appropriate column indicating their level of performance. Columns are labeled **"O"** for when the student observed the procedure, or **"A"** for when the student assisted the technologist with the procedure, or **"P"** for when the student performed the procedure with direct or indirect supervision. Explanations for Level of Performance are defined as below:

Explanation of Level of Performance for Daily Log Sheets

O/Observed

Students check this level of performance when they are not actively participating in a radiographic procedure and are only observing the actions of the technologist performing the procedure.
When a student is observing a procedure they are being directly supervised by the qualified technologist performing the procedure.

Processing images is simply a task the student completes as a functioning team member of the radiology department. This may be considered part of observing a procedure only if the student was in the procedure room observing the radiographer performing the procedure. Simply processing images is not considered actively participating and assisting in a procedure, it is merely the student functioning as a team member of the radiology department.

A/Assisted the Technologist with the Procedure

Students check this level of performance when they are actively participating in a radiographic study and are assisting the technologist. The technologist is performing the majority of the steps in the procedure. The student may be assisting the technologist by performing any of the following steps:

- Instructing a patient in how to properly change into a hospital gown for a radiographic procedure
- Bringing the patient into the x-ray procedure room and instructing the patient where to lie or sit for the procedure
- Explaining the procedure/exam to the patient
- Helping to position the patient for the procedure
- Helping to position the radiographic equipment including the x-ray tube, the Bucky tray, the image receptor and other ancillary equipment for the procedure

When assisting with a procedure students are being directly supervised by the qualified technologist performing the procedure.

Note: When students simply process images without actively participating in the radiographic procedure, they are not assisting the technologist with the procedure. Students should not identify image processing as assisting the technologist with the procedure on their daily log sheet, when this is their only level of participation in a procedure. Processing images is simply the student functioning as a team member of the radiology department.

P/Performed with Direct or Indirect Supervision

Students identify this level of performance under the following circumstances:

1. Performed with **Direct** Supervision: Prior to a student successfully completing a competency procedure he/she must be directly supervised while performing radiographic procedures or when repeating unsatisfactory radiographic images.
    a. Direct supervision is defined as a qualified technologist in the x-ray procedure room overseeing all activities associated with that radiographic procedure.
    b. Once a student begins to feel confident and is performing the majority of the steps in a procedure they can indicate on their log sheet that they have performed the procedure with direct supervision. As compared to when the technologist is performing the majority of the steps in the procedure, and the student is assisting the technologist.

2. Performed with **Indirect** Supervision: After a student has achieved competency in a particular procedure, the student may then perform that exam with indirect supervision, unless an unsatisfactory image must be repeated then a student must be directly supervised.
    a. Indirect supervision is defined as a qualified technologist being immediately available, in the immediate adjacent area to where the procedure is being performed, in order to assist the student in the performance of a procedure when needed, regardless of the student's achievement or competency level.

b. Since a qualified technologist must be in the immediate adjacent area to help students when needed, students may not go to the operating room (OR) or mobile procedures by themselves.

- In the event a student must repeat a radiographic image, they must be directly supervised by a qualified technologist and the number of repeated radiographic images.

6. Students must log their clinical laboratory sessions and any practice simulations in the Daily Log in the Trajecsys Report System™ as well as actual patient procedures.

7. If a student fails to accurately record information in the Daily Log sheet in the Trajecsys Report System™ the Clinical Preceptor and/or Clinical Coordinator will meet with the student and a Student Conference Report form will be completed to document the reason for the conference and the expectations that the student is to meet.

8. Violations in this policy will reflect in the student's clinical practicum course grade as point reductions in the category of clinical documentation.

POLICY NUMBER: 18

Created: April 2020
Reviewed: May 2020 Revised:

CLINICAL SIGN-IN/OUT POLICY& PROCEDURES

POLICY

Upon arrival at the clinical site, students are required to sign-in before beginning their clinical practicum day. Upon completion of their clinical practicum day, students are required to sign out before leaving the clinical site. Daily attendance is recorded in the Trajecsys Report System™.

Clinical Preceptors are responsible for ensuring that any early release from the clinical practicum is recorded on in the Trajecsys Report System™.

PROCEDURE

The student must sign in and out of their clinical site on a daily basis, using the Trajecsys Report System™.

1. Any student who does not follow the established daily sign in and out procedure for their clinical practicum site will receive demerits for failure to follow policy regarding clinical sign-in/out procedures on the Clinical Practicum Grade Report form, (**Form CP 1-5-A**) in the category of Student Documentation.

2. Students caught misrepresenting their start or departure time will meet with program officials to discuss their inappropriate and unethical behavior. A Student Conference form will be completed indicating the reasons for the conference. In addition, the student will be placed on clinical probation for this unethical behavior.

3. If a student misrepresents his/her start/departure time for a second occurrence, after being placed on clinical probation, the student will be dismissed from the program for falsifying student documentation.

POLICY NUMBER: 19

Created: April 2020
Reviewed: May 2020 Revised:

PERSONAL COMMUNICATION DEVICES AND HOSPITAL COMPUTERS POLICY & PROCEDURE

POLICY

The use of cellular phones, smart watches, sport watches, and fitness trackers is prohibited in clinical practicum facilities. Cellular phones should be stored with the student's personal belongings and are never allowed in patient care areas. Student's may use their cellular phone in an emergency situation in an appropriate area at their clinical site, only if during their clinical practicum orientation the Clinical Preceptor indicates this is permissible. Smart watches, sport watches, and fitness trackers may not be accessed in clinical.

Students are not permitted to make or receive personal phone calls while at their clinical practicum site, except for in emergency situation. In an emergency situation students will be allowed to utilize the phones at their clinical practicum site after receiving permission from the Clinical Preceptor or other appropriate supervisory personnel.

Students must follow the policies of their clinical sites regarding the use of hospital computers. Most sites prohibit their staff and students from using hospital computers to access the internet or for personal use. This may result in a direct violation of the hospitals HIPPA policy.

PROCEDURE

1. Students are to use the phones and computers at the clinical practicum site only for clinical business following the established policies and procedures and HIPAA regulations of their clinical site.

2. Students are not to use the phones at their clinical practicum site to make or receive personal phone calls.

3. In the event of an emergency situation the student may use the clinical practicum site's phones, with the permission of the Clinical Preceptor or designee.
   - The student should discuss the emergency situation with the Clinical Preceptor or designee, prior to making an emergency phone call.

4. Students are not to use the computers at their clinical site for their own personal use, unless this is permitted by departmental policies and procedures, or the student has asked for and received special permission to do so from their clinical Preceptor OR supervisor.

5. Inappropriate use of the clinical practicum site's phones or computers will result in the Clinical Preceptor and/or Clinical Coordinator meeting with the student to discuss the issues or concerns regarding the student's behavior. This meeting will be documented using the Student Conference Report Form.

6. Students who violate the policy on Personal Communication Devices and Hospital Computers will receive clinical demerits in the Professional Behavior section of their Clinical Practicum Grade Report form **(Forms: CP1-A, CP2-A, CP3-A, CP4-A & CP5-A).**

7. Continued violations of three infractions of this policy will result in the student being placed on clinical probation.

POLICY NUMBER: 20

Created: April 2020
Reviewed: May 2020 Revised:

CLINICAL INCIDENT REPORT POLICY & PROCEDURE

POLICY

In the event of an incident at a clinical education facility that concerns a student and/or patient, a formal incident report must be completed and filed at the clinical practicum site, according to the policies and procedures of that facility.

The RCC Radiologic Technology Program Director must also be promptly informed of the incident in writing utilizing the RCC Health Professions Division Incident Report form.

In the event a RCC Radiologic Technology Student has been exposed to a patient with active Tuberculosis (TB) the Incident Report should be completed and faxed to the Program Directors attention at (401) 855-2390

PROCEDURE

1. Students are expected to read, be familiar with, and follow the policies and procedures for their clinical practicum sites, relating to incident reports.

2. An incident is defined as those occurrences or situations that are not within normal standards of operation. An incident may involve patients, staff, visitors, or students.

3. In the case of an incident involving a student the Clinical Preceptor of the clinical practicum site should be notified. In the absence of the Clinical Preceptor, the appropriate departmental supervisory personnel should be notified.

4. The Clinical Preceptor or supervisor will assist the student in completing the required incident report documentation for that facility and for RCC.

5. The student and the Clinical Preceptor, or supervisor, must also complete the Incident Report form in tracejecys**.**

6. Upon the completion of the student's clinical practicum rotation(s) the copy of any RCC Incident report form will be forwarded to the RCC Radiologic Technology Program Director and will remain on file at RCC per established College policies.

Roxbury Community College Radiologic Technology Program

POLICY NUMBER: 21

Created: April 2020
Reviewed: May 2020
Revised:

RADIATION PROTECTION/RADIATION SAFETY POLICY & PROCEDURE

POLICY

The RCC Radiologic Technology student is required to minimize radiation dose to patients, self, health care personnel and all others during all radiographic procedures following the ALARA (As Low As Reasonably Achievable) principle.

The RCC Radiologic Technology student is expected to be familiar with and apply the three key principles of radiation protection of time, distance and shielding at all times during their clinical practicum courses.

PROCEDURE

1. The **ALARA** (As Low As Reasonably Achievable) principle must be utilized in all radiographic procedures. This requires the proper use of shielding and collimation according to radiation protection regulations and recommendations, as well as, accurately setting proper technical factors and proper patient positioning.

2. Radiologic Technology students are required to shield all patients, regardless of patient's age or sex, for all procedures.

3. All female patients of childbearing age (ages 12-55; or the childbearing age as defined by the student's clinical practicum site) will be questioned regarding possible pregnancy. If the patient indicates there is a possibility of pregnancy, the student should follow the clinical practicum sites established policies and procedures before beginning the procedure.

4. In the interest of radiation protection and under normal routine circumstances students are not permitted to hold patients for radiographic or fluoroscopic procedures.
   a. In special and unusual situations where patient safety may be compromised or a patient's condition necessitates the need for radiology staff to assist with helping a patient maintain a position, during a radiographic or fluoroscopic procedure a student is expected to assist the staff with this task.
   b. In these special situations students may assist the staff with helping a patient to maintain a position if there are no other non-radiology or radiology personnel immediately available to assist.
   c. Students must follow all prudent radiation safety practices.

5. Radiologic Technology students are required to wear radiation monitoring devices while at their clinical internship site as outlined under Policy and Procedure 10, Radiation Monitoring Device.

6. Radiography students must, at all times, be under the supervision of a qualified technologist, who is a certified technologist with the American Registry of Radiologic Technologists and for those clinical sites located in Massachusetts, licensed by the Commonwealth of Massachusetts Radiation Control Program in Radiography.

7. A student must have **direct supervision** while observing, practicing, or performing an exam in which the student has not yet achieved competency.

8. **Direct Supervision** is defined as a qualified technologist in the room overseeing all activities associated with that radiographic procedure including:
   a. The qualified technologist reviews the procedure in relation to the student's achievement.
   b. The qualified technologist evaluates the condition of the patient in relation to the student's knowledge.
   c. The qualified technologist is present during the conduct of the procedure.
   d. The qualified technologist reviews and approves the procedure.

9. After a student has achieved competency in a particular procedure, then the student may perform that procedure with **indirect supervision** with the exception of when a student needs to repeat any unsatisfactory radiographic images, then the student is required to have **direct supervision**.

10. **Indirect Supervision** is defined as a qualified radiographer immediately available to assist a student, regardless of the level of the student's achievement or competency. **Immediately available** is interpreted as the presence of a qualified technologist adjacent to the room or location where a radiographic procedure is being performed.

11. In order to maximize radiation protection, all unsatisfactory radiographs performed by a student radiographer must be repeated under the **direct supervision** of a qualified technologist regardless of the student's level of competency or experience.

12. The Commonwealth of Massachusetts' regulations governing the licensing of Radiologic Technologists (105 CMR 125.013, Student Clinical Education, www.mass.gov/dph/rcp/radia.htm) states that:

    "Furthermore, if for any reason a student must repeat any radiographic exposure, a licensed Radiologic Technologist must directly supervise all activities associated with the repeat exposure. For the requirements of 105 CMR 125.013, 'directly supervise' means that the licensed Radiologic Technologist is present with the student, in the room, overseeing all activities associated with the repeat exposure."

13. Students who are in violation of the policy and procedures for Radiation Protection/Radiation Safety will meet with their Clinical Preceptor/and or Program Officials (Program Director, Clinical Coordinator) and a Student Conference Report form **(Form G)** will be completed to document the reason for the conference and the expectations that the student is to meet.

14. Violations in this policy will reflect in the student's clinical practicum course grade as point reductions in the category of professionalism.

15. Repeat violations or infractions of policies related to radiation safety policy or patient safety will result in the student being placed on clinical probation.

POLICY NUMBER: 22

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Revised:

RADIATION MONITORING DEVICE POLICY & PROCEDURE

POLICY

Since it is a legal requirement that all persons working in a radiation area wear radiation monitors, all students must wear a radiation monitoring device while at their clinical practicum site.

The Program's Radiation Safety Officer monitors the student's bi-monthly dosimetry reports to ensure that no student has the potential to reach their annual dose limitation of 5000 mrem.

PROCEDURE

1. Radiation monitoring devices are assigned to students by the college and are used according to state and federal regulations.

2. Students receive instruction from the college regarding the proper use and handling of the radiation monitoring device.

3. Students are responsible for ensuring the proper use and handling of their radiation monitoring device.

4. Students must wear their radiation monitoring device at all times while at their clinical practicum site.

5. Students, the Clinical Coordinator(s) and Program Director are responsible for reviewing and monitoring student's radiation monitoring device readings, as the reports are issued. These reports become part of the permanent radiation safety records for the college.

6. If a student's bi-monthly dosimetry reading exceeds 40mrem for their deep dose the Clinical Preceptor and the Clinical Coordinator will meet with the student to discuss and review the student's radiation safety and protection practices.
7. Clinical Coordinators are responsible for logging and reviewing with the student's the student's bimonthly dose on the Radiation Monitoring Dose Report form in the Trajecsys Report System™. This form is kept on file in the student's handbook at their clinical practicum site.

8. Students may request a copy of their radiation exposure record at any time.

9. Students are responsible for changing the radiation monitoring device according to the scheduled maintained by the college, in order to ensure accurate readings.

10. Students who report to their clinical practicum site without their radiation monitoring device will be asked by their Clinical Preceptor to leave and retrieve their monitoring device.

11. Time missed from the clinical site, due to retrieval of a radiation monitoring device will be made up.
    - Make-up time will be arranged between the Clinical Preceptor and the student.
    - The Clinical Preceptor will complete a Student Conference Report form indicating the reason that the student was sent home from the clinical site.

POLICY NUMBER: 23

Created: April 2020
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Revised:

CLINICAL PRACTICUM GRADING POLICIES AND PROCEDURES

POLICY

The clinical practicum grading policy which follows will apply to the following clinical practicum courses: HLT 154: Clinical Practicum I, HLT 174: Clinical Practicum II, HLT 175: Clinical Practicum III Summer, HLT 254: Clinical Practicum IV and HLT 274: Clinical Practicum V.

Clinical practicum grades will be based on the student meeting the specific goals and objectives for that clinical practicum, including but not limited to: successfully completing a specific number of clinical competency evaluations; the student's overall clinical performance assessment; evaluation of a student's professional behavior as reflected by meeting established standards for that clinical practicum in the areas of attendance, punctuality, clinical documentation, and continuing education credits.

PROCEDURES

1. The grading system for the clinical practicum is a merit/demerit system. Students begin the practicum with the maximum point value in each category, and only decrease their point value by not meeting the stated objectives.
2. The Clinical Practicum grade is determined by the total number of points a student receives from the categories listed below, based on the student's cognitive, affective and psychomotor domain skills and when all clinical objectives have been met:
    - Clinical Competency Evaluations Maximum: 55 points
    - Clinical Performance Assessment Maximum: 20 points
    - Professional Behavior (total of 15 points)
        1. Punctuality
        2. Clinical Documentation
        3. Continuing Education Credits Maximum: 15 points
    - Written Assessment Maximum: 10 points

      Total Point Value*: 100 points
    - *Additional Merit or Demerit Points may be applied

3. Merits and/or demerits will be given at the discretion of the Clinical Preceptor, Clinical Coordinator(s) and/or Program Director and will be documented using the Student Conference Report Form.
    - Note: See *Policy # 12, Clinical Merits and Policy #13, Clinical Demerits* for further information for additional information regarding merits/demerits.

4. Clinical evaluation includes assessment of a student's cognitive, affective and psychomotor domains and evaluates a student's problem-solving and critical thinking skills when completing the required clinical competencies evaluations and when caring for patients.

5. Student clinical performance assessment will occur twice in a semester, typically at mid-semester and at the end of the semester. Clinical performance assessment will occur upon completion of a student's clinical rotation.

 The student completes a self-evaluation open-ended questions of their performance in Trajecsys.

- The Clinical Preceptor will elicit information on a student's performance from the staff technologists who provided the student with direct or indirect supervision.
- The Clinical Preceptor will review the performance assessment with each student providing feedback and suggestions for improvement.
- Each performance assessment form must be dated and signed by the student, the Clinical Preceptor and the Clinical Coordinator.

6. The grading scale for the radiographic practicum is as follows:

Total points	**GRADE QUALITY POINTS**	
93-100 points	A	4.0
90-92 points	A-	3.7
87-89 points	B+	3.3
83-86 points	B	3.0
80-82 points	B-	2.7
77-79 points	C+	2.3
73-76 points	C	2.0

7. A grade below a C+ (77%-79%) is considered a failing grade for a clinical practicum course.

8. The Clinical Practicum Grade Report form for each Clinical Practicum, **(Forms CP1-A, CP2-A, CP3-A, CP4-A, CP5-A)** is found in the Clinical Practicum Forms section of the Student Handbook.

9. In the event a student does not satisfy the required course objectives and complete all required competencies by the end of a semester the following will occur:
    - That student may receive a grade of incomplete for that clinical practicum course.
    - The student will then be assigned to a clinical practicum site prior to the start of the next semester, to provide the student with additional opportunities and experiences to meet the required course objectives.
    - The assigning of a clinical practicum site prior to the start of the next semester is totally based on clinical site availability and the scheduled assignments of other pre-existing students.
    - Prior to the student beginning this interim make-up time, the Clinical Coordinator and the Clinical Preceptor will set the parameters of time available for the student to make up the incomplete. Or
    - When it is determined by the Clinical Preceptor/Clinical Coordinator that a student has not completed all competency requirements due to low patient volume the Clinical Coordinator or Program Director may approve simulated competency evaluations as outlined in Policy 24.

10. When a student receives a grade of incomplete for a clinical practicum course and the student fails to complete the required competency evaluations and course objectives prior to the start of the next semester, the student cannot progress in the program. The student will receive a grade of "F" in the clinical course due to his/her inability to complete the requirements prior to the start of the upcoming semester.

11. If a students' behavior, professionalism, ethics, safety violations or other adverse actions cause the student to be removed from the clinical site, or the program, a grade of "F" will be recorded for the student in the clinical course.

POLICY NUMBER: 24

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CLINICAL PRACTICUM OBJECTIVES POLICY & PROCEDURE

POLICY

Students must complete the clinical practicum objectives for each clinical practicum course. In the event that a student's clinical practicum performance is unsatisfactory the Clinical Preceptor, Clinical Coordinator(s) and/or the Program Director will meet with the student to discuss the area(s) of concern. This meeting will be documented using the Student Conference Report form and/or the Clinical Performance Assessment Form.

Each clinical practicum requires that students successfully complete a specific number of clinical competency evaluations, which are outlined in the clinical course syllabus. Failure to complete these competency requirements means the student has failed to meet the clinical practicum objectives. Students who fail to complete practicum objectives will receive a grade of incomplete for that practicum and/or may be placed on clinical probation.

Student must successfully complete the missing clinical practicum objectives prior to the start of the next clinical practicum course. Ultimately, failure to complete the clinical practicum objectives will result in a failing grade for that practicum course. Since the clinical practicum courses and didactic courses for each semester are co-requisites to each other, and since each clinical practicum course lists the previous clinical practicum course as a prerequisite, those students who fail a clinical practicum course cannot progress in the program.

PROCEDURE

1. At the start of each clinical practicum rotation, the Clinical Preceptor and/or program faculty will review the clinical practicum objectives, for that rotation, with the students.

2. Each practicum rotation contains a specific number and categories of competency evaluations that the student must complete.

3. The required competencies for each clinical practicum rotation (CP1-CP5) are outlined in each course syllabus (HLT 154: Clinical Practicum I, HLT 174: Clinical Practicum II, HLT 175: Clinical Practicum III Summer, HLT 254: Clinical Practicum IV, HLT 274: Clinical Practicum V).

4. Clinical competency evaluations are to be performed on actual patients, whenever possible. The program strongly believes that students benefit more from competency evaluations completed on actual patient's than on simulated competency evaluations.

5. The American Registry of Radiologic Technologists (ARRT) mandates a minimum of 37 mandatory competency evaluations must be successfully performed and passed and up to eight (8) of these mandatory competency evaluations may be simulated, if demonstration on patients is not feasible. The ARRT states that a minimum of 15 elective competency evaluations must be successfully completed from a list of 34 elective procedures as outlined in the American Registry of Radiologic Technologists' didactic and clinical competency requirements effective January 2017. Students must select one of the 15 elective procedure from the head section and must select two of the elective procedures from the fluoroscopy studies: one of which must be either an upper GI or contrast enema.

6. To ensure compliance with the ARRT competency requirements the Program allows simulated competency evaluations only with prior approval of the Clinical Coordinators(s) and/or Program Director.

7. Simulated evaluations are performed using a technologist, another student, or other staff members as volunteers to act the role of the patient. Phantoms may be used in a simulated setting when appropriate.

8. Simulated evaluations require a student to perform the entire radiographic procedure short of taking the actual radiographic exposure when a student or a technologist or other staff member is acting the role of the patient.
    - Students perform film critique and anatomy review on teaching file radiographic images.

9. If a student performs an initial simulated evaluation for a mandatory competency the student must be re-evaluated for that simulated competency on an actual patient in the following semester if possible.
    - In the event that it is impossible to perform a re-evaluation on an actual patient, due to issues of low patient volumes for a particular procedure, that student is then re-evaluated on the procedure utilizing a simulated setting again.

10. Once competency has been established the student is allowed to perform that procedure with indirect supervision (Policy 6, Supervision of Students) unless a repeat radiographic image is needed. Then the student must be directly supervised when repeating an unsatisfactory radiographic image.

POLICY NUMBER: 25

Created: April 2020
Reviewed: May 2020
Revised:

CLINICAL COMPETENCY EVALUATIONS POLICY AND PROCEDURE

POLICY

Students are **directly supervised** by qualified technologists in the clinical setting until they successfully complete a competency evaluation for a particular procedure with a minimum passing grade of 85%.

Once competency has been determined, a student is allowed to perform that procedure with indirect supervision (Policy 6: Supervision of Students), with the exception of an unsatisfactory radiographic image. A student must be **directly supervised**.

The following steps outline the procedure for a student to follow to complete a competency evaluation.

PROCEDURE

1. The Clinical Preceptor will conduct a laboratory session for each new radiographic procedure introduced in each clinical practicum course, as outlined in the course syllabus.
    a. Students will indicate the date the lab is completed in the trajecsys, the student knows the departmental requirements and are able to complete each task listed for the given procedure.
    b. Students will also enter the completion of the lab on the daily log in Trajecsys.
    c. Students will record a student lab completion in Trajecsys.
    d. The Clinical Preceptor will validate the student lab completion in Trajecsys.

2. The student must complete a minimum of one repetition of a particular radiographic procedure under direct supervision. A student's clinical laboratory demonstration of a procedure may count as their first repetition if the student performs that procedure at an acceptable level. The student may then request that they be evaluated on that procedure the next time it becomes available.

3. In most situations, once a student has performed two to four repetitions of a particular procedure, the student is ready to be evaluated on that procedure.
    a. Once four repetitions of the same procedure have been completed, under direct supervision, the Clinical Preceptor may require the student to attempt a competency evaluation.
    b. If a student indicates that they do not feel they are ready to be evaluated on that procedure after four repetitions, a clinical laboratory remediation session will be scheduled to ensure that the student has acquired the necessary skills to successfully complete that competency evaluation.
    c. The Clinical Laboratory Remediation form will be completed by the Clinical Preceptor in the Trajecsys Report System™ documenting this remediation work.

4. In order to complete a competency evaluation for a particular procedure the student must follow the steps outlined below:

    a. The student must declare their intent to be evaluated by completing the Request for Competency Evaluation form and submitting this form to the supervising technologist prior to actually performing the procedure (i.e. a student cannot perform a procedure and retrospectively say they wish to count that as a competency evaluation).

    b. The student must ask the supervising technologist or Clinical Preceptor to observe and document their performance of the procedure.

    c. The supervising technologist or Clinical Preceptor will evaluate the patient's condition in relation to the student's knowledge to determine if a competency evaluation should be attempted. If the supervising technologist or Clinical Preceptor determine that a patient's condition is beyond the ability of the student they will indicate to the student that a competency evaluation should not be attempted for that particular patient.

    d. The supervising technologist or Clinical Preceptor will observe the student's performance, intervening if needed, in order to ensure the patient's safety and care are being protected.

    e. The student must record any alternate positioning or exposure methods utilized for the competency on the Request for Competency Evaluation form.

    f. The student must document any repeated projections on the Request for Competency Evaluation form**.**

    g. The students must submit all images for competency evaluation, if allowed to keep all images by department protocols.

    h. The supervising technologist or Clinical Preceptor must sign and make any needed comments on the student's Request for Competency Evaluation form to indicate reasons that students received "no" on any of the evaluation criteria

    i. The completed Request for Competency Evaluation form is returned to the Clinical Preceptor or supervising technologist and then is placed in the RCC black locked box located in each department, in a manner that maintains student confidentiality.

5. The Clinical Preceptor or Clinical Coordinator will grade the competency evaluation using the criteria located in Bontrager, P. & Lampignano, J.P. (2014). Radiographic Positioning and Related along with department protocols and criteria. Specific patient identifiers such as patient name and/or medical record numbers will not be recorded in pocket guide or on the daily logs. Technical factors vary between clinical sites but should be set to meet optimal exposure values for that site and should not result in exposure values that are at the extreme ends of the acceptable range.

   Competency evaluation grading Yes or No are outlined below:

    - Technologist
        1. Student prepared the radiographic room before positioning the patient
        2. Student set an average techniques before positioning the patient
        3. Student properly verify the patient ID, procedure, accession number and MD order
        4. Student properly provide general patient care
        5. Student use the correct SID and IR size/type
        6. Student provided appropriate shielding for the patient and verified pregnancy status

7. Student properly completed the exam (discharge patient, process, and archive images)
8. Number of initial images needing repeats documented with an explanation on the back of the form

- Student
  1. Enter the techniques used, if AEC identify the cells used
  2. Enter Initial S Value/EI

- Clinical Preceptor

1. All anatomy seen on image
2. Correct patient position
3. Correct alignment of CR/IR
4. Appropriate marker
5. Image displays appropriate exposure index
6. Image displays appropriate collimation/shielding
7. Student is able to identify factors of image quality
8. Student is able to ID required anatomy on image

Competency Scoring

Passing score = **85%**

- Student properly verified the patient ID, procedure, accession number, and MD order?
- Student provided appropriate shielding for patient and self and verified pregnancy status? Technologist Intervention
- Appropriate Marker
- 50% or more of the exam repeated

Number of times "No" is recorded

0.	100%
1.	98%
2.	95%
3.	93%
4.	90%
5.	88%
6.	85%

7.	**83%**
8.	**80%**
9.	**78%**
10.	**75%**
11.	**73%**
12.	**70%**
13. Or more	**60%**

Roxbury Community College Radiologic Technology Program

POLICY NUMBER: 26

Created: April 2020
Reviewed: May 2020
Revised:

FAILED CLINICAL COMPETENCY EVALUATION POLICY & PROCEDURE

POLICY

During each clinical practicum rotation the student must demonstrate their competency for specific radiographic procedures with a pass rate of 85% or higher. When a student performs a competency evaluation with less than an 85% accuracy rate the student is required to follow the system of failure as outlined below.

PROCEDURE

1. At the start of each radiographic practicum the Clinical Preceptor and/or Program faculty reviews with the students the objectives and the competency evaluations that must be successfully passed for that practicum.

2. When a student feels they are ready to complete the competency evaluation for a specific exam the following steps are followed in Policy and Procedure13: Procedure for Competency Evaluations.

3. Students who fail to receive a grade of 85% or higher for a competency evaluation will be required to complete remediation work for that procedure.
    - The student will initially review the procedure through the use of appropriate text and/or other available materials (slides, radiographs, handouts, video tapes, etc.). In some cases, this review will occur during the competency evaluation.
    - When additional review and practice are needed the student will complete a remediation lab with the Clinical Preceptor and/or Clinical Coordinator.
    - Documentation of remediation is completed by the Clinical Preceptor or Clinical Coordinator in the Trajecsys Report System^{tm} on the clinical laboratory remediation form.
    - When needed the student will be re-assigned to the particular area in the radiology department where that procedure is performed to gain additional experience and practice pertinent to that competency.
4. Students who have received remediation for a failed competency evaluation will repeat the competency evaluation for a second time. If the student's second attempt at competency evaluation is successful the initial failed competency evaluation grade and the repeated competency evaluation grade will be included in the calculation of the student's final grade for that clinical practicum.

5. Repeat competency evaluations should be completed within the same clinical practicum when possible. If the failed competency is a required competency evaluation for that clinical practicum the student will receive a grade of incomplete for that clinical practicum until the competency evaluation is repeated.
    - The student must return to the clinical site prior to the start of the next semester to complete the failed competency evaluation.

- Failure to meet all of the competency requirements for a particular clinical practicum course will prevent the student from advancing in the program since each clinical practicum course is a pre-requisite to the next one.
- In the event the repeat competency evaluation cannot be completed on an actual patient due to low patient volume a simulated competency evaluation may be completed with the prior approval of the Clinical Coordinator and/or Program Director.
- In the event it is not possible to repeat a failed competency evaluation that was not required for that clinical practicum within the same clinical practicum the student should repeat that failed competency evaluation within the first three (3) to four (4) weeks of the next Clinical Practicum.

6. Students who fail a competency evaluation for a **second time** on the same procedure will be allowed **one** final attempt to successfully pass that competency evaluation.
    - The student must first complete a second remediation laboratory practice with the Clinical Coordinator and/or Clinical Preceptor and review the appropriate text or other available materials (slides, radiographs, handouts, video tapes, etc.).
    - The student is then re-assigned to the particular area in the radiology department where that procedure is performed in order to gain additional experience and practice pertinent to the competency.

7. Students who receive a second remediation lab for a second failed competency evaluation on the same procedure may repeat the competency evaluation for a third and final time with the Clinical Coordinator or Program Director. If the student's third attempt at competency evaluation is successful the two initial failed competency evaluation grades and the third repeated competency evaluation grade will be included in the calculation of the student's final grade for that clinical practicum.

8. It is unlikely that students, who fail a competency evaluation on the same procedure for the **third** time, will be able to meet the requirements for passing that clinical practicum. The Clinical Coordinator, Program Director and Dean of Health Professions shall assess the overall academic and clinical status of the student and a decision shall be made as to the advisability of the student continuing in the program.

9. Students who fail a total of three competency evaluations for a clinical practicum course will meet with their Clinical Preceptor, Clinical Coordinator and Program Director and will be placed on clinical probation. Each student's issues that have resulted in the failed competency evaluations will be reviewed and used to determine the terms of the student's clinical probation.

Roxbury Community College Radiologic Technology Program

POLICY NUMBER: 27

Created: April 2020
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Revised:

CLINICAL PERFORMANCE ASSESSMENT POLICY & PROCEDURE POLICY

A student's clinical performance is assessed twice during a clinical practicum course. Student assessment includes the student's performance in the cognitive, affective and psychomotor domains relating to the standards of performance for the profession.

When a student is assigned to only one clinical site for the semester these assessments will be completed at mid-semester and at the end of the semester.

Students will perform a self-assessment and will be evaluated by their Clinical Preceptor(s) for each clinical practicum through feedback obtained from the supervising technologists and by the evaluation of the student's performance as observed by the Clinical Preceptor(s) using the established program guidelines and rating scale.

Supervising technologists will provide the Clinical Preceptor(s) with feedback on a student's performance through the use the Supervising Technologist's Student Evaluation form in the Trajecsys Report System™.

The student's clinical performance assessment is performed as outlined in the procedure below.

PROCEDURE

1. The student first completes open-ended self-evaluation questions in the Trajecsys Report System™.

2. The Clinical Preceptor will complete a Clinical Performance Assessment which consists of 18 categories: Radiographic Procedures, Patient Care, Collimation and Shielding, Initiative, Cooperation, Judgement (N/A for 1st year CPI and CP11), Confidentiality, Adaptability, Critical Thinking, Confidence/Independence, Communication Skills, Professionalism/Attitude, Appearance, Care of Equipment, Attendance, Punctuality, Dependability, and Supervision & Department Policies. Judgement category is not evaluated in Clinical Practicum I and Clinical Practicum II.
3. The Clinical Preceptor(s) solicits input on a student's performance from the technologists who have provided students with direct or indirect supervision, during clinical practicum through the use of Clinical Performance Assessment, Supervising Technologist's Student Evaluation.
4. Clinical Preceptor(s) utilize the technologist's input, as well as their own observations of a student's performance, to complete the Clinical Performance Assessment form.

5. The Clinical Preceptor may meet with the Clinical Coordinator for assistance in completing the Clinical Performance Assessment Form.

6. The Clinical Preceptor(s) and student meet to review the Clinical Performance Assessment form.

7. The grading and evaluation system for the clinical performance assessment is as follows: Outstanding (5), Above Average (4), Average (3), Below Average (2 & 1), and Unsatisfactory (0). The judgement category is not evaluated in Clinical Practicum I and Clinical Practicum II.

8. When students receive a rating of below average and unsatisfactory for a particular category the Clinical Preceptor and/or Clinical Coordinator must provide a written comment on the Clinical Performance Assessment form identifying what the student needs to do to improve their performance.
   - In addition, the student should identify a plan to be implemented in order to improve their clinical performance when category has not been met.
   - The Clinical Preceptor and Clinical Coordinator should review this plan with the student in order to assist the student in meeting the clinical performance standards for the future.

9. The Clinical Performance Assessment form is utilized to identify both a student's strengths in his/her clinical performance and to identify areas where improvement is needed.

10. Performance assessments are maintained in the Trajecsys Report System™.

11. The grades for the two Clinical Performance Assessments are averaged together and are used in the calculation of the student's clinical practicum course grade.

Roxbury Community College Radiologic Technology Program

POLICY NUMBER: 28
Created: April 2020
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Revised:

STUDENT CLINICAL RECORD STORAGE POLICY & PROCEDURE

POLICY

Student's clinical practicum records are stored in a secure area at the student's clinical practicum site until program completion. Upon completion of the program student's clinical practicum records are sent to the Radiologic Technology Program Director and are stored at RCC according to the following procedures:

PROCEDURE

1. The American Registry of Radiologic Technologists (ARRT) allows candidates who are eligible for a primary certification exam three attempts within a three year period to pass the primary certification exam in Radiography.

2. These three attempts at the ARRT certification exam must be completed within a three-year time frame that begins with the candidate's initial ARRT examination window start date.

    - After three unsuccessful attempts or when the three year window expires an individual is no longer eligible to take the ARRT certification exam in Radiography beginning January 1, 2015.

3. For the graduating class of 2021, in accordance with the ARRT's three-year time frame limitation at passing the ARRT exam, the Radiologic Technology student's clinical records will be kept on file at the college for a range of one year to three years. Classes who graduated prior to 2015 records are kept on file for a range of one to four years.

4. Once a student successfully passes the American Registry of Radiologic Technologists (ARRT) Radiography certification exam or when eligibility time limit to take the exam has passed (the three or four years depending on the student's graduation date), the student's program records that include confidential and personal information will be destroyed by shredding to maintain the privacy and confidentiality of the student.

Roxbury Community College Radiologic Technology Program

POLICY NUMBER: 29

Created: April 2020
Reviewed: May 2020
Revised:

STUDENT CLINICAL DOCUMENTATION POLICY & PROCEDURE

POLICY

Student clinical documentation records are the official RCC records of a student's clinical practicum experience and are stored at the clinical site the student is assigned to while the student is enrolled in their clinical practicum courses.

Removal of clinical records from the clinical site and/or falsification of these clinical records by a student is considered unethical and unprofessional behavior and is grounds for dismissal from the program.

It is the responsibility of the Radiologic Technology student to maintain neat and accurate clinical records while enrolled in the RCC Radiologic Technology Program. Failure to keep accurate and neat clinical records will result in the student receiving demerit points in their clinical practicum grade.

PROCEDURE

1. At the start of Clinical Practicum I, the student must purchase the current version of the Pocket Guide to Radiography. The student keep this book in clinic.

2. At the start of the first clinical practicum course, HLT 154, Clinical Practicum I, a student is issued a clinical record book by their clinical practicum site. This is used in conjunction with the Trajecsys Report System™.

3. Forms and documentation are located in:

Clinical Binder

- Student Contact Information (In case of emergency)
- Departmental Policies & Procedures
- CP5- CT and Interventional Procedure Documentation
- Conference Reports/Incident Reports
- Request for Competency Evaluation
- Continuing Education Documentation
- Completed Semester Clinical Grade Sheets **(CP1A - CP5A)**

Trajecsys

- Radiation Monitor Reports
- Clinical Labs
- Daily Sign In and Record of Clinical Assignments
- Daily Exam Logs
- Clinical Lab Documentation
- Clinical Lab Remediation
- Student Master Clinical Competency Record
- Competency Evaluation Reports
- Clinical Performance Assessments

My RCC

- Written Clinical Exams
- Clinical Course Syllabi Didactic Course Syllabi

4. It is the responsibility of the student to maintain neat and accurate clinical documentation.

5. Failure to maintain neat and accurate records will result in demerits for student documentation in the Professional Behavior Section of the Clinical Practicum Grade Report form **(CP1A - CP5A)**.

6. When the Clinical Preceptor and/or Clinical Coordinator has identified issues/problems with student documentation a conference will be held with the student to outline expectations for improvement and this meeting will be documented on the Student Conference Report Form.

7. Students who exhibit unethical and unprofessional behavior by removing their clinical records from their clinical site and/or falsifying their clinical records may be dismissed from the program.

Roxbury Community College Radiologic Technology Program

POLICY NUMBER: 30

Created: April 2020
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Revised:

PREGNANCY POLICY & PROCEDURE

POLICY

If a student becomes pregnant while enrolled in the RCC Radiologic Technology Program she is under no requirement to declare her pregnancy. Since there is a potential risk to the developing fetus from radiation exposure, in the event a Radiologic Technology student becomes pregnant the student may choose to declare her pregnancy.

Should a Radiologic Technology student choose to declare her pregnancy, the student will notify the Program Director in writing that she is pregnant and also state the estimated date of conception. A copy of this declaration will be forwarded to the Clinical Preceptor and Department Manager of her clinical practicum site. Choosing not to declare a pregnancy will result in exemption from the specific state radiation protection regulations limiting the exposure to the embryo/fetus as outlined in the procedures below.

Should a pregnant student elect not to declare her pregnancy status it is understood the program is under no requirement to afford any measures with regard to radiation safety other than those which are routinely afforded to all students.

At any time after a student voluntarily declares her pregnancy status should the student wish to reverse that decision she may do so by submitting her intention in writing to the Program Director. At that time her status will revert to that which was in effect before her declaration of pregnancy.

Students entering the Radiologic Technology program complete the Pregnancy Policy Form indicating they have been informed of the pregnancy policy and procedure as outlined below.

In accordance with Title IX of the Educational Amendments of 1972, absences due to pregnancy or related conditions, including recovery from childbirth, shall be excused for as long as the student's doctor deems the absences to be medical necessary. When the student returns to the College she shall be reinstated to the status she held when the leave began, which includes the opportunity to make up any missed work. The College may offer the student alternatives to making up missed work, such as retaking a semester, taking part in on-line instruction, or allowing the student additional time in a program to continue at the same pace and finish at a later date.

PROCEDURE

1. Once a student declares herself to be pregnant the Program Director will ensure that the student will be issued a second radiation monitor.

- The student will be instructed that this second radiation monitor be worn at waist level while in the clinical practicum setting, during the declared pregnant student's gestation period, to serve as a measure of embryo/fetus exposure.
- The radiation exposure criterion for this declared pregnant student will be to limit exposures to this waist level radiation monitor to less than 50mrem/month (0.5 millisievert/month) and limit total exposure for the pregnancy to 0.5 rem/500mrem (5 millisievert) in order to ensure compliance with the Commonwealth of Massachusetts' Department of Public Health's Standards for Protection Against Radiation: 105CMR120.218.

2. The Program Director will provide the declared pregnant student with the following information:

- A copy of the applicable state regulations (105CMR 120.203, 105CMR120.218, 105CMR120.267) which deal with exposure to the embryo/fetus.
- A copy of the U.S. Regulatory Guide 8.13 *Instruction Concerning Prenatal Radiation Exposure* and Guide 8.29 *Instructions Concerning Risks from Radiation Exposure.*
- The student will be given an opportunity to discuss this material with the Radiation Safety Officer or their representative.

3. In order to adhere to the Commonwealth of Massachusetts Regulation 105CMR120.218, which requires that "the dose to an embryo/fetus during the entire pregnancy, due to occupational exposure of a declared pregnant woman, does not exceed 0.5 rem (5 millisievert)", the declared pregnant student is offered the following options:

a. The student may continue in all program clinical and didactic courses, as long as her embryo/fetal exposures are in conformance with the requirements of 105CMR120.218. If the student chooses this option, the following procedures must be followed: 1. All efforts must be made by the student to ensure that the exposure total to the waist badge does not exceed 0.5rem/500 mrem (5 millisievert) for the entire gestation period by following the ALARA (As Low As Reasonably Achievable) principles.

2. The student will be notified by the Program Director in writing when over 80% of this dose (400 mrem) is received.
3. The student will be notified by the Program Director in writing, if their monthly recommendation of 50 mrem is reached or exceeded.
4. The student is expected to utilize her knowledge of radiation control principles at all times to further minimize her exposure and thus the fetal/embryo exposure to radiation.
5. If the maximum exposure total for the gestation period is reached, the student, the Clinical Preceptor, the Clinical Coordinator(s) and the Program Director must agree on an alternate option to the standard clinical practicum schedule in order to prevent further exposure to the developing fetus.

b. Adjustments to clinical assignments and rotation schedules may be used to minimize participation in fluoroscopic, and mobile radiographic procedures if requested by the student.

1. Adjustments to clinical assignments may result in delaying a student's progress through the program.

c. The student may request a leave of absence (LOA) of less than 1 year from the Radiologic Technology Program during the student's pregnancy. The student's return date to the program will be dependent upon:

1. The completion date of the student's pregnancy.
2. The availability of a vacancy at a clinical practicum site.

3. The courses which were completed in the curriculum sequencing.
4. The student will be re-evaluated in their previous course content through the use of final exams and a clinical competency evaluation in order to determine the student's retention of previously learned material and to determine the student's re-entrance point into the program.

Note: A student who fails to register for courses in the appropriate semester that follows the completion of her pregnancy must reapply for admission to the program after completing all program admission requirements.

d. A student may continue with general education courses without modification or interruption during the course of her pregnancy.

e. The student may choose to withdraw from the Radiologic Technology Program by submitting a letter of withdrawal to the Program Director and completing the "Withdrawal from College" form available in the Registrar's Office.

1. If readmission to the program is later desired, the student must re-apply to the program, completing all program admission requirements.

4. At the conclusion or termination of a declared pregnancy, the student should notify the Program Director in writing regarding her change of pregnancy status. The second radiation monitor used for the monitoring of the fetus/embryo exposure will be cancelled.

NOTE: Radiation workers generally receive well below 500 mrem per year (50 mrem per month) to the whole body, thus it is unlikely that student will exceed recommended fetal exposure limits.

POLICY NUMBER: 31

Created: April 2020
Reviewed: May 2020
Revised:

CLINICAL PRACTICUM GRIEVANCE PROCESS POLICY & PROCEDURE

POLICY

The Clinical Practicum Grievance policy enables students to work with program faculty to resolve problems that may arise at their clinical practicum site in a fair and unbiased manner. If a student has a grievance regarding decisions made during their clinical practicum an appeal should be initiated as outlined below.

PROCEDURE

1. The student should first make every effort to resolve the situation through open communication with the Clinical Preceptor, Clinical Coordinator, and the Radiologic Technology Program Director within three (3) days of the initial incidence.

2. If the student is not satisfied the situation has been resolved, the student should contact the Student Code of Conduct Administrator at RCC within five (5) days of the initial incidence.

3. RCC grievance process will begin as outlined in the RCC College policies.

4. If the complaining party has exhausted all College channels for resolution of a program-related problem the student should contact the JRCERT at:
   Joint Review Committee on Education in Radiologic Technology
   20 N. Wacker Drive, Suite 900
   Chicago, IL 60606-2901
   Phone: (312) 704-5300
   E-mail: mail@jrcert.org

Roxbury Community College Radiologic Technology Program

POLICY NUMBER: 32

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Revised:

REPORTING HEALTH AND COMMUNICABLE DISEASE POLICY & PROCEDURE

POLICY

The RCC Radiologic Technology student will follow the policies and procedures of the clinical practicum site regarding issues related to infection control and reporting health and communicable disease.

PROCEDURE

1. Students are expected to read, be familiar with, and follow, the policies and procedures of their clinical site(s) relating to infection control and reporting health and communicable disease.

2. Orientation to their clinical site provides students with a review of policies and procedures specific to that facility relating to infection control issues and reporting health and communicable disease.

3. All students in health science programs must provide documentation of receiving a two-step entrance tuberculosis (TB) Mantoux (PPD) test with an annual update. For those who are positive reactors to tuberculosis (TB) testing, a negative/normal chest x-ray report is required.

4. Students who participate in clinical areas in surrounding communities are also protected by observing "Standard/Universal Precautions" in caring for any patient regardless of diagnosis. RCC expects students in programs that include participation in clinical practicum settings to show respect for human dignity and the uniqueness of their clients without bias or consideration of socio-economic status, personal attributes, or the nature of their client's health problems.

Roxbury Community College Radiologic Technology Program

POLICY NUMBER: 33

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CARDIOPULMONARY RESUSCITATION (CPR) CERTIFICATION POLICY & PROCEDURE

POLICY

In order to provide effective patient care and ensure patient safety all students must hold current, valid CPR certification, at the healthcare provider level, prior to entering the first clinical practicum course, , Clinical Practicum I. Students may obtain CPR certification through the American Red Cross, the American Heart Association, or the American Safety & Health Institute and all initial and recertification courses must include skills demonstration on a mannequin.

It is the responsibility of the students to continue to maintain valid and current CPR certification, at the healthcare provider level, while enrolled in the RCC Radiologic Technology Program in order to participate in the clinical practicum courses.

PROCEDURE

1. Prior to the start of the first clinical practicum course, , Clinical Practicum I, a student must provide the Program Director with a copy of his/her current CPR certification card, at the healthcare provider level.

2. In order to continue to participate in the clinical practicum courses Radiologic Technology students must continue to maintain current and valid CPR certification, at the healthcare provider level, while enrolled in the Radiologic Technology Program.

3. In the event a student's CPR certification expires while enrolled in the program, the student is responsible for obtaining CPR recertification, at the healthcare provider level, and providing the Program Director with a copy of their current CPR certification card.

4. In the event a student's CPR certification expires the student will be suspended from clinical practicum until CPR certification, at the healthcare provider level, has been re-established.

5. When a student's CPR certification expires the Program Director will notify the student via the RCC e-mail and notify the Clinical Preceptor(s). The student is suspended from clinical practicum until such time the student has re-established current CPR certification, at the healthcare provider level, and has provided the Program Director with the appropriate documentation, i.e., a copy of the student's current and valid CPR certification card.

6. The Program Director may request to see a student's original CPR certification card, in addition to being provided with a copy of the CPR certification card.

7. Time missed from clinical, due to the lack of a valid CPR certification will be made up as outlined in the policy and procedure for Clinical Attendance **(Policy 3).**

Roxbury Community College Radiologic Technology Program

POLICY NUMBER: 34
Created: April 2020
Reviewed: May 2020
Revised:

CONTINUING EDUCATION REQUIREMENTS FOR RADIOLOGIC TECHNOLOGY STUDENTS

POLICY & PROCEDURE

POLICY

In order to promote life-long learning, and to encourage the students to actively pursue knowledge that will enhance their abilities, improve their skills and help them adapt to a work environment that inherently involves a rapidly changing technology, students are required to earn continuing education (CE) credits during each of their clinical practicum courses.

The CE credit requirement will be incorporated into the student's clinical practicum grade in the category of professional behavior. The specific requirements for CE credits are outlined in the procedure below.

PROCEDURE

1. The minimum number of CE credits that must be earned is as follows:
   - Two (2) CE credits must be earned for HLT 154, Clinical Practicum I
   - Two (2) CE credits must be earned for HLT 174, Clinical Practicum II
   - Four (4) CE credits must be earned for each of the subsequent clinical practicum courses including: HLT 175 Summer Clinical Practicum III, HLT 254 Clinical Practicum IV, and HLT 274 Clinical Practicum V.

2. The total number of credits earned during the course of the program will be **16 CE credits**, which is an amount similar to what is required by the Radiation Control Program in Massachusetts (24/biennium) and the American Registry of Radiologic Technologists (ARRT: 24/biennium), for technologists to maintain licensure with the State and certification/registration with the ARRT.
   - Students may earn their CE credits during each of their clinical practicum courses or prior to the start of a clinical practicum (CP) course.

3. CE credit criteria are based on the criteria outlined in the annual report to registered technologists by the American Society of Radiologic Technologists (ASRT) and the State of Massachusetts Radiation Control Program.
   - One CE credit is equal to 50 minutes of lecture time.
   - Lectures of 30-49 minutes are equal to one-half of one CE credit.

- Lectures less than 30 minutes do not receive any credit
- CE credits must be pre-approved by a Recognized Continuing Education Evaluation Mechanism (RCEEM), such as the ASRT, ACR, AHRA, SDMS, SNMTS, SVT, and CAMRT or by an organization recognized by the State such as the MSRT, AMA, ANA.

4. Students may earn these CE credits through a number of mechanisms, such as:
    - Attending conferences, and seminars;
    - Attending in-service programs provided by their clinical site;
    - Completing the directed reading articles in the professional journals of the radiologic science professions, such as *Radiologic Technology* published by the ASRT and successfully passing the accompanying post-test for these readings;
    - Assisting in the organization and hosting of a continuing education activity at their clinical site or at the college campus;
    - Providing an in-service lecture at their clinical practicum site, (student must obtain prior approval from program director and clinical Preceptor for topic of in-service); ○ Students who provide an in-service lecture at their clinical site will earn 5 CE credits for that practicum.
    - Submitting a professional student paper or exhibit at the annual Massachusetts Society of Radiologic Technologists (MSRT) state conference; ○ Students who submit papers or exhibits to the annual MSRT conference will earn 5 CE credits for the practicum in which the paper was submitted.
        ○ Students must review their paper or exhibit with the Program Director prior to submitting it to the MSRT.
    - Participating as a member of a student competition x-ray challenge (Buzz-Bowl) team at the MSRT Conference; ○ Students who participate as a member of the X-ray Challenge team at the annual MSRT conference will earn 5 CE credits for the practicum. Program faculty can identify additional opportunities for students to earn CE credits.

Students must submit to their Clinical Preceptor a copy of the appropriate documentation showing they have completed their continuing education requirements for each clinical practicum and will record CE credits in the Trajecsys Report System™.

5. Examples of documentation include but are not limited to the following:
    - Certificate of attendance for attendance at conferences, seminars, in-services, and for successful completion of the directed readings post-test from professional radiologic science journals, etc.
    - Written documentation from the MSRT showing proof of submission of paper or exhibit to annual MSRT conference.
    - Written documentation of student's role and responsibilities in organizing and hosting a continuing education activity such as:
        - create an advertising flyer or brochure (submit copy of flyer or brochure)
        - creating certificate of attendance (submit copy of certificate)
        - maintaining registration and attendance records,(submit copy of attendance records)
        - arranging for speaker(s), (submit copy of speaker's lecture outline and CV) and obtaining CE approval through the MSRT (submit copy of MSRT approval)

- arranging for food and drinks for activity (submit documentation of arrangements and receipts), etc.

6. In the event a student does not complete the required number of CE credits for their clinical practicum, points will be deducted for each missing credit in the Professional Behavior Section of their Grade Report for that
   Clinical Practicum Grade sheet **(Form CP1-A, CP2-A, CP3-A, CP4-A & CP5-A).** The Continuing Education Credits section is based on the following criteria and not to exceed 5 points for continuing education requirements:
   - 2.5 points for each missing CE credit in Clinical Practicum I,
   - 1.25 points for each missing CE credit in Clinical Practicum II 1 point for each missing CE credit in Clinical Practicum III, IV 5 point deduction for missing CE Credits in Clinical Practicum V.

7. Students will be required to make-up any missing CE credits from one clinical practicum, during their next clinical practicum course, in addition to earning the required CE credits for that current clinical practicum. Failure to make up the missing CE credits, plus the required CE credits during the next clinical practicum will result in point deductions in the Professional Behavior section of the clinical practicum grade sheet.
   - Any make-up credits earned for missing CE credits in a previous clinical practicum will not count toward the total number of credits that must be earned in the next clinical practicum.
   - Example: Student A only earns 2 CE credits in Clinical Practicum III and 5 are required. This means that Student A will need to earn the 3 missing CE credits from Clinical Practicum III and the 5 CE credits needed for Clinical Practicum IV for a total of 8 credits during Clinical Practicum IV.
   - Failure to complete the missing CE requirements and/or required CE requirements will result in point deductions based on the missing number of CE credits required. In the previous example if a student only completed 4 CE credits when 8 were required, (the 3 missing from CP3 and CP 5 required for CP4), the student would lose 4 points for Continuing Education Credits , furthermore the student would be required to earn the missing 4 CE credits plus the 5 required for Clinical Practicum V.
8. A student who fails to meet the CE requirements for CPV will not have an opportunity to make up the missing CE requirements in another clinical practicum course. The student will receive a 5 point deduction on their CP5 grade sheet in the category of Professional Behavior for the CE requirements regardless of how many CE credits are missing. In addition, if a student was missing additional credits from their previous clinical practicum course additional points would be deducted in the Clinical Merit/Demerit line of the grade sheet for the missing credit.

Roxbury Community College Radiologic Technology Program

POLICY NUMBER: 35

Created: April 2020
Reviewed: May 2020
Revised:

STUDENT CONFERENCES POLICY & PROCEDURE

POLICY

Student conferences will take place on a regular and as needed basis. Conferences may be requested by the Clinical Preceptor, the Program Director, the Clinical Coordinator(s),Radiology Supervisors/Managers, the student, or other program personnel.

Student conferences will be documented using the RCC Student Conference Form. Student conferences may be used to address issues or commendations in regards to a student's performance at their clinical practicum site.

Student Conference form is utilized for clinical make-up time.

PROCEDURE

1. Student's conferences will be scheduled with the student, the Clinical Preceptor and/or the Clinical Coordinator and/or Program Director at mid-semester, and at the end of the semester as a part of the student's clinical performance assessment, using the RCC Clinical Performance Assessment Form.

2. Additional student conferences may be requested and scheduled throughout the semester on an as needed basis.
   - The RCC Student Conference Form will be used to document student conferences, separate from the student clinical performance assessment.
   - Student Conference form is utilized for clinical make-up time.

3. The original RCC Student Conference Form will be filed in the student's file at their clinical site.

4. Students will be asked to sign the RCC Student Conference form indicating that they have read and understood the material presented on the form.
   - The student's signature does not necessarily mean that the student agrees or disagree with the information presented on this form, only that the student has read and reviewed the information presented on the form.
   - If a student does not agree with the conference reason or the results of the conference the student must state their case in writing on the back of the conference report form or attach a separate sheet of paper to the conference report stating their case.

5. When there have been three repetitive issues, concerns, severe or serious violations of policy affecting patient care and safety addressed through the use of the student conference report a student will be placed on clinical probation (See Policy and Procedure # 15, Clinical Probation).

Roxbury Community College Radiologic Technology Program

POLICY NUMBER: 36

Created: April 2020
Reviewed: May 2020
Revised:

Guidelines for Use of Energized Lab Facility POLICY & PROCEDURE

POLICY

RCC Radiologic Technology students will be supervised by Program Faculty at all times through direct or indirect supervision, as outlined in the procedures below. Program Faculty is defined as the Program Director, Clinical Coordinator(s), Part-time Didactic Faculty and/or Part-time Lab Preceptor who is certified by the Massachusetts Department of Public Health and faculty of RCC.

PROCEDURE

1. Students will be work under the **direct** supervision of Program Faculty of RCC.
2. A student must have **direct supervision** while observing, practicing, or performing a procedure in the lab.
3. **Direct Supervision** is under Program Faculty in the room overseeing all activities associated with that radiographic procedure including:
    a. The Program Faculty reviews the procedure in relation to the student's level of experience and achievement.
    b. The Program Faculty is always present during the performance of the procedure.
    c. The Program Faculty reviews and approves the procedure and the radiographic images that are produced.
4. All x-ray exposures are to be made only at the direction of the Program Faculty.
5. The laboratory is to be kept locked when not in use.
6. Students must wear a radiation monitoring device during their clinical practicum.
7. Program faculty will monitor the student's bi-monthly dose in the energized laboratory.

Roxbury Community College Radiologic Technology Program

POLICY NUMBER: 37

Created: April 2020
Reviewed: May 2020
Revised:

MRI SAFETY POLICY & PROCEDURE

POLICY

The RCC Radiologic Technology student will receive an MRI video orientation prior to attending their assigned clinical practicum site/s.

This orientation will be provided by the RCC faculty, during the summer orientation at the RCC campus, for CP I and CP IV. Will be reviewed in the fall as well.

PROCEDURE

1. Students are scheduled for an orientation at RCC prior to attending clinical practicum.

2. Students must watch the MRI Safety Essential video and sign a documentation form acknowledging the student watched the video. All students will also complete the MRI Observation Screening Document form. Students will have the opportunity to ask any questions or address any concerns.

3. Failure to watch the MRI safety will result in the delay in the start of a student's clinical practicum course and may result in the student being unable to complete the clinical practicum course requirements.

Signature of Student:_____

Radiation Safety and Monitoring

Overview:

The National Council on Radiation Protection (N.C.R.P.) has published, as its guideline and, state and federal agencies have promulgated regulations for a recommended annual exposure dose limit for individuals employed as radiation workers. These level are 5 rem (5,000 millirem) per annum, with a cumulative level not to exceed a level calculated by the formula "1 rem times the age of the worker". The N.C.R.P. has also published as a recommended annual exposure dose limit for those who may "occasionally" be exposed to radiation in the workplace, a level of 0.5 rem (500 millirem) per annum. The Commonwealth of Massachusetts Department of Public Health, Radiation Control Program has adopted and enforces these guidelines within its regulations.

The Radiologic Technology Program faculty and Division Dean have established as the annual exposure dose limit for students enrolled in its program, the level of 0.5 rem (500 millirem) per annum. Upon consultation with other Radiologic Technology program directors, and in the experience of this Program's faculty, this level (which is $1/10^{th}$ that recommended for the radiation worker), is "As Low As is Reasonably Achievable" (A.L.A.R.A.) for Radiologic Technology students.

Policy:

In order to help assure that this A.L.A.R.A. level is not exceeded by its students, the Radiologic Technology Program at RCC will:

- Regularly monitor radiation exposure levels for all Radiologic Technology students while they are attending their regularly scheduled clinical education activities at their assigned Clinical Education Setting and during laboratory exercises off campus, which involve the use of the energized equipment.
- Maintain, in perpetuity, radiation exposure measurement records for all enrolled students.
- Make available for review by all students, their respective exposure measurement readings, both cumulative and periodic
- Forbid the practice of any student ever actively "holding for support or restraint" any patient while that patient is being exposed to X-Radiation
- Require all Program students, to wear their assigned radiation monitoring device, at all times while attending their assigned Clinical Education Center for program related activities. The monitoring device is to be worn at the collar, outside of any personnel radiation-shielding apron.
- Post periodic radiation monitoring reports for review by students. Respective faculty must review, in class the report with all students. Document on the report when this was done.
- Notify, in writing, any individual monitored by the Program, of any radiation exposure levels which exceed the Program's A.L.A.R.A. levels. (125mrem/quarter)
- Require the individual so notified to respond, in writing, to the Program Director: 1) describing where they were assigned during the monitoring period and 2) offering a possible reason for their dose to exceed the Program's A.L.A.R.A. level.
- Endure that the Program's notification to the student shall be made within a time period not to exceed three weeks from its receipt of the report. The individual receiving the notification must respond within fourteen calendar days of receipt of the notification.

Any student who knowingly and/or willfully breaks any of the above stipulations will be subject to disciplinary action up to and including expulsion from the program

Roxbury Community College
Radiologic Technology Program

RADIATION MONITORING REPORT NOTIFICATION
OF
PERIOD REPORT EXCEEDING A.L.A.R.A. LEVEL

TO: _____

FROM: Gary L'Abbe Jr., Program Director

DATE OF NOTICE: _____

DATES OF MONITORING COVERED BY REPORT: _____

This is to inform you that the report of your badge exposure dose reported to me by our radiation monitoring service has exceeded our Program's A.L.A.R.A. level of 0.5 rem per annum, 0.125 rem per three month quarter.
Your Readings were: _____

Please respond to the following items:

Date YOU received this Notice: _____

Please describe the area(s) within the Radiology Department to which you were involved in your Clinical Education assignment(s):

Please offer a possible explanation as to how / why your reading was caused to be in excess of our Program's A.L.A.R.A. levels.

Sign one copy of this notice and return it to my office by no later than 14 calendar days from the date you received this notice

Signature of Student:_____

Items below are for program use only
Date Student's Response Returned to the Program: _____
Final Resolution of incident:

Review of Pregnancy Policy
Form Roxbury Community
College Radiologic Technology
Program

This form is to be completed and signed by the student prior to the start of their clinical practicum in the Radiologic Technology Program. This form is to be kept on file with the Program Director for the length of the student's enrollment.

As a student in the Radiologic Technology Program, I _____

have been informed of the NRC web site www.nrc.gov which gives me direct access to information regarding pregnancy, possible risks to the embryo/fetus, and my rights to declare or not declare my pregnancy.

I have been informed by the program of the following:

1. There is potential risk to an embryo/fetus from radiation exposure.

2. As a Radiologic Technology student, I will be required to perform and assist in Radiologic procedures during which I may be exposed to ionizing radiation.

3. As a Radiologic Technology student, in the event I choose to declare my pregnancy, I will do so in writing, to the Program Director. The declaration will include the date that I declare, and the estimated date of conception. A copy will be kept in your file at RCC. A copy will be forwarded to the Clinical Preceptor at each Clinical site for the duration of the pregnancy. Upon the declaration of my pregnancy, I will fall under the Radiation Protection Guidelines of an equivalent dose limit of 0.5mSv (0.05 rem or 50 mrem) per month to the fetus.

4. Choosing not to declare a pregnancy will result in the exemption from the specific radiation protection guidelines limiting exposure to the embryo/fetus.

I have reviewed the pregnancy policy and understand its content.

Signature of student: _____ _____ Date:

Roxbury Community College and the Division of Professional Studies reserve the right to amend this handbook as needed throughout the year. If changes are made during the academic year, students will be informed in writing and will be asked to sign that they have received and understood the revision

Roxbury Community College Division of Professional Studies Radiologic Technology
Student Signature Page for Handbook

_____ _____

Printed Name Date

I have received the Division of Professional Studies Radiologic Technology Student Handbook. I will read the policies described and agree to adhere to the policies and procedures outlines in this handbook.

Signature

Students must sign this page and return it to the course coordinator/Program Director before the end of the drop/add period.